

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or  
 List I.D. number: # \_\_\_\_\_ List I.D. number: # 1385617  
 Date qualified as committee: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date qualified as committee (If applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Termination: 01/30/2017

Date Stamp  
 City Clerk's Office  
 JAN 30 2017  
 RECEIVED

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
ALISANTOSA FOR CITY COUNCIL 2016

STREET ADDRESS (NO P.O. BOX)  
2290 GLENVIEW DR.

CITY STATE ZIP CODE AREA CODE/PHONE  
MILPITAS CA 95035 408-263-4638

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS  
G. ALISANTOSA @ HOTMAIL.COM

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
SANTA CLARA MILPITAS

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
GUNAWAN ALI-SANTOSA

STREET ADDRESS (NO P.O. BOX)  
2290 GLENVIEW DR.

CITY STATE ZIP CODE AREA CODE/PHONE  
MILPITAS CA 95035 408-263-4638

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
GUNAWAN ALI-SANTOSA

STREET ADDRESS (NO P.O. BOX)  
2290 GLENVIEW DR.

CITY STATE ZIP CODE AREA CODE/PHONE  
MILPITAS CA 95035 408-263-4638

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 01-30-2017 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01-30-2017 By \_\_\_\_\_  
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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME <i>ALISANTOSA FOR CITY COUNCIL 2016</i>	I.D. NUMBER <i>1385617</i>
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>WELLS FARGO BANK</i>	AREA CODE/PHONE <i>408-566-7682</i>	BANK ACCOUNT NUMBER <i>3 272 563358</i>	
ADDRESS <i>1 S. MILPITAS BLVD.</i>	CITY <i>MILPITAS</i>	STATE <i>CA</i>	ZIP CODE <i>95035</i>

**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
<i>GUNAWAN ALI-SANTOSA</i>	<i>CITY COUNCIL, MILPITAS</i>	<i>2016</i>	<input checked="" 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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER 1385617

COMMITTEE NAME

ALISANTOSA FOR CITY COUNCIL 2016

**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.

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  
Not yet qualified  or

List I.D. number:  
# 1385617  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination - See Part 5  
List I.D. number:  
# \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b>
City Clerk's Office JUL 21 2016 <b>RECEIVED</b>	For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
ALISANTOSA FOR CITY COUNCIL 2016

STREET ADDRESS (NO P.O. BOX)  
2290 GLENVIEW DR

CITY STATE ZIP CODE AREA CODE/PHONE  
MILPITAS CA 95035 408-263-4638

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS  
G\_ALISANTOSA @ HOTMAIL.COM

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
SANTA CLARA MILPITAS

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
GUNAWAN ALI-SANTOSA

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2290 GLENVIEW DR.

CITY STATE ZIP CODE AREA CODE/PHONE  
MILPITAS CA 95035 408-263-4638

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CITY STATE ZIP CODE AREA CODE/PHONE

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2290 GLENVIEW DR.

CITY STATE ZIP CODE AREA CODE/PHONE  
MILPITAS CA 95035 408-263-4638

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 07-20-2016 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07-20-2016 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
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FORM 410**

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COMMITTEE NAME

ALI SANTOSA FOR CITY COUNCIL 2016

I.D. NUMBER

1385617

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NAME OF FINANCIAL INSTITUTION WELLS FARGO BANK	AREA CODE/PHONE 408-566-7682
ADDRESS 1 S. MILPITAS BLVD.	CITY MILPITAS
	STATE CA
	ZIP CODE 95035

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GONAWAN ALI-SANTOSA	CITY COUNCIL, MILPITAS	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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I.D. NUMBER	1385617

COMMITTEE NAME

ALISANTOSA FOR CITY COUNCIL 2016

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INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

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Small Contributor Committee

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