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Statement of Organization
Recipient Committee

Statement Type

☑ Initial — Not yet qualified ☑ or ____/____/____ Date qualified as committee

☒ Amendment — List I.D. number: # 1350595 — ____/____/____ Date qualified as committee (if applicable)

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

Date Stamp: RECEIVED SEP 04 2014 CLERK

CALIFORNIA FORM 410

For Official Use Only

RECEIVED AND FILED in the office of the Secretary of State of the State of California SEP. 09 2014

1. Committee Information

NAME OF COMMITTEE: Lodians for Doug Kuehne - Lodi City Council 2014

STREET ADDRESS (NO P.O. BOX): 45. S. Guild Ave Ste A

CITY: Lodi — STATE: CA — ZIP CODE: 95240 — AREA CODE/PHONE: 209 747-5583

MAILING ADDRESS (IF DIFFERENT):

FAX / E-MAIL ADDRESS:

COUNTY OF DOMICILE: San Joaquin

JURISDICTION WHERE COMMITTEE IS ACTIVE: Same

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Steve Crivelli

STREET ADDRESS (NO P.O. BOX): 2841 Paradise Dr.

CITY: Lodi — STATE: CA — ZIP CODE: 95242 — AREA CODE/PHONE: 209-369-8985 ~~209-339-8735~~

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 9/4/2014 (DATE) By [signature] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 9-4-2014 (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: Lodians for Doug Kuehne - 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
~~Doug Kuehne~~ Bank of Stockton	209-340-2300	~~Not Assinged~~ 1235005723

ADDRESS	CITY	STATE	ZIP CODE
120 W Walnut 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
			☐ 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
		☐	☐
		☐	☐