

Statement of Organization
Recipient Committee

R43
L
1425324

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

CALIFORNIA FORM 410
For Official Use Only
City Clerk's Office
FEB 27 2020
RECEIVED

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

FEB 21 2020

Hand Delivered, Sacramento

1. Committee Information I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

EVELYN CHUA FOR CITY COUNCIL 2020
STREET ADDRESS (NO P.O. BOX)

929 COVENTRY WAY
CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS, CA 95035 408-728-2436
FULL MAILING ADDRESS (IF DIFFERENT)

N/A
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

CHUA EVELYN @ GMAIL, COM
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

SANTA CLARA CITY OF MILPITAS

NAME OF TREASURER

ARSENIO R. ILORETA
STREET ADDRESS (NO P.O. BOX)

782 CANADA DRIVE
CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS, CA 95035 408-946-6438
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 2-20-2020 By Arsenio R. Iloreta
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2-20-2020 By Evelyn Chua
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

Page 2

I.D. NUMBER

EVELYN CHUA FOR CITY COUNCIL 2020

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

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

US BANK

408-719-6851

ADDRESS

CITY

100 N. 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." Stating "No party preference" is acceptable.
- 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		(list political party below)
			Nonpartisan	Partisan	
<u>EVELYN CHUA</u>	<u>CITY COUNCIL</u>	<u>2020</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	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"/>