

13

Statement of Organization Recipient Committee

Type or print in ink

1349706

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:

Date qualified as committee

Termination - See Part 5

List I.D. number:

Date qualified as committee
(If applicable)

Date of Termination

STATEMENT OF ORGANIZATION

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

AUG 08 2012

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM **410**

City Clerk's Office

AUG 16 2012

RECEIVED

1. Committee Information

NAME OF COMMITTEE

BARBADILLO FOR MILPITAS CITY COUNCIL 2012

STREET ADDRESS (NO P.O. BOX)

1840 EDSEL DR.

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95235 (408) 772-1184

MAILING ADDRESS (IF DIFFERENT)

SAME

OPTIONAL: FAX / E-MAIL ADDRESS

(408) 528-1867 fax; greenbarillo2012@gmail.com

COUNTY OF DOMICILE

SANTA CLARA

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

CARRY BARBADILLO

STREET ADDRESS (NO P.O. BOX)

1840 EDSEL DR.

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95235 (408) 772-1184

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

CARRY BARBADILLO

STREET ADDRESS (NO P.O. BOX)

1840 EDSEL DR.

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95235 (408) 772-1184

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 8/6/12 DATE

Executed on 8/6/12 DATE

Executed on _____ DATE

Executed on _____ DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

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COMMITTEE NAME

I.D. NUMBER

BARBADILLO FOR MILPITAS CITY COUNCIL 2012

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 "non-partisan."
- 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
CHARLES BARBADILLO	CITY COUNCIL OF MILPITAS - 2012	2012	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE

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

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STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

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COMMITTEE NAME

PARENTILO FOR MILPITAS CITY COMMISSION 2012

I.D. NUMBER

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

N/A

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

N/A

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.

**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)

1349706
12/31/12
Date of Termination

RECEIVED AND FILED in the office of the Secretary of the State of California FEB 04 2013 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 410 For Official Use Only City Clerk's Office FEB 26 2013 RECEIVED

1. Committee Information

NAME OF COMMITTEE
BARBADILLO FOR MILPITAS CITY COUNCIL 2012

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

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

MAILING ADDRESS (IF DIFFERENT)
GARRY BARBADILLO@YAHOO.COM

FAX / E-MAIL ADDRESS
SANTA CLARA

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

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
MILPITAS CA 95035 (408) 772-1784

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 1/31/13 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/31/13 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

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COMMITTEE NAME
BARBADILLO FOR MILPITAS CITY COUNCIL 2012

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION CHASE BANK	AREA CODE/PHONE (408) 263-6233	BANK ACCOUNT NUMBER 125068990
ADDRESS 1285 S. PAVIL VICTORIA DR. MILPITAS, CA	CITY 95035	STATE ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

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- 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 2012	2012	<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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>