

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met 08 / 01 / 2020	<input type="checkbox"/> <b>Amendment</b> Date qualification threshold met ____ / ____ / ____	<input type="checkbox"/> <b>Termination – See Part 5</b> Date of termination ____ / ____ / ____
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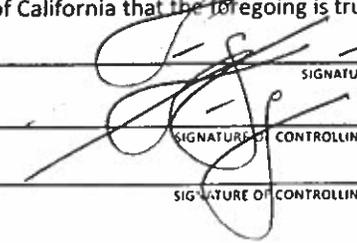
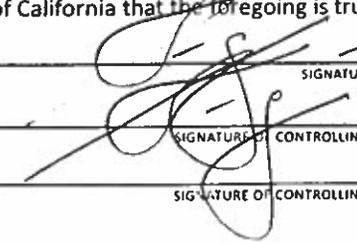
Date Stamp  
 City Clerk's Office  
 SEP 23 2020  
**RECEIVED**

**CALIFORNIA FORM 410**  
 For Official Use Only

1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020</b>				NAME OF TREASURER <b>SURAJ VISWANATHAN</b>				STREET ADDRESS (NO P.O. BOX) <b>1461 N MILPITAS BLVD</b>			
STREET ADDRESS (NO P.O. BOX) <b>1461 N MILPITAS BLVD</b>				CITY <b>MILPITAS</b>	STATE <b>CA</b>	ZIP CODE <b>95035</b>	AREA CODE/PHONE <b>4088986537</b>	NAME OF ASSISTANT TREASURER, IF ANY			
CITY <b>MILPITAS</b>				STATE <b>CA</b>	ZIP CODE <b>95035</b>	AREA CODE/PHONE <b>4088986537</b>	STREET ADDRESS (NO P.O. BOX)				
FULL MAILING ADDRESS (IF DIFFERENT)				CITY				STATE	ZIP CODE	AREA CODE/PHONE	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>SURAJFORMILPITAS@GMAIL.COM</b>				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE <b>SANTA CLARA</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>CITY OF MILPITAS</b>		CITY				STATE	ZIP CODE	AREA CODE/PHONE	
<i>Attach additional information on appropriately labeled continuation sheets.</i>											

**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	<u>08/01/2020</u>	DATE	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>08/01/2020</u>	DATE	By		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	DATE	By	_____	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	DATE	By	_____	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME <b>ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020</b>	ID NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>CAPITOL ONE</b>	AREA CODE/PHONE	BANK ACCOUNT NUMBER <b>WILL SEND</b>
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." 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 CHECK ONE		
SURAJ VISWANATHAN	CITY COUNCIL, CITY OF MILPITAS	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

**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

**Statement of Organization  
Recipient Committee**

Statement Type

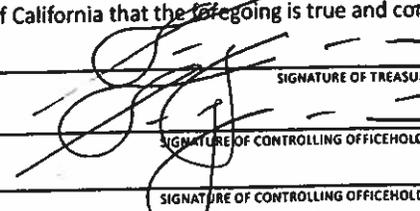
<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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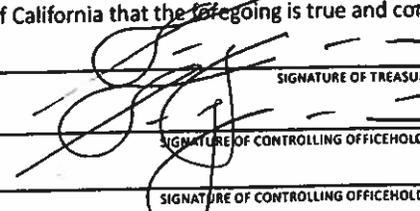
Date Stamp <b>City Clerk's Office</b> <b>AUG 14 2020</b> <b>RECEIVED</b>	<b>CALIFORNIA FORM 410</b> For Official Use Only
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1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>SURAJ FOR MILPITAS CITY COUNCIL 2020</b>				NAME OF TREASURER <b>SURAJ VISWANATHAN</b>				STREET ADDRESS (NO P.O. BOX) <b>1461 N MILPITAS BLVD</b>			
STREET ADDRESS (NO P.O. BOX) <b>1461 N MILPITAS BLVD</b>				CITY <b>MILPITAS</b>	STATE <b>CA</b>	ZIP CODE <b>95035</b>	AREA CODE/PHONE <b>4088986537</b>	NAME OF ASSISTANT TREASURER, IF ANY			
CITY <b>MILPITAS</b>				STATE <b>CA</b>	ZIP CODE <b>95035</b>	AREA CODE/PHONE <b>4088986537</b>	STREET ADDRESS (NO P.O. BOX)				
FULL MAILING ADDRESS (IF DIFFERENT)				CITY STATE ZIP CODE AREA CODE/PHONE				NAME OF PRINCIPAL OFFICER(S)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>SURAJFORMILPITAS@GMAIL.COM</b>				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
COUNTY OF DOMICILE <b>SANTA CLARA</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>CITY OF MILPITAS</b>		STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
<i>Attach additional information on appropriately labeled continuation sheets.</i>											

**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 08/01/2020 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/01/2020 By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2

COMMITTEE NAME <b>SURAJ FOR MILPITAS CITY COUNCIL 2020</b>	I.D. NUMBER
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>CAPITOL ONE</b>	AREA CODE/PHONE <b>1 (877) 383-4802</b>	BANK ACCOUNT NUMBER <b>TO FOLLOW</b>
ADDRESS <b>PO Box 71083</b>	CITY <b>Charlotte</b>	STATE <b>nc</b>
		ZIP CODE <b>28272</b>

**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 CHECK ONE		
<b>SURAJ VISWANATHAN</b>	<b>COUNCILMEMBER, CITY OF MILPITAS</b>	<b>2020</b>	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

**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
		SUPPORT	OPPOSE

**Statement of Organization  
Recipient Committee**

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
____/____/____	____/____/____	____/____/____

Date Stamp  
*City Clerk's Office*  
**JUL 31 2020**  
**RECEIVED**

**CALIFORNIA FORM 410**  
For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1401922 <small>(if applicable)</small>							
NAME OF COMMITTEE <b>VISWANATHAN FOR CITY COUNCIL 2020</b>				NAME OF TREASURER <b>SURAJ K VISWANATHAN</b>			
STREET ADDRESS (NO P.O. BOX) <b>1461 N MILPITAS BLVD</b>				STREET ADDRESS (NO P.O. BOX) <b>1461 N MILPITAS BLVD</b>			
CITY <b>MILPITAS</b>	STATE <b>CA</b>	ZIP CODE <b>95035</b>	AREA CODE/PHONE <b>4088986537</b>	CITY <b>MILPITAS</b>	STATE <b>CA</b>	ZIP CODE <b>95035</b>	AREA CODE/PHONE <b>4088986537</b>
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>SURAJFORMILPITAS@GMAIL.COM</b>				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE <b>SANTA CLARA</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX)			
				CITY STATE ZIP CODE AREA CODE/PHONE			

**3. Verification**

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Executed on 08/01/2020 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

I.D. NUMBER

COMMITTEE NAME  
**VISWANATHAN 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

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.
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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  
CHECK ONE

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
SURAJ K VISWANATHAN	CITY COUNCIL, CITY OF MILPITAS	2020	Nonpartisan	Partisan	DEMOCRAT
			Nonpartisan	Partisan	(list political party below)

**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

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
		SUPPORT	OPPOSE