

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # _____
 # 1372931
 10 / 10 / 14 Date qualified as committee 12 / 31 / 14 Date of Termination
 Date qualified as committee (if applicable) Date of Termination

Date Stamp	CALIFORNIA FORM 410
City Clerk's Office	
JAN 29 2015	For Official Use Only
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1. Committee Information

NAME OF COMMITTEE
 Citizens Against Casinos, Crime and Traffic! No on E, a coalition of Bay Area Card Clubs and thousands of neighbors that oppose the expansion of gaming to Milpitas
 STREET ADDRESS (NO P.O. BOX)
 450 S Abel St., #360348
 CITY STATE ZIP CODE AREA CODE/PHONE
 Milpitas, CA 95035 415/732-7700
 MAILING ADDRESS (IF DIFFERENT)
 150 Post St., Ste. 405, San Francisco, CA 94108
 FAX / E-MAIL ADDRESS
 campaign@campaignlawyers.com
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Santa Clara Milpitas

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 James R. Sutton
 STREET ADDRESS (NO P.O. BOX)
 150 Post St., Ste. 405 415/732-7700
 CITY STATE ZIP CODE AREA CODE/PHONE
 San Francisco, CA 94108
 NAME OF ASSISTANT TREASURER, IF ANY
 Jonathan Mintzer
 STREET ADDRESS (NO P.O. BOX)
 150 Post St., Ste. 405 415/732-7700
 CITY STATE ZIP CODE AREA CODE/PHONE
 San Francisco, CA 94108
 NAME OF PRINCIPAL OFFICER(S)
 David Fried
 STREET ADDRESS (NO P.O. BOX)
 6 Beach Rd.
 CITY STATE ZIP CODE AREA CODE/PHONE
 Tiburon, CA 94920 415/370-0929

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 1/29/15 By James R. Sutton
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 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
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

I.D. NUMBER

Citizens Against Casinos, Crime and Traffic! No on E

pending

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

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE 415/396-7152	BANK ACCOUNT NUMBER 982 5881213
ADDRESS	CITY	STATE ZIP CODE

3431 California St., San Francisco, CA 94118

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
			<input 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
Measure E/cardroom license and tax	Milpitas	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
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I.D. NUMBER

pending

COMMITTEE NAME

Citizens Against Casinos, Crime and Traffic! No on E

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

California Grand Casino

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Bay Area Card Clubs

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

5988 Pacheco Blvd., Pacheco, CA 94553

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.

Attachment to Form 410 for Citizens Against Casinos, Crime and Traffic! No on E

Part 4. Additional Sponsor:

Oaks Card Club
4097 San Pablo Ave.
Emeryville, CA 94608

Statement of Organization
Recipient Committee

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 Not yet qualified or List I.D. number: # _____
 _____/_____/_____ Date qualified as committee _____/_____/_____ Date qualified as committee (if applicable) _____/_____/_____ Date of Termination

Date Stamp
 City Clerk's Office
 OCT 09 2014
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1. Committee Information

NAME OF COMMITTEE
 Citizens Against Casinos, Crime and Traffic! No on E
 STREET ADDRESS (NO P.O. BOX)
 150 Post St., Ste. 405
 CITY STATE ZIP CODE AREA CODE/PHONE
 San Francisco, CA 94108
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS

 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Santa Clara Milpitas

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 James R. Sutton
 STREET ADDRESS (NO P.O. BOX)
 150 Post St., Ste. 405
 CITY STATE ZIP CODE AREA CODE/PHONE
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 Tiburon, CA 94920 415/370-0929

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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 10/8/14 By James R. Sutton
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
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COMMITTEE NAME

I.D. NUMBER

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pending

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415/396-7152	pending
CITY	STATE ZIP CODE

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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
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			<input type="checkbox"/> Nonpartisan

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		SUPPORT	OPPOSE
Measure E	Milpitas	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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NAME OF SPONSOR

California Grand Casino

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

casinos/cardrooms

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

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