1370584

Statement of Organization
Recipient Committee

Statement Type

☑ Initial — Not yet qualified ☐ or — 8/11/14 Date qualified as committee

☐ Amendment — List I.D. number: # ____ — ___/___/___ Date qualified as committee (If applicable)

☐ Termination – See Part 5 — List I.D. number: # ____ — ___/___/___ Date of Termination

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State of the State of California
SEP 03 2014
Hand Delivered, Sacramento

CALIFORNIA FORM 410

For Official Use Only
RECEIVED
SEP 03 2014
CITY CLERK

1. Committee Information

NAME OF COMMITTEE: MARK CHANDLER FOR COUNCIL 2014

STREET ADDRESS (NO P.O. BOX): 720 N. SACRAMENTO ST.

CITY / STATE / ZIP CODE / AREA CODE/PHONE: LODI, CA 95241

MAILING ADDRESS (IF DIFFERENT): P.O. BOX 733 - LODI, CA 95241

FAX / E-MAIL ADDRESS: MARK@MARKCHANDLERWINE.COM

COUNTY OF DOMICILE: SAN JOAQUIN

JURISDICTION WHERE COMMITTEE IS ACTIVE: LODI, CA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Jan Chandler

STREET ADDRESS (NO P.O. BOX): 720 N Sacramento St.

CITY / STATE / ZIP CODE / AREA CODE/PHONE: Lodi CA 95240 209.368.6676

NAME OF ASSISTANT TREASURER, IF ANY:

STREET ADDRESS (NO P.O. BOX):

CITY / STATE / ZIP CODE / AREA CODE/PHONE:

NAME OF PRINCIPAL OFFICER(S): MARK CHANDLER

STREET ADDRESS (NO P.O. BOX): 1900 EDGEWOOD DR.

CITY / STATE / ZIP CODE / AREA CODE/PHONE: LODI, CA 95240 209-481-8375

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/14/14 (DATE) By Jan Chandler (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 8/14/14 (DATE) By Mark Chandler (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____ (DATE) By ____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____ (DATE) By ____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Statement of Organization
Recipient Committee
INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME: MARK CHANDLER FOR COUNCIL 2014

I.D. NUMBER:

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
FARMERS & MERCHANTS BANK	209-327-2300	1002501401

ADDRESS	CITY	STATE	ZIP CODE
121 W. PINE ST.	LODI	CA	95240

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
MARK CHANDLER	CITY COUNCIL	2014	☑ Nonpartisan
			☐ Nonpartisan

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE: SUPPORT	OPPOSE
		☐	☐
		☐	☐