

43

Statement of Organization Recipient Committee

Type or print in Ink

1347977

STATEMENT OF ORGANIZATION

Statement Type

Initial Not yet qualified or

Amendment

List I.D. number: #

Termination - See Part 2

List I.D. number: #

Date qualified as committee

Date qualified as committee (if applicable)

Date of Termination

RECEIVED AND FILED

the office of the Secretary of State of the State of California

JUN 04 2012

DEBRA BOWEN Secretary of State

CALIFORNIA FORM 410

1. Committee Information

NAME OF COMMITTEE MONTANO for Milpitas City Council 2012

STREET ADDRESS (NO P.O. BOX) 369 Summerfield Dr

CITY Milpitas STATE CA ZIP CODE 95035 AREA CODE/PHONE (408) 649-3282

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

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 Carmen Montano

STREET ADDRESS (NO P.O. BOX) 369 Summerfield Dr

CITY Milpitas STATE CA ZIP CODE 95035 AREA CODE/PHONE (408) 649-328

NAME OF ASSISTANT TREASURER, IF ANY Mandy Hama

STREET ADDRESS (NO P.O. BOX) 1009 E. Capitol Exp.

CITY San Jose STATE CA ZIP CODE 95121 AREA CODE/PHONE (408) 750-735

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 June 26, 2012 DATE

Executed on June 26, 2012 DATE

Executed on DATE

Executed on DATE

By Carmen Montano SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Carmen Montano 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

CARMEN MONTANO for Milpitas 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
Carmen MONTANO	Milpitas City Council	2012	<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 of America	408 941-7170		
ADDRESS	CITY	STATE	ZIP CODE
740 E. CAHAVERAS 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	
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

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STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:

Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:
1347977
8, 6, 2013
Date of Termination

Date Stamp
COPY REC'D
AUG 07 2013
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CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
MONTANO for City Council 2012

STREET ADDRESS (NO P.O. BOX)
369 Summerfield Dr

CITY STATE ZIP CODE AREA CODE/PHONE
Milpitas, CA 95035 (408) 649-3282

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
CARMEN MONTANO

STREET ADDRESS (NO P.O. BOX)
369 Summerfield Dr

CITY STATE ZIP CODE AREA CODE/PHONE
Milpitas CA 95035 (408) 649-3282

NAME OF ASSISTANT TREASURER, IF ANY
Mandy Uamas

STREET ADDRESS (NO P.O. BOX)
1009 Capital Expwy

CITY STATE ZIP CODE AREA CODE/PHONE
San Jose, CA 95112 (408) 750-7850

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 8-6-2013
DATE

Executed on 8-6-2013
DATE

Executed on _____
DATE

Executed on _____
DATE

By Carmen Montano
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Carmen Montano
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

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COMMITTEE NAME

MONTANO San City Council 2012

I.D. NUMBER

1347977

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
			<input 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
<i>BANK of America</i>	<i>(408) 287-4637</i>	<i>1641 00 22 6879</i>
ADDRESS	CITY	STATE ZIP CODE
<i>P.O. Box 37176</i>	<i>Milpitas, CA</i>	<i>95035</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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Recipient Committee

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COMMITTEE NAME

MONTANO for city Council 2012

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I.D. NUMBER

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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.