

1425186

Statement of Organization Recipient Committee

Statement Type

Initial [X] Amendment [ ] Termination [ ]
Not yet qualified [ ]
Date qualification threshold met [ ]

RECEIVED AND FILED

Date Stamp FEB 14 2020

CALIFORNIA FORM 410 CITY CLERK'S OFFICE FEB 14 2020 PM 02:25

1. Committee Information I.D. Number 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE Lynn Wheat for Elk Grove City Council 2020
STREET ADDRESS (NO PO BOX) 8698 Elk Grove Blvd Suite 1 #109
CITY Elk Grove STATE CA ZIP CODE 96524 AREA CODE/PHONE 916 430-4487
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) wheat4citycouncil@gmail.com
COUNTY OF DOMICILE Sacramento JURISDICTION WHERE COMMITTEE IS ACTIVE City of Elk Grove

NAME OF TREASURER David Paul Lindsay
STREET ADDRESS (NO PO BOX) 8698 Elk Grove Blvd Suite 1 #109
CITY Elk Grove STATE Ca ZIP CODE 95624 AREA CODE/PHONE 916-6 204-0335
NAME OF ASSISTANT TREASURER, IF ANY Janet "Lynn" Wheat
STREET ADDRESS (NO PO BOX) 8698 Elk Grove Blvd Suite 1 #109
CITY Elk Grove STATE Ca ZIP CODE 95624 AREA CODE/PHONE (916) 430-4487
NAME OF PRINCIPAL OFFICER(S)
STREET ADDRESS (NO PO BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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 2/14/20 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 2/14/2020 By [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on DATE By SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on DATE By SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME  
Lynn Wheat for Elk Grove City Council 2020

ID NUMBER

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

NAME OF FINANCIAL INSTITUTION <b>PENDING</b>	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

**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." Stating "No party preference" is acceptable.
- 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		(list political party below)
			CHECK ONE		
Lynn Wheat	City of Elk Grove Council District 3	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

**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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>