

**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:

____/____/____
Date qualified as committee

9,22,14
Date qualified as committee
(if applicable)

1370820

Date of Termination

Date Stamp	CALIFORNIA FORM 410
FILED in the office of the Secretary of State of the State of California JAN 02 2015	For Official Use Only City Clerk's Office JAN 20 2015 RECEIVED

1. Committee Information

NAME OF COMMITTEE
VOLTAIRE MONTEMAYOR FOR MILPITAS CITY COUNCIL 2014

STREET ADDRESS (NO P.O. BOX)
669 PENITENCIA STREET

CITY STATE ZIP CODE AREA CODE/PHONE
MILPITAS CA 95035 408 946 9364

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

2. Treasurer and Other Principal Officers

NAME OF TREASURER
LINA MONTEMAYOR

STREET ADDRESS (NO P.O. BOX)
669 PENITENCIA STREET

CITY STATE ZIP CODE AREA CODE/PHONE
MILPITAS CA 95035 408 946 9364

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
SANTA CLARA SANTA CLARA

NAME OF PRINCIPAL OFFICER(S)
VOLTAIRE S. MONTEMAYOR

STREET ADDRESS (NO P.O. BOX)
669 PENITENCIA STREET

CITY STATE ZIP CODE AREA CODE/PHONE
MILPITAS CA 95035 408 946 9364

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 12-29-14 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12-29-14 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 _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
VOLTAIRE MONTENAYOR FOR MILPITAS CITY COUNCIL 2014

I.D. NUMBER
1370820

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

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE 408 586 7682	BANK ACCOUNT NUMBER 7699787912	checking closed	Savings
ADDRESS 1 South Milpitas Blvd	CITY Milpitas	STATE CA	ZIP CODE 95035	1283130456 closed

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
VOLTAIRE S. MONTENAYOR	CITY COUNCIL MEMBER	2014	<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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Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

VOLTAIRE MONTEMAYOR FOR MILPITAS CITY COUNCIL 2014

1370820

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.