

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Date qualified as committee

Type or print in ink

Amendment
List I.D. number: _____

Date qualified as committee
(if applicable)

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

Date of Termination

3LAL 48 3-5-2012
1345869

Date Stamp
in the office of the Secretary of State
of the State of California
MAR 02 2012
DEBRA BOWEN
Secretary

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

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

MAR 12 2012

DEBRA BOWEN

1. Committee Information

NAME OF COMMITTEE

LALWANI
DEEPIKA FOR COUNCIL 2012

STREET ADDRESS (NO P.O. BOX)

2305 GLENVIEW DR

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95035 956-9115

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers Secretary of State

NAME OF TREASURER

DEEPIKA LALWANI

STREET ADDRESS (NO P.O. BOX)

2305 GLENVIEW DR

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95035 408 956 9115

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

DEEPIKA LALWANI

STREET ADDRESS (NO P.O. BOX)

2305 GLENVIEW DR

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95035 408 956 9115

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 Feb 24/12
DATE

Executed on Feb 24/12
DATE

Executed on _____
DATE

Executed on _____
DATE

By D Lalwani
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By D Lalwani
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

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME DEEPIKA LALWANI FOR 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
<u>DEEPIKA LALWANI</u>	<u>CITY COUNCIL</u>	<u>2012</u>	<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
<u>BANK OF AMERICA</u>		
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