

**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:
902379
07.20.1990
Date qualified as committee
(If applicable)

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

Date of Termination

Date Stamp	CALIFORNIA FORM 410
RECEIVED AND FILED in the office of the Secretary of State of the State of California	
OCT 09 2009	For Official Use Only
DEBRA BOWEN Secretary of State	

1. Committee Information

NAME OF COMMITTEE
McHUGH FOR MAYOR - 2010

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 FAX- 408-263-5285
EMAIL- VMCHUGH@YAHOO.COM

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
SANTA CLARA SAME

2. Treasurer and Other Principal Officers

NAME OF TREASURER
MARK TIERNAN

STREET ADDRESS (NO P.O. BOX)
302 SILVERA ST.

CITY STATE ZIP CODE AREA CODE/PHONE
MILPITAS CA 95035 408-582-3782

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 Mc HUGH

STREET ADDRESS (NO P.O. BOX)
654 LOS PINOS AVE

CITY STATE ZIP CODE AREA CODE/PHONE
MILPITAS CA 95035 408-263-8504

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 10-05-09
DATE

Executed on 10-05-09
DATE

Executed on _____
DATE

Executed on _____
DATE

By Mark Tiernan
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Pete McHugh
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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COMMITTEE NAME

Mc HUGH FOR MAYOR - 2010

I.D. NUMBER

902379

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
PETE McHUGH	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	
CHASE	408-262-0520	4462995528	
ADDRESS	CITY	STATE	ZIP CODE
1297 E. CALAVERAS BLVD	MILPITAS	CA	95035

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	
PETE McHUGH	MAYOR OF MILPITAS	<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

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COMMITTEE NAME

MC HUGH FOR MAYOR - 2010

I.D. NUMBER

902379

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:

N/A

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

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 Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # 902379
 Date qualified as committee: _____ Date qualified as committee (If applicable): _____ Date of Termination: _____

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of
 of the State of California
 FEB 15 2013
DEBRA BOWEN
 Secretary of State

CALIFORNIA FORM 410
 For Official Use Only
 City Clerk's Office
 MAR - 6 2013
RECEIVED

1. Committee Information

NAME OF COMMITTEE: MC HUGH FOR MAYOR - 2010
 STREET ADDRESS (NO P.O. BOX): 654 Los PINOS AVE.
 CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: 408/263-8504
 MAILING ADDRESS (IF DIFFERENT): _____
 FAX / E-MAIL ADDRESS: VMMCHUGH @ YAHOO. COM
 COUNTY OF DOMICILE: SANTA CLARA JURISDICTION WHERE COMMITTEE IS ACTIVE: CITY OF MILPITAS

2. Treasurer and Other Principal Officers

NAME OF TREASURER: PETE Mc HUGH
 STREET ADDRESS (NO P.O. BOX): 654 Los PINOS AVE
 CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: 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): CANDIDATE + TREASURER PETE Mc HUGH
 STREET ADDRESS (NO P.O. BOX): AS ABOVE
 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] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 1/31/13 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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FORM 410**

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COMMITTEE NAME

Mc HUGH FOR MAYOR - 2010

I.D. NUMBER

902379

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

NAME OF FINANCIAL INSTITUTION MERIWEST CREDIT UNION	AREA CODE/PHONE 408 / 363-3200	BANK ACCOUNT NUMBER 563178-21
ADDRESS 1107 N. MILPITAS BLVD	CITY MILPITAS	STATE ZIP CODE CA 95035

4. Type of Committee Complete the applicable sections.

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			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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PETE Mc HUGH	MAYOR OF MILPITAS	<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

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