

**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:

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

9, 11, 12
Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

Date Stamp

CALIFORNIA FORM 410
For Official Use Only
City Clerk's Office
SEP 24 2012
RECEIVED

1. Committee Information

NAME OF COMMITTEE

Means for Mayor 2012

STREET ADDRESS (NO P.O. BOX)

1421 Yellowstone Ave.

CITY STATE ZIP CODE AREA CODE/PHONE
Milpitas CA 95035 (408) 262-0420

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

rob.means@electric-bikes.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

Carol Klein

STREET ADDRESS (NO P.O. BOX)

1421 Yellowstone Ave.

CITY STATE ZIP CODE AREA CODE/PHONE
Milpitas CA 95035 408-262-0420

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Rob Means

STREET ADDRESS (NO P.O. BOX)

1421 Yellowstone Ave.

CITY STATE ZIP CODE AREA CODE/PHONE
Milpitas CA 95035 408-262-0420

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 9-15-12
DATE

Executed on 9-15-12
DATE

Executed on _____
DATE

Executed on _____
DATE

By Carol Klein
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Robert S. Means
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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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Means for Mayor 2012

Page 2
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>Robert S. Means</i>	<i>Mayor 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 (c

NAME OF FINANCIAL INSTITUTION <i>Technology Credit Union</i>			
ADDRESS <i>2010 North First Street</i>	CITY <i>San Jose</i>	STATE <i>CA</i>	ZIP CODE <i>95131</i>

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

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STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Means for Mayor 2012

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

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.

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Recipient Committee**

Type or print in ink

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 in the
List I.D. number:

1351750

1 / 20 / 13
Date of Termination

Date Stamp	CALIFORNIA FORM 410
RECEIVED AND FILE in the office of the Secretary of State of the State of California	For Official Use Only <i>City Clerk's Office</i>
JAN 25 2013	FEB 11 2013
DEBRA BOWEN Secretary of State	RECEIVED

1. Committee Information

NAME OF COMMITTEE
Means for Mayor 2012

STREET ADDRESS (NO P.O. BOX)
1421 Yellowstone Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	408-262-0420

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
Carol J. Klein

STREET ADDRESS
1421 Yellowstone Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	408-262-0420

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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

MAILING ADDRESS

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 1-20-13
DATE

Executed on 1/20/13
DATE

Executed on _____
DATE

Executed on _____
DATE

By Carol J. Klein
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Robert J. Means
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
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