

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

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 of Termination

Date Stamp	CALIFORNIA FORM 410
City Clerk's Office JAN - 8 2010 RECEIVED	
For Official Use Only	

1. Committee Information

NAME OF COMMITTEE

Esteves for Mayor 2010

STREET ADDRESS (NO P.O. BOX)

825 Canada Cr.

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas CA 95035 (408) 263-1153

MAILING ADDRESS (IF DIFFERENT)

(same)

OPTIONAL: FAX / E-MAIL ADDRESS

estevesj@aol.com

COUNTY OF DOMICILE

Santa Clara

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

(same)

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Arsenio Iloreta

STREET ADDRESS (NO P.O. BOX)

782 Canada Dr

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas CA 95035 408 946 6438

NAME OF ASSISTANT TREASURER, IF ANY

None

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

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

1/8/2010
DATE

By

Arsenio R Iloreta
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

1/8/2010
DATE

By

Joe S Esteves
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <i>Esteves for Mayor 2010</i>	I.D. NUMBER
-------------------------------------------------	-------------

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
<i>Jose S. Esteves</i>	<i>Mayor, Milpitas</i>	<i>2010</i>	<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 <i>to follow</i>	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

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or
_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:
1323566
_____/_____/_____
Date qualified as committee
(If applicable)

Termination - See Part 5
List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp	CALIFORNIA FORM 410
City Clerk's Office FEB 23 2012 RECEIVED	
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1. Committee Information

NAME OF COMMITTEE
Esteves for Mayor 2012

STREET ADDRESS (NO P.O. BOX)
825 Canada Dr

CITY STATE ZIP CODE AREA CODE/PHONE
Milpitas CA 95035 408 263 1653

MAILING ADDRESS (IF DIFFERENT)
- Same -

OPTIONAL: FAX / E-MAIL ADDRESS
estevesj@aol.com

COUNTY OF DOMICILE <u>Santa Clara</u>	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE <u>- Same -</u>
------------------------------------------	------------------------------------------------------------------------------------------

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Arsenio R Iloreta

STREET ADDRESS (NO P.O. BOX)
782 Canada Dr

CITY STATE ZIP CODE AREA CODE/PHONE
Milpitas CA 95035 408 946 6438

NAME OF ASSISTANT TREASURER, IF ANY
- None -

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

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 19 Feb 2012
DATE

Executed on 2/19/2012
DATE

Executed on _____
DATE

Executed on _____
DATE

By Arsenio R Iloreta
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
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
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COMMITTEE NAME

Esteves for Mayor 2012

I.D. NUMBER

1323566

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
<i>Jose S Esteves</i>	<i>Mayor, City of Milpitas</i>	<i>2012</i>	<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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Esteves for Mayor 2012

I.D. NUMBER

1323566

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

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 Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # 1323566
 Date qualified as committee: _____ Date qualified as committee (If applicable): _____ Date of Termination: _____

Date Stamp

CALIFORNIA FORM 410
 City Clerk's Office
 JUL 25 2013
RECEIVED

1. Committee Information

NAME OF COMMITTEE: Esteves for Mayor 2014
 STREET ADDRESS (NO P.O. BOX): 825 Canada Drive
 CITY: Milpitas STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: 408 263 1153
 MAILING ADDRESS (IF DIFFERENT): - same -
 FAX / E-MAIL ADDRESS: estevesj@aol.com
 COUNTY OF DOMICILE: Santa Clara JURISDICTION WHERE COMMITTEE IS ACTIVE: - same -

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Arsenio R. Iloreta
 STREET ADDRESS (NO P.O. BOX): 782 Canada Drive
 CITY: Milpitas STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: 408 976 6438
 NAME OF ASSISTANT TREASURER, IF ANY: - None -
 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 7/25/13 By Arsenio R. Iloreta
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 7/25/13 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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

COMMITTEE NAME

Esteves For Mayor 2014

I.D. NUMBER

1323566

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

NAME OF FINANCIAL INSTITUTION <i>Bank of America</i>	AREA CODE/PHONE <i>18002255935</i>	BANK ACCOUNT NUMBER <i>1711485035</i>	
ADDRESS <i>P.O. Box 6995</i>	CITY <i>Portland</i>	STATE <i>OR</i>	ZIP CODE <i>97228-6995</i>

4. Type of Committee Complete the applicable sections.

Controlled Committee

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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
<i>Jose S. Esteves</i>	<i>Mayor, City of Milpitas</i>	<i>2014</i>	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

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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"/>

Statement of Organization
Recipient Committee

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COMMITTEE NAME

Estevés For Mayor 2014

I.D. NUMBER

1323566

4. Type of Committee (Continued)

General Purpose Committee

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PROVIDE BRIEF DESCRIPTION OF ACTIVITY

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INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

_____/_____/_____
Date qualified

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