

**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

Date qualified as committee
(If applicable)

Termination - See Part 5

List I.D. number:

Date of Termination

Date Stamp	CALIFORNIA FORM 410
For Official Use Only	

1. Committee Information

NAME OF COMMITTEE

Mc HUGH FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)

654 Los Pinos Ave

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS, CA 95035 408 263-8504

MAILING ADDRESS (IF DIFFERENT)

same

OPTIONAL: FAX / E-MAIL ADDRESS

PRIMO_McHUGH@yahoo.com

COUNTY OF DOMICILE

SANTA CLARA

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

NAME OF TREASURER

KAREN M. SERPA

STREET ADDRESS

1974 OLD CALAVERAS RD.

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS, CA 95035 408/263-7726

NAME OF ASSISTANT TREASURER, IF ANY

FRANK SERPA

STREET ADDRESS

1974 OLD CALAVERAS RD.

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS, CA 95035 408/263-7726

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

N/A

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

3-1-08
DATE

By

Karen L. Serpa
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

3-1-08
DATE

By

Pete McHugh
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

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CALIFORNIA
FORM **410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Mc HUGH FOR City Council

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>PETE Mc HUGH</i>	<i>MILPITAS City Council</i>	<i>2008</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)

NOT YET OPENED

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:

N/A

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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COMMITTEE NAME

McHUGH FOR CITY COUNCIL

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

N/A

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

N/A

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

____/____/____
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

N/A

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.

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 FORM

Statement Type Initial
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Amendment
 List I.D. number:
 # _____

Termination - See Part 5
 List I.D. number:
 # 1304793

 Date qualified as committee

 Date qualified as committee
 (if applicable)

1/30/12
 Date of Termination

City Clerk's Office

JAN 30 2012

RECEIVED

For Official Use Only

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

AUG 30 2012

DEBRA BOWEN
 Secretary of State

1. Committee Information

NAME OF COMMITTEE

McHUGH FOR City Council

STREET ADDRESS (NO P.O. BOX)

654 Los Pinos Ave

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MILPITAS

CA 95035

408/263-8504

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

V M MCHUGH @ YAHOO.COM

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
 THAN COUNTY OF DOMICILE

SANTA CLARA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

PETE McHUGH

STREET ADDRESS (NO P.O. BOX)

654 Los Pinos Ave

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MILPITAS

CA

95035

408/263-8504

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

PETE McHUGH

STREET ADDRESS (NO P.O. BOX)

654 Los Pinos Ave

CITY

STATE

ZIP CODE

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MILPITAS

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95035

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Executed on

1/30/12

DATE

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SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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