

Statement of Organization  
Recipient Committee

43

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial  
Not yet qualified  or

Amendment  
List I.D. number:

# 1310525

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

# \_\_\_\_\_

08 / 26 / 2008  
Date qualified as committee

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp  
CITY OF SUNNYVALE  
CITY CLERK'S OFFICE  
2008 DEC 30 P 3:31

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**CALIFORNIA FORM 410**  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California  
JAN 06 2009  
**DEBRA BOWEN**  
Secretary of State

1. Committee Information

NAME OF COMMITTEE

Jim Griffith for Council

STREET ADDRESS (NO P.O. BOX)

540 Saco Terrace

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sunnyvale	CA	94089	(408) 733-4516

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

info@jimforcouncil.org

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

Glenn Hendricks

STREET ADDRESS

843 Trenton Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sunnyvale	CA	94087	(408) 242-8384

NAME OF ASSISTANT TREASURER, IF ANY

Jim Griffith

STREET ADDRESS

540 Saco Terrace

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sunnyvale	CA	94089	(408) 733-4516

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 December 30, 2008  
DATE

Executed on December 30, 2008  
DATE

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

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

By Glenn K Hendricks  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By James R Griffith  
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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Jim Griffith for Council

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I.D. NUMBER

1310525

**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
Jim Griffith	Sunnyvale City Council, seat 3	2009	<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	
Union Bank of California, Sunnyvale #126	1 (800) 238-4486	1260042277	
ADDRESS	CITY	STATE	ZIP CODE
495 S. Mathilda Avenue	Sunnyvale	CA	94086

**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