Statement of Organization
Recipient Committee

Statement Type

- ☑ Initial
  - ☑ Not yet qualified
    or
  - ○ Date qualification threshold met
- ☐ Amendment — Date qualification threshold met ___/___/___
- ☐ Termination – See Part 5 — Date of termination ___/___/___

Date Stamp

RECEIVED

SEP – 8 2020

TOWN OF LOS ALTOS HILLS

For Official Use Only

1. Committee Information / I.D. Number (if applicable)

NAME OF COMMITTEE
Stan Mok for LAH City Council 2020

STREET ADDRESS (NO P.O. BOX)
█████████

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

FULL MAILING ADDRESS (IF DIFFERENT)
███████████

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Clara	Town of Los Altos Hills

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Stanley Q. Mok

STREET ADDRESS (NO P.O. BOX)
███████████

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

NAME OF ASSISTANT TREASURER, IF ANY
Jay ~~Saturia~~ SUTARIA ℞

STREET ADDRESS (NO P.O. BOX)
███████████

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

NAME OF PRINCIPAL OFFICER(S)
Stanley Q. Mok

STREET ADDRESS (NO P.O. BOX)
███████████

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

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 __8/15/2020__ By _____
DATE — SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on __8/15/2020__ By _____
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

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STRUCTURES ON REVERSE

MMITTEE NAME

STAN MOK FOR LAH CITY COUNCIL 2020

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

OVIDE BRIEF DESCRIPTION OF ACTIVITY

CAMPAIGN TO ELECT STAN MOK FOR LAH CITY COUNCIL 2020

Sponsored Committee   List additional sponsors on an attachment.

AME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
REET 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 ponent 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.

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization
Recipient Committee

ISTRUCTIONS ON REVERSE

COMMITTEE NAME
Stan Mok for LAH Council 2020

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Comerica Bank	650-949-2013	pending	██████

ADDRESS	CITY	STATE	ZIP CODE
275 Third Street	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. 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	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
STANLEY Q. MOK	CITY COUNCIL, TOWN OF Los Altos Hills	2020	✓		
			Nonpartisan	Partisan	(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
		SUPPORT	OPPOSE

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