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1366601

# 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 Date qualified as committee (if applicable) Date of Termination

Date Stamp

**FILED**  
in the office of the Secretary of State  
of the State of California

**MAY 07 2014**

**CALIFORNIA FORM 410**  
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MAY 16 2014  
RECEIVED

## 1. Committee Information

NAME OF COMMITTEE  
BARBADILLO FOR MILPITAS CITY COUNCIL 2014

STREET ADDRESS (NO P.O. BOX)  
1840 EDSEL DR.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>(408) 772-1784</u>

MAILING ADDRESS (IF DIFFERENT)  
(408) 719-9807 fax

FAX / E-MAIL ADDRESS  
SANTA CLARA

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
<u>SANTA CLARA</u>	

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER  
GARRY BARBADILLO

STREET ADDRESS (NO P.O. BOX)  
1840 EDSEL DR

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>(408) 772-1784</u>

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 5/4/14 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 5/4/14 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

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COMMITTEE NAME

I.D. NUMBER

**BARBADILLO FOR MILPITAS CITY COUNCIL 2014**

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

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

**(NOT OPEN AT THIS TIME)**

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."
- 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

**GARY BARBADILLO**

**MILPITAS CITY COUNCIL**

**2014**

Nonpartisan

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

SUPPORT

OPPOSE