

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or
 List I.D. number: # 1385616
 Date qualified as committee: ___/___/___ Date qualified as committee (if applicable): ___/___/___ Date of Termination: ___/___/___

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
City Clerk's Office MAY 25 2016 RECEIVED	

1. Committee Information

NAME OF COMMITTEE
Nunez for Milpitas City Council 2016

STREET ADDRESS (NO P.O. BOX)
468 Cascadita Terrace

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	(408)598-6101

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
bnunez51@yahoo.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Clara	Milpitas

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jil Kauffman

STREET ADDRESS (NO P.O. BOX)
468 Cascadita Terrace

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	(408)687-5157

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Robert Nunez

STREET ADDRESS (NO P.O. BOX)
468 Cascadita Terrace

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	(408)598-6101

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 5-10-2016 By Jil Kauffman
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 5-10-2016 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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Nunez for Milpitas City Council 2016

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
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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
ROBERT NUÑEZ	City/Council/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"/>