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LOCAL
1363722

Statement of Organization
Recipient Committee

CALIFORNIA FORM 410

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: ___/___/___

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in the office of the Secretary of State
of the State of California
JAN 24 2014
DEBRA BOWEN
Secretary of State

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RECEIVED
FEB 20 2014
CITY CLERK

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)
Jerryglenn@comcast.net

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 MacArthur Pkwy

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95242	(209) 327-0494

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 1/18/14 (DATE) By Jerry Glenn (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 1/18/14 (DATE) By Wendel 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)

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

I.D. NUMBER

COMMITTEE NAME

Committee for Wendel Kiser

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Farmer and Merchants Bank	(209) 367-2300	1045225701

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
Wendel Kiser	Lodi 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	CHECK ONE: OPPOSE
Wendel Kiser		☐	☐
		☐	☐