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460-111

Statement of Organization Recipient Committee

Type or print in ink

1342338

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

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

For Official Use Only

File

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
List I.D. number: _____

_____ / _____ / _____
Date of Termination

OCT 11 2011
DEBRA BOWEN
Secretary of State

1. Committee information

NAME OF COMMITTEE
Mark Tiernan for City Council 2012

STREET ADDRESS (NO P.O. BOX)
302 Silvera Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	408-230-0800

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

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
Mark Tiernan

STREET ADDRESS
302 Silvera Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	408-230-0800

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 10-6-11 DATE

Executed on 10-6-11 DATE

Executed on _____ DATE

Executed on _____ DATE

By Mark Tiernan SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Mark Tiernan 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**

Type or print in ink

460-171

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

Date qualified as committee

Amendment
List I.D. number:
1342338
12, 1, 11
Date qualified as committee
(if applicable)

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

Date of Termination

Date Stamp JAN - 5 2012	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE
MARK TIERMAN FOR CITY COUNCIL 2012

STREET ADDRESS (NO P.O. BOX)
620 SOUTH MAIN ST. SUITE 100

CITY STATE ZIP CODE AREA CODE/PHONE
MILPITAS CA 95035 408-475-0974

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

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

2. Treasurer and Other Principal Officers

NAME OF TREASURER
CYNTHIA RICH

STREET ADDRESS (NO P.O. BOX)
1237 CASTLEMONT AVE

CITY STATE ZIP CODE AREA CODE/PHONE
SAN JOSE CA 95128 408-439-0506

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 1-5-12
DATE

Executed on 1-5-12
DATE

Executed on _____
DATE

Executed on _____
DATE

By Cynthia Rich
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Mark Tierman
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 Mark Tiernan for City Council 2012	I.D. NUMBER
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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
Mark Tiernan	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 CHASE BANK	AREA CODE/PHONE 408-945-7501
ADDRESS 371 N. MILPITAS BLVD	CITY STATE ZIP CODE 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**

STATEMENT OF ORGANIZATION

CALIFORNIA
410

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Mark Tiernan for City Council 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

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.

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.

Statement of Organization 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
 List I.D. number:
 # 1342338
 01 / 31 / 2013
 Date of Termination

STATEMENT OF ORGANIZATION
 CALIFORNIA FORM 410
 Official Use Only
 Clerk's Office
 FEB 26 2013
 RECEIVED

1. Committee Information

NAME OF COMMITTEE
 MARK TIERNAN FOR CITY COUNCIL 2012

STREET ADDRESS (NO P.O. BOX)
 620 SOUTH MAIN STREET, STE 100

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MILPITAS	CA	95035	408-475-0474

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

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
 CYNTHIA RICH

STREET ADDRESS
 1237 CASTLEMONT AVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN JOSE	CA	95128	408-439-0506

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

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Executed on 01/30/2013
DATE

Executed on 01/30/2013
DATE

Executed on _____
DATE

Executed on _____
DATE

By Cynthia Rich
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Mark Tiernan
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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MARK TIERNAN FOR CITY COUNCIL 2012

I.D. NUMBER

1342338

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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
MARK TIERNAN	MILPITAS CITY COUNCIL	2012	<input type="checkbox"/> Non-Partisan <input checked="" type="checkbox"/> DEMOCRATIC
			<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	408-945-6602	000000994838944	
ADDRESS	CITY	STATE	ZIP CODE
37 N MILPITAS 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
		SUPPORT	OPPOSE

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Recipient Committee

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COMMITTEE NAME

MARK TIERNAN FOR CITY COUNCIL 2012

I.D. NUMBER

1342338

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NO. AND STREET

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