

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input type="checkbox"/> Amendment Date qualification threshold met ____/____/____	<input checked="" type="checkbox"/> Termination – See Part 5 Date of termination <u>12/27/2018</u>
---	--	--

Date Stamp
RECEIVED

DEC 27 2018

TOWN OF LOS ALTOS HILLS

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information	I.D. Number <i>(if applicable)</i>	1410310	2. Treasurer and Other Principal Officers
---------------------------------	--	---------	--

NAME OF COMMITTEE
Kavita Tankha for LAH City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Altos Hills	CA	94024	()

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
--------------------	--

NAME OF TREASURER
Stanley Mok

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Altos	CA	94022	()

NAME OF ASSISTANT TREASURER, IF ANY
Kavita Tankha

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Altos Hills	CA	94022	()

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	<u>12/21/2018</u> <small>DATE</small>	By	 <small>SIGNATURE OF TREASURER OR ASSISTANT TREASURER</small>
Executed on	<u>12/21/2018</u> <small>DATE</small>	By	_____ <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____ <small>DATE</small>	By	_____ <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____ <small>DATE</small>	By	_____ <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>

RECEIVED

DEC 27 2018

CALIFORNIA FORM 410

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

TOWN OF LOS ALTOS HILLS

COMMITTEE NAME Kavita Tankha for LAH City Council 2018

Page 2 I.D. NUMBER 1410310

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

NAME OF FINANCIAL INSTITUTION: COMERICA BANK; AREA CODE/PHONE: 800-589-1400; BANK ACCOUNT NUMBER: 1410310; ADDRESS: 275 3RD ST. LOS ALTOS, CA 94022

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.

Table with 6 columns: NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT, ELECTIVE OFFICE SOUGHT OR HELD, YEAR OF ELECTION, PARTY CHECK ONE (Nonpartisan, Partisan), and (list political party below).

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

Table with 4 columns: CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE, CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION, and CHECK ONE (SUPPORT, OPPOSE).

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME
Kavita Tankha for LAH City Council 2018

I.D. NUMBER
1410310

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

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.

Instructions for Statement of Organization

General Purpose Committee

A committee is a “general purpose committee” if its principal activity is supporting or opposing a variety of candidates or measures voted on in different elections. (FPPC Regulation 18227.5)

- A **state committee** makes contributions or expenditures to support or oppose candidates or measures voted on in state elections, or in more than one county; it does not make over 70% of its contributions or expenditures in a single local jurisdiction. State contributions include contributions to other state general purpose committees. *All political party committees that meet the requirements as a political party pursuant to Elections Code Section 5100 (Government Code Section 85205) (including county central committees) are state committees.*
- A **county committee** makes more than 70% of its contributions or expenditures to support or oppose candidates or measures voted on in a single county, or in more than one jurisdiction within one county. This includes contributions to other general purpose committees in the same county.
- A **city committee** makes more than 70% of its contributions or expenditures to support or oppose candidates or measures voted on in a single city, or in one consolidated city and county. This includes contributions to other city general purpose committees in the same city.

A city or county committee may make up to four contributions in a calendar year to candidates for elective state office whose districts are within the same jurisdiction and is not required to change its status to a state committee.

A committee that has made contributions or expenditures of \$5,000 or more during a quarter must review its activity at the end of March, June, September and December to determine if the committee is filing reports in the appropriate

jurisdiction. During the first six months, a new committee must check its jurisdictional status each month the committee makes expenditures of \$1,000 or more. If a change of filing locations occurs, reports must be filed in both the new and old jurisdiction through the calendar year.

After marking the appropriate state, county or city box, provide a brief description of the committee’s political activities such as whether it supports candidates or measures that share a common political affiliation.

Sponsored Committee

A “sponsored committee” is a general purpose or primarily formed committee, other than an officeholder or candidate controlled committee, that has one or more sponsors.

An organization, business, or other entity is a sponsor if one or more of the following apply:

- The committee receives 80% or more of its contributions from the entity or organization or its members, officers, employees, or shareholders.
- The entity or organization collects contributions for the committee by use of payroll deductions or dues from its members, officers or employees.
- The entity or organization, alone or in combination with other entities or organizations, provides all or nearly all of the administrative services for the committee.
- The entity or organization, alone or in combination with other entities or organizations, sets the policies for contribution solicitations or payment of expenditures from committee funds.

See the instructions for Part 1 for a sponsored committee’s name requirements.

Small Contributor Committee

A “small contributor committee” is one that has been in existence for more than six months; receives

contributions from 100 or more persons; makes contributions to five or more candidates; and has not received more than \$200 from one person in a calendar year.

5. Termination Requirements

Recipient committees may only terminate when:

- They have ceased to receive contributions and make expenditures; and
- They do not anticipate receiving contributions, repayments of outstanding loans made to others, or any other receipts in the future, and they do not anticipate making expenditures in the future; and
- They have eliminated or have no intention or ability to discharge all their debts, loans received, and other obligations; and
- They have no funds; and
- They have filed all required campaign statements disclosing all reportable transactions, including disposition of funds.

State Candidates: There are mandatory termination deadlines applicable to your committees.

How to Terminate

After the termination requirements above are met:

State Committees: Complete page one of the Form 410 and mark the termination box. Send the Form and last Form 450 or 460 (mark the termination box) to the Secretary of State.

Local Committees: Complete page one of the Form 410, mark the termination box and send the Form to the Secretary of State. Send a copy of the Form 410 and last Form 450 or 460 (mark the termination box) to your city or county filing officer.