

1385618

Statement of Organization Recipient Committee

Statement Type Initial or Not yet qualified

Amendment List I.D. number: # _____

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

05, 06, 16 Date qualified as committee

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

_____/_____/_____/ Date of Termination

RECEIVED AND FILED in the office of the Secretary of State of the State of California

MAY 10 2016

Hand Delivered, Sacramento

CALIFORNIA FORM 410

For Official Use Only City Clerk's Office

MAY 13 2016

RECEIVED

1. Committee Information

NAME OF COMMITTEE

Debbie Indihar Giordano FOR MAYOR 2016

STREET ADDRESS (NO P.O. BOX)

1916 GRAND Teton DR

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MILPITAS Ca 95035 (408)945-8988

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

GIORDANO05@AOL.COM

COUNTY OF DOMICILE

SANTA CLARA

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of MILPITAS

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Todd Flesner

STREET ADDRESS (NO P.O. BOX)

1100 Lincoln Ave #251

CITY

STATE

ZIP CODE

AREA CODE/PHONE

SAN JOSE Ca 95125 (408)921-0669

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

5/06/16

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

5/06/16

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**

COMMITTEE NAME

Debbie Indihar Giordano FOR MAYOR 2016

- 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) 586-7682</i>	BANK
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 section:

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>DEBBIE Indihar Giordano</i>	<i>MAYOR OF 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"/>

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I.D. NUMBER

COMMITTEE NAME

Debbie Indihar Giordano FOR MAYOR 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 certifies 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.