Statement of Organization
Recipient Committee

Statement Type

☐ **Initial**
Not yet qualified ☐ or
____/____/____
Date qualified as committee

☑ **Amendment**
List I.D. number:
1372214
10 / 03 / 2014
Date qualified as committee (If applicable)

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

Date Stamp
City Clerk's Office
FEB - 2 2015
RECEIVED

CALIFORNIA FORM **410**
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Committee to Support Grilli and Lalwani for City Council 2014

STREET ADDRESS (NO P.O. BOX)
1487 Yosemite Dr.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	Ca	95035	(408) 942-1110

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
408-942-1110/armandogomezjr@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Clara	City of Milpitas

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Armando Gomez

STREET ADDRESS (NO P.O. BOX)
1487 Yosemite Dr.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	05035	(408) 942-1110

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Kimberly Oliver

STREET ADDRESS (NO P.O. BOX)
7762 Beltane Dr.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95135	(408)942-1110

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 2/1/2015 (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 02/01/2015 (DATE) By _____ (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)

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Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME
Committee to Support Grilli and Lalwani for City Council 2014

I.D. NUMBER
1372214

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Bank of America	888-287-4637	3250001090545

ADDRESS	CITY	STATE	ZIP CODE
PO Box 25118	Tampa	FL	33622

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	CHECK ONE: OPPOSE
Marsha Grilli	Milpitas City Council	☑	☐
Deepka Lalwani	Milpitas City Council	☑	☐

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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME
Committee to Support Grilli and Lalwani for City Council 2014

I.D. NUMBER
1372214

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE

Small Contributor Committee ☐ _____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.