

1323927

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type [X] Initial Not yet qualified [X] 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

RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 26 2010 Hand Delivered, Sacramento Debra Bowen, Secretary of State

CALIFORNIA FORM 410 For Official Use Only JAN 29 2010

1. Committee Information

NAME OF COMMITTEE: Debbie Giordano for Mayor 2010. STREET ADDRESS: 1916 Grand Teton Dr. CITY: Milpitas STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: 408.945.8988. MAILING ADDRESS: (IF DIFFERENT). OPTIONAL: FAX / E-MAIL ADDRESS: debgiordanomayor2010@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: Carla Kearin. STREET ADDRESS: 1948 Grand Teton Dr. CITY: Milpitas STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: 408.935.8661. NAME OF ASSISTANT TREASURER, IF ANY: Ludwig Indihar. STREET ADDRESS: 850 Evans Rd. CITY: Milpitas STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: 408.262.0377. NAME OF PRINCIPAL OFFICER(S): Debbie Giordano. STREET ADDRESS: 1916 Grand Teton Dr. CITY: Milpitas STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: 408.945.8988.

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 1-23-10 DATE. Executed on 1-23-10 DATE. Executed on DATE. Executed on DATE.

By [Signature] 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
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Debbie Giordano for Mayor 2010

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
Debbie Giordano	Mayor of Milpitas	2010	<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**

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STATEMENT OF ORGANIZATION

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

Amendment
List I.D. number:

_____/_____/_____
Date qualified as committee
(If applicable)

Termination - See Part 5
List I.D. number:
1323927
11, 09, 12
Date of Termination

Date Stamp	CALIFORNIA FORM 410
City Clerk's Office NOV 16 2012 RECEIVED	For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Debbie Grandano for Mayor 2010

STREET ADDRESS (NO P.O. BOX)
1916 GRAND TERN DR

CITY STATE ZIP CODE AREA CODE/PHONE
MILPITAS, CA 95035 (408) 945-8898

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE _____	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE _____
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Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
CARLA KEARIN

STREET ADDRESS (NO P.O. BOX)
1948 GRAND TERN DR

CITY STATE ZIP CODE AREA CODE/PHONE
MILPITAS CA 95035 (408) 209-9530

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

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 11/09/12 DATE
Executed on 11/09/12 DATE
Executed on _____ DATE
Executed on _____ DATE

By [Signature] 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