Statement of Organization
Recipient Committee

Statement Type

☐ **Initial**
Not yet qualified ☐ or

09 / 24 / 2016
Date qualified as committee

☐ **Amendment**
List I.D. number:
#

/ /
Date qualified as committee
(If applicable)

☑ **Termination – See Part 5**
List I.D. number:
1390888

12 / 1 / 16
Date of Termination

Date Stamp
City Clerk's Office
DEC - 1 2016
RECEIVED

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Milpitas Citizens for Yes on L

STREET ADDRESS (NO P.O. BOX)
2291 Farmcrest St

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Milpitas | CA | 95035

MAILING ADDRESS (IF DIFFERENT)
Same

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
Santa Clara

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jyoti More

STREET ADDRESS (NO P.O. BOX)
1136 Hermina St

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Milpitas | CA | 95035 | (650)504-7870

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Raymond Wong

STREET ADDRESS (NO P.O. BOX)
2291 Farmcrest St

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Milpitas | CA | 95035 | (408)839-6327

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 12/1/16 (DATE) By [signature] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 12/1/16 (DATE) By Raymond Wong (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

Statement Type

☐ **Initial**
Not yet qualified ☐ or
09 / 24 / 2016
Date qualified as committee

☑ **Amendment**
List I.D. number:
1390888
___/___/___
Date qualified as committee (if applicable)

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

Date Stamp
City Clerk's Office
OCT - 5 2016
RECEIVED

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Milpitas Citizens for YES on L

STREET ADDRESS (NO P.O. BOX)
2291 Farmcrest St

CITY: Milpitas | STATE: CA | ZIP CODE: 95035 | AREA CODE/PHONE: (408)839-6327

MAILING ADDRESS (IF DIFFERENT)
Same

FAX / E-MAIL ADDRESS
RaymondWong777@comcast.net

COUNTY OF DOMICILE: Santa Clara
JURISDICTION WHERE COMMITTEE IS ACTIVE:

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jyoti More

STREET ADDRESS (NO P.O. BOX)
1136 Hermina St.

CITY: Milpitas | STATE: CA | ZIP CODE: 95035 | AREA CODE/PHONE: (650)504-7870

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Raymond Wong

STREET ADDRESS (NO P.O. BOX)
2291 Farmcrest ST

CITY: Milpitas | STATE: CA | ZIP CODE: 95035 | AREA CODE/PHONE: (408)839-6327

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 09/29/2016 (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 09/29/2016 (DATE) By Raymond Wong (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)

Statem[illegible]t of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

ALIFORNIA FORM 410

e 2

NUMBER

90888

COMMITTEE NAME
Milpitas Citizens for YES on L

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE
Wells Fargo Bank	408-586-7682

ADDRESS	CITY	STATE	ZIP CODE
1 S. Milpitas Blvd	Milpitas	CA	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
			☐ 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
Measure L	Milpitas, Santa Clara County, CA	☑	☐
		☐	☐

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

I.D. NUMBER

COMMITTEE NAME
Milpitas Citizens for YES on L

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 ____/____/____ Date qualified as committee

☐ Amendment — List I.D. number: # _____ ____/____/____ Date qualified as committee (if applicable)

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

Date Stamp: Clerk's Office SEP 27 2016 RECEIVED

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE: Milpitas Citizens for YES on L

STREET ADDRESS (NO P.O. BOX): 2291 Farmcrest st

CITY: Milpitas STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408)839-6327

MAILING ADDRESS (IF DIFFERENT): Same

FAX / E-MAIL ADDRESS: RaymondWong777@comcast.net

COUNTY OF DOMICILE: Santa Clara

JURISDICTION WHERE COMMITTEE IS ACTIVE:

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Jyoti More

STREET ADDRESS (NO P.O. BOX): 1136 hermina st

CITY: Milpitas STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (650)504-7870

NAME OF ASSISTANT TREASURER, IF ANY:

STREET ADDRESS (NO P.O. BOX):

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

NAME OF PRINCIPAL OFFICER(S): Raymond Wong

STREET ADDRESS (NO P.O. BOX): 2291 Farmcrest St

CITY: Milpitas STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408)839-6327

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 09/16/2016 (DATE) By Jyoti More (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 09/16/2016 (DATE) By Raymond Wong (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
Milpitas Citizens for YES on L

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Pending		

ADDRESS	CITY	STATE	ZIP CODE

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
Measure L	Milpitas, Santa Clara County, CA	☑	☐
		☐	☐

Statement of Organization
Recipient Committee
INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME
Milpitas Citizens for YES on L

I.D. NUMBER

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:

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- This committee has no surplus funds; and
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