

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1374935

02 / 06 / 2015

Date qualified as committee

Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

Date of Termination

R	Date Stamp RECEIVE FEB 19 2015	CALIFORNIA FORM 410
	For Official Use Only	
CITY CLERK'S OFFICE CITY OF SUNNYVALE		

1. Committee Information

NAME OF COMMITTEE

Yes on Sunnyvale Public Lands for Public Use Act

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sunnyvale CA 94087

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Santa Clara

JURISDICTION WHERE COMMITTEE IS ACTIVE

Sunnyvale

Attach additional information on appropriately labeled continuation sheets.

COPY

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Andrew Frazer

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sunnyvale CA 94087

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Tim Dietrich

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sunnyvale CA 94087

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 2/13/15 By Andrew Frazer
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/13/15 By Tim Dietrich
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 _____
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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 3
I.D. NUMBER 1374935

COMMITTEE NAME
Yes on Sunnyvale Public Lands for Public Use Act

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.

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Statement of Organization Recipient Committee

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List I.D. number:

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RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

FEB 03 2015

CALIFORNIA FORM 410

For Official Use Only

R/cg

1. Committee Information

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Sunnyvale CA 94087

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FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Santa Clara

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Sunnyvale

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CITY STATE ZIP CODE AREA CODE/PHONE

Sunnyvale CA 94087

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Tim Dietrich

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sunnyvale CA 94087

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 1-28-15 By *Andrew Frazer*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/28/15 By *Tim Dietrich*
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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STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

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