

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met 6/4/2018

Termination - See Part 5
 Date of termination _____

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
JAN 17 2019
Hand Delivered, Sacramento

CALIFORNIA FORM 410
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City Clerk's Office
FEB 01 2019
RECEIVED

1. Committee Information

I.D. Number (if applicable) 14 05693

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
Karina Dominguez For Milpitas City Council

STREET ADDRESS (NO P.O. BOX)
531 N Abbott Ave

CITY STATE ZIP CODE AREA CODE/PHONE
Milpitas CA 95035 (408) 712-5279

FULL MAILING ADDRESS (IF DIFFERENT)
PO BOX 362023 Milpitas CA 95035

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Clara

NAME OF TREASURER
Larissa Sampath

STREET ADDRESS (NO P.O. BOX)
531 N Abbott Ave

CITY STATE ZIP CODE AREA CODE/PHONE
Milpitas CA 95035 (408) 712-5239

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

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 9-23-2018 By Larissa Sampath
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9-23-2018 By Karla Dominguez
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or Date qualified as committee
 Date qualified as committee 06 / 04 / 2018
 Date of termination _____

Date Stamp
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 of the State of California
JUN 18 2018

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 JUL - 3 2018
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1. Committee Information I.D. Number (if applicable) 1405693 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 Karina Dominguez for Milpitas City Council 2018

STREET ADDRESS (NO P.O. BOX)
 531 N. Abbott Ave CA 95035 (408) 712-5279

CITY STATE ZIP CODE AREA CODE/PHONE
 Milpitas CA 95035 (408) 712-5279

MAILING ADDRESS (IF DIFFERENT)
 karinadominguez4milpitas@gmail.com

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Santa Clara County City of Milpitas

NAME OF TREASURER
 Karina Dominguez

STREET ADDRESS (NO P.O. BOX)
 531 N. Abbott Ave

CITY STATE ZIP CODE AREA CODE/PHONE
 Milpitas CA 95035 (408) 712-5279

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

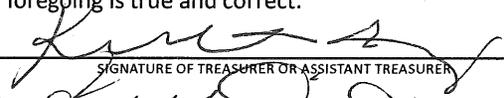
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 6/14/2018 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 6/14/2018 By  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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Karina Dominguez for Milpitas City Council 2018

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

NAME OF FINANCIAL INSTITUTION Union Bank	AREA CODE/PHONE 408-279-7400		
ADDRESS 590 N 6th Street	CITY San Jose	STATE CA	ZIP CODE 95112

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 "nonpartisan." Stating "No party preference" is acceptable.
- 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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Karina Dominguez	Milpitas City Council	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Democrat
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

43

1405693

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or Date qualified as committee _____ / _____ / _____
Date qualified as committee _____ / _____ / _____
Date of termination _____ / _____ / _____

Date Stamp
RECEIVED AND FILED
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of the State of California
MAY 07 2018

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JUN 05 2018
RECEIVED

1. Committee Information I.D. Number (if applicable) 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
Karina Dominguez for Milpitas City Council 2018

STREET ADDRESS (NO P.O. BOX)
531 N. Abbott Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	408-712-5279

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
karinadominguez4milpitas2018@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Clara County	City of Milpitas

NAME OF TREASURER
Karina Dominguez

STREET ADDRESS (NO P.O. BOX)
531 N. Abbott Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	408-712-5279

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)
531 N Abbott Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	408-712-5279

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

Hand Delivered Sacramento

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 5/7/2018 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 5/7/2018 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

I.D. NUMBER

COMMITTEE NAME
Karina Dominguez for Milpitas City Council 2018

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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 "nonpartisan." Stating "No party preference" is acceptable.
- 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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Karina Dominguez	City of Milpitas-Council	2018	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Democrat
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

COMMITTEE NAME

Karina Dominguez for Milpitas City Council 2018

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
Political Party/Central 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

AREA CODE/PHONE

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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