

43

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type [ ] Initial Not yet qualified [ ] or

[x] Amendment List I.D. number: # 1257054 Date qualified as committee 07 / 31 / 2003

[ ] Termination - See Part 5 List I.D. number: # Date of Termination

RECEIVED AND FILED in the office of the Secretary of State of California FEB 05 2008 DEBRA BOWEN Secretary of State

CALIFORNIA FORM 410 For Official Use Only 261

1. Committee Information

NAME OF COMMITTEE: Re-Elect Debbie Giordano for Milpitas City Council. STREET ADDRESS: 1916 Grand Teton Dr. CITY: Milpitas STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: 408-945-8988. COUNTY OF DOMICILE: Santa Clara

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Alan David. STREET ADDRESS: 105 Serra Way. CITY: Milpitas STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: 408-439-5933. NAME OF ASSISTANT TREASURER, IF ANY: [ ]

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 1/29/08 DATE. Executed on 1/29/08 DATE. Executed on DATE. Executed on DATE.

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT. By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT. By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

**Statement of Organization  
Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA  
FORM 410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Re-Elect Debbie Giordano for Milpitas City Council

Page 2

I.D. NUMBER

1257054

**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
Debbie Giordano	Milpitas City Council Member	2008	<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
WaMu	408-263-6233	441-314530-4
ADDRESS	CITY	STATE ZIP CODE
1285 Park Victoria Drive	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**

INSTRUCTIONS ON REVERSE

Page 4

COMMITTEE NAME

Re-Elect Debbie Giordano for Milpitas City Council

I.D. NUMBER

1257054

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			<input type="checkbox"/> Non-Partisan

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WaMu	408-263-6233	441-314530-4	
ADDRESS	CITY	STATE	ZIP CODE
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		SUPPORT	OPPOSE

43

201

# Statement of Organization Recipient Committee

Type or print in ink

161

STATEMENT OF ORGANIZATION

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:  
 # 1257054  
 1, 27, 2010  
 Date of Termination

Date Stamp  
 REC in the office of the Secretary of State of the State of California  
 CALIFORNIA FORM 410  
 AUG 09 2010  
 DEBRA BOWEN  
 Secretary of State

## 1. Committee Information

NAME OF COMMITTEE  
 Re Elect Debbie Giordano for Milpitas City Council

STREET ADDRESS (NO P.O. BOX)  
 1916 Grand Teton Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	

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  
 Alan David

STREET ADDRESS  
 105 Serra Way Box 286

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	

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

Attach additional information on appropriately labeled continuation sheets.

## 3. Verification

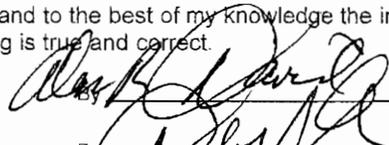
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-26-10  
DATE

Executed on 1/24/10  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

  
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By   
 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

STATEMENT OF ORGANIZATION

Statement Type  Initial  
Not yet qualified  or

8 / 8 / 12  
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

Date Stamp <b>City Clerk's Office</b> AUG 9 2012 <b>RECEIVED</b>	<b>CALIFORNIA FORM 410</b> For Official Use Only
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**1. Committee Information**

NAME OF COMMITTEE  
**Deb Giordano City Council 2012**

STREET ADDRESS (NO P.O. BOX)  
**1916 Grand Teton Dr.**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>Milpitas</b>	<b>CA</b>	<b>95035</b>	<b>408-945-8988</b>

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
<b>Santa Clara</b>	

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Todd Flesner**

STREET ADDRESS (NO P.O. BOX)  
**638 Middlefield Rd.**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>Palo Alto</b>	<b>CA</b>	<b>94301</b>	<b>650-322-7277</b>

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

**3. Verification**

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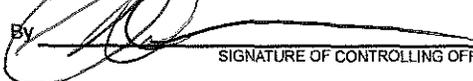
Executed on August 8, 2012  
DATE

Executed on August 8, 2012  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By   
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By   
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

Deb Giordano City Council 2012

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.
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- 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
Debra Giordano	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 ACCOUNT NUMBER
Chase	(408) 263-6233	#106908110
ADDRESS	CITY	STATE
1285 S. PARK Victoria Drive	MILPITAS	Ca
ZIP CODE		
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 FORM 410

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Deb Giordano City Council 2012

Page 3

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.

Statement of Organization Recipient Committee

R 43 L Type or print in ink 1349768

CALIFORNIA FORM 410 For Official Use Only

RECEIVED AND FILED in the office of the Secretary of State of the State of California AUG 10 2012 Hand Delivered, Sacramento Debra Bowen, Secretary of State

Statement Type

[X] Initial Not yet qualified [ ] or

[ ] Amendment List I.D. number:

[ ] Termination - See Part 5 of the State of California List I.D. number:

8 / 8 / 12 Date qualified as committee

# \_\_\_\_\_ Date qualified as committee (If applicable)

# \_\_\_\_\_ Date of Termination

1. Committee Information

NAME OF COMMITTEE: Deb Giordano City Council 2012
STREET ADDRESS (NO P.O. BOX): 1916 Grand Teton Dr.
CITY: Milpitas STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: 408-945-8988
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: Todd Flesner
STREET ADDRESS (NO P.O. BOX): 638 Middlefield Rd.
CITY: Palo Alto STATE: CA ZIP CODE: 94301 AREA CODE/PHONE: 650-322-7277
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 August 8, 2012 DATE
Executed on August 8, 2012 DATE
Executed on DATE
Executed on DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By [Signature] 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**

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number:

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

# \_\_\_\_\_

# 1349768

\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_  
Date qualified as committee  
(if applicable)

12, 20, 13  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b> <small>For Official Use Only</small>
DEC 20 2013 RECEIVED	

**1. Committee Information** **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
Deb Giordano City Council 2012

STREET ADDRESS (NO P.O. BOX)  
1916 GRAND TERN DR

CITY STATE ZIP CODE AREA CODE/PHONE  
MILPITAS CA 95035 (408) 945-8988

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS  
GIORDANOS@AOC.COM

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
SANTA CLARA

NAME OF TREASURER  
Todd Flesner

STREET ADDRESS (NO P.O. BOX)  
18805 Cox Ave #210

CITY STATE ZIP CODE AREA CODE/PHONE  
SARATOGA CA 95070 (408) 610-9699

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

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Executed on 12/20/13 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12-20-13 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
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Executed on \_\_\_\_\_ By \_\_\_\_\_  
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