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CITY CLERK

Statement of Organization Recipient Committee

Statement Type

☑ **Initial**
Not yet qualified ☒ or

☐ **Amendment**
List I.D. number:
_____

☐ **Termination – See Part 5**
List I.D. number:
_____

Date qualified as committee ___/___/___

Date qualified as committee (if applicable) ___/___/___

Date of Termination ___/___/___

Date Stamp

FILED
In the office of the Secretary of State of the State of California
MAR 24 2014

CALIFORNIA FORM 410

For Official Use Only
14 APR -7 PM 12:07
REGISTRAR OF VOTERS
DEPUTY

1. Committee Information

NAME OF COMMITTEE
Committee to Elect Steve Jarrett Lodi City Council 2014

STREET ADDRESS (NO P.O. BOX)
714 Brandywine Dr

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	Ca	95240	(209)642-2218

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
electstevejarrett@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
San Joaquin	Lodi, CA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jeff Downing

STREET ADDRESS (NO P.O. BOX)
10330 Childress Rd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Stockton	Ca	95212	(209)327-2669

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 03/14/2014 (DATE) By [signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 03/14/2014 (DATE) By [signature] 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: Committee to Elect Steve Jarrett Lodi City 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
Central State Credit Union	(209)444-5300	292771891

ADDRESS	CITY	STATE	ZIP CODE
363 S. Lower Sacramento Rd.	Lodi	Ca	95242

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
Stephen A. Jarrett	Lodi City Council Member	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
		☐	☐
		☐	☐