

**Statement of Organization Recipient Committee**

B43 1372214

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

(If applicable)

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp

**RECEIVED AND FILED**

in the office of the Secretary of State  
of the State of California

OCT 02 2014

**CALIFORNIA FORM 410**

For Official Use Only

City Clerk's Office

OCT 09 2014

RECEIVED

**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/brgomez210@gmail.com

COUNTY OF DOMICILE

Santa Clara

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Milpitas

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Bernadette Gomez

STREET ADDRESS (NO P.O. BOX)

1487 Yosemite Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas CA 95035 (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

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 10/21/2014

By \_\_\_\_\_

*[Signature]*

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/21/2014

By \_\_\_\_\_

*[Signature]*

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 10/21/2014

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER	

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

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

AREA CODE/PHONE <b>(888)287-4637</b>	CITY <b>Tampa</b>	STATE <b>FL</b>	ZIP <b>33622</b>
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**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
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> 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
Marsha Grilli	Milpitas City Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deepka Lalwani	Milpitas City Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Committee to Support Grilli and Lalwani for City Council 2014

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.

Form 410 – Continuation Sheet – Principal Officers

Bernadette Gomez  
1487 Yosemite Dr.  
Milpitas, CA 95035  
408-942-1110