

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

Date qualified as committee
(if applicable)

Termination – See Part 5
List I.D. number:
1368387

Date of Termination
1/21/15

_____/_____/_____
Date qualified as committee

Date Stamp

City Clerk's Office

JAN 22 2015

RECEIVED

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Marsha Grilli for Milpitas City Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

marshagrilli@gmail.com

COUNTY OF DOMICILE

Santa Clara

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Milpitas

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jenifer Lind

STREET ADDRESS (NO P.O. BOX)

1874 Yosemite Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Milpitas CA 95035 408-386-5514

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 2/20/2015 By Jenifer Lind
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/21/2015 By Marsha Grilli
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