

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input checked="" type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
<u>2/27/2020</u>	<u>2/27/2020</u>	<u>    </u> / <u>    </u> / <u>    </u>

Date Stamp  
**MAR 06 2020**

Hand Delivered, Sacramento

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**CALIFORNIA FORM 410**

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**CITY CLERK'S OFFICE**  
MAR 06 2020 PM 02:14

<b>1. Committee Information</b>	<b>2. Treasurer and Other Principal Officers</b>
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**1. Committee Information**

I.D. Number (if applicable) 1425186

NAME OF COMMITTEE  
**Lynn Wheat for Elk Grove City Council 2020**

STREET ADDRESS (NO PO BOX)  
**8698 Elk Grove Blvd Suite 1 # 109**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Elk Grove	Ca	95624	916 430-4487

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
**wheat4citycouncil@gmail.com**

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Sacramento	City of Elk Grove

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**David Paul Llindsay**

STREET ADDRESS (NO PO BOX)  
**8698 Elk Grove Blvd Suite 1 #109**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Elk Grove	Ca	95624	(916) 204-0335

NAME OF ASSISTANT TREASURER, IF ANY  
**Janet "Lynn" Wheat**

STREET ADDRESS (NO PO BOX)  
**8698 Elk Grove Blvd Suite 1 #109**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Elk Grove	Ca	95624	(916) 430-4487

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO PO BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 <u>3/4/2020</u>	By <u>[Signature]</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on <u>3/4/2020</u>	By <u>[Signature]</u>	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Lynn Wheat for Elk Grove City Council 2020

I.D NUMBER

1425186

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

NAME OF FINANCIAL INSTITUTION: Farm Bank of Central CA	AREA CODE/PHONE 800 888-1498	BANK ACCOUNT NUMBER 0803672101
ADDRESS PO Box 3000 Lodi CA 95241	CITY 8779 ELKGROVE BLD	STATE ZIP CODE ELKGROVE, CA 95624

**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 CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Lynn Wheat	City of Elk Grove Council District 3	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<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"/>