Statement of Organization
Recipient Committee

Statement Type

☐ **Initial**
Not yet qualified ☐ or

☑ **Amendment**
List I.D. number:
1363722
_____

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

Date Stamp

RECEIVED
SEP 10 2014
CITY CLERK

CALIFORNIA FORM 410

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in the office of the Secretary of State of the State of California

SEP 16 2014

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee (If applicable)

_____/_____/_____
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Committee for Wendel Kiser Lodi City Council 2014

STREET ADDRESS (NO P.O. BOX)
2443 MacArthur Pkwy

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi,	CA	95242	(209) 334-9362

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
SAN JOAQUIN	CITY OF LODI

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
JERRY GLENN

STREET ADDRESS (NO P.O. BOX)
2443 MAC ARTHUR PKWY

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95242	(209)334-9362

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 8/25/2014 (DATE) By Jerry Glenn (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 8/25/2014 (DATE) By Wendell Kiser (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)