

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____/_____/_____

Termination – See Part 5
 Date of termination 12/18/20

Date Stamp

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Lynn Wheat for Elk Grove City Council 2020				NAME OF TREASURER David P. Lindsay			
I.D. Number (if applicable) 1425186				CITY CLERK'S OFFICE DEC 18 2020 PM 01:08			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Elk Grove	STATE Ca	ZIP CODE 95624	AREA CODE/PHONE 916-430-4467	CITY Elk Grove	STATE Ca	ZIP CODE 95624	AREA CODE/PHONE 916-430-4487
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY Janet "Lynn" Wheat			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COURTY OF DOMICILE Sacramento		JURISDICTION WHERE COMMITTEE IS ACTIVE Elk Grove		CITY Elk Grove	STATE Ca	ZIP CODE 95624	AREA CODE/PHONE 916-430-4487
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S) Janet "Lynn" Wheat			
				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
				CITY Elk Grove	STATE Ca	ZIP CODE 95624	AREA CODE/PHONE 916-430-4487

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 12/18/20 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/18/20 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, 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
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Farmers and Merchants Bank	AREA CODE/PHONE 916-394-3200	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY Elk Grove	STATE Ca
		ZIP CODE 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		
Lynn Wheat	City of Elk Grove Council District 3	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(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