

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

02 / 18 / 2016

Date qualified as committee

Amendment

List I.D. number:

1382948

_____/_____/_____
Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

1382948

01 / 31 / 2016

Date of Termination

Date Stamp

City Clerk's Office

FEB 10 2017

RECEIVED

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Carmen Montano for Mayor

STREET ADDRESS (NO P.O. BOX)

369 Summerfield Dr.

CITY

Milpitas,

STATE

CA

ZIP CODE

95035

AREA CODE/PHONE

408 649-3282

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

carmen_montano@att.net

COUNTY OF DOMICILE

Sant Clara

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Nha Nghi Nguyen

STREET ADDRESS (NO P.O. BOX)

2207 Ceynowa

CITY

San Jose, CA 95121

STATE

ZIP CODE

AREA CODE/PHONE

408 836-3059

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 Jan. 31, 2017

By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on Jan 31, 2017

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 2

Carmen Montano for Mayor

I.D. NUMBER
1382948

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

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE 800 234-6147	BANK ACCOUNT NUMBER	
ADDRESS 740 E Calaveras, Blvd	CITY Milpitas	STATE CA	ZIP CODE 95035

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
Carmen Montano	Mayor, City of Milpitas	2016	<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
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INSTRUCTIONS ON REVERSE

Page 3

~~Carmen Montano for Mayor~~

I.D. NUMBER
1382948

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
Not yet qualified or

Amendment
List I.D. number:

Termination -- See Part 5
List I.D. number:

1382948

2, 18, 2016
Date qualified as committee

2, 1, 1
Date qualified as committee
(if applicable)

1, 1, 1
Date of Termination

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
RECEIVED AND FILED in the office of the Secretary of State of the State of California	
AUG 05 2016	City Clerk's Office AUG 26 2016 RECEIVED

1. Committee Information

NAME OF COMMITTEE

Carmen Montano for Mayor 2016

STREET ADDRESS (NO P.O. BOX)

369 Summerfield Dr

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas, CA 95035 (408) 649-3282

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

Carmen_montano@att.net

COUNTY OF DOMICILE

Santa Clara

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Nha Nghi Nguyen

STREET ADDRESS (NO P.O. BOX)

2207 Ceynowa St

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose, CA 95121 (408) 836-3059

NAME OF ASSISTANT TREASURER, IF ANY

CARMEN MONTANO

STREET ADDRESS (NO P.O. BOX)

369 Summerfield Dr

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas, CA 95035 (408) 649-3282

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 8/2/2016 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/2/2016 By [Signature]
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 _____
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Recipient Committee

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COMMITTEE NAME

I.D. NUMBER

CARMEN MONTANO for MAYOR 2016

1382948

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

NAME OF FINANCIAL INSTITUTION <i>BANK of America</i>	AREA CODE/PHONE <i>(800) 234-6147</i>	CITY <i>MILPITAS</i>	STATE <i>CA</i>	ZIP CODE <i>95035</i>
ADDRESS <i>740 E CALAVERAS Blvd</i>				

4. Type of Committee Complete the applicable sections.

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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<i>CARMEN MONTANO</i>	<i>MAYOR - City of MILPITAS</i>	<i>2016</i>	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

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

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Recipient Committee

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COMMITTEE NAME

CARMEN MONTANO FOR MAYOR 2016

I.D. NUMBER

1382948

4. Type of Committee (Continued)

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- 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

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