Statement of Organization Recipient Committee					Date Stamp		CALIFORNIA 410		
	[2] Initial	☐ Amendment	☐ Termination – See Par				icial Use Only		
	Not yet qualified or			SEP -	ł 2020				
	O Date qualification threshold met	Date qualification threshold met	Date of termination	TOWN OF LOS	ALTOS HILL	S			
1. Committee	Information I.D. Numb	St.	2. Treasurer a	nd Other Princip	al Officers				
NAME OF COMMITTEE	o (If applicable)	ngga maya kanan jaru mahandik dan da hisi mahada kalangan kanan da hisi madah anak kalanga kanan dan gara basa Manan	NAME OF TREASURER						
REDDY	FOR COUNCIL		RAJ STREET ADDRESS (NO P.O. I	REDDY	dad I sandar nagana yaki yaki yaki yaki sa marabah naga 2 di ya sa da kaki	annun ya keci makupu da Cuyaka Saka Maka Maka Maka Maka Maka Maka M	a addicipation with appointment of the control and the language appears		
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STREET ADDRESS (NO P.O.	, BOX)		LOS ALTOS	Hurs	STATE CA-	21P CODE 94022	AREA CODE/PHONE		
GOS ALTOS H	V A	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREA	SURER, IF ANY	enerale katti eraje in procesa	meter di también d <mark>i men^katan mendika sapita tahun</mark> sa buma sama	and the state of t		
FULL MAILING ADDRESS (STREET ADDRESS (NO P.O.	BOX)	nie de voerte zoon op een de de de transporte de gewone belande	alakan perdangan di serapun keda dan Pangar perdakan dan Asian Salah	a-Martin-verbilders der auf der finne sal einfeliere, "z. selby anne manden der		
E-MAIL ADDRESS (REQUIR	RED) / FAX (OPTIONAL)	a benefit in great and the second state of the	CITY	Antonia estima i Santonia de la Contra de Contra d	STATE	ZIP CODE	AREA CODE/PHONE		
COUNTY OF DOMICILE	JURISDICTION WHERE CO	MMITTEE IS ACTIVE	LOS ALTOS NAME OF PRINCIPAL OFFIC	HILLS	_CA	94122			
SANTA CO			RAT						
ndrivery through an est the unsercount and charges things are such that are supported to		nt 1990 til det seg semmen der som til Stort bledde gred til det de kommen som til semme skrike hvedde spenskel som en spenskel som et spenske	STREET ADDRESS (NO P.O.	вох)		i nga kanalangan kanalangan kanalangan kanalangan kanalangan kanalangan kanalangan kanalangan kanalangan kanal	Sandani uni bartauni e se guri bi ya mu a na kwanyi has i 12 bale nyo otengi milawa		
Attach additiona	al information on appropriately l	abeled continuation sheets.	CITY DI T	TOS HILLS	STATE	ZIP CODE	AREA CODE/PHONE		
3. Verificatio	i.		600 1761	us listly	CA	94022			
		this statement and to the bar							
	easonable diligence in preparing ry under the laws of the State o			rmation contained i	ierein is true	and complete. I	certify under		
Executed on	8/19/2020 By	lan							
Executed on 28	1 1 1 1 m		GNATURE OF TREASURER OR ASSISTANT T		· P	-			
Executed on	DATE DY	SIGNATURE OF CON	ROCTING OFFICEHOLDER, CANDIDATE, OR	STATE MEASURE PROPONENT	C. T. C.	-			
Executed on	DATE By	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR	STATE MEASURE PROPONENT	Maria de Maria de Ma				
Executed on	DATE By	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR	STATE MEASURE PROPONENT	n formani profungation in the last for the last formation	Direction of Michigan Proper Production (Add			

Statement of Organization Recipient Committee						CALIFO FOR		10
INSTRUCTIONS ON REVERSE						Page 2		
COMMITTEE NAME REDDY FOR COUNCIL		CO Commission of the American Service Control of Commission Commis				I.D. NUMBER		the state of the s
All committees must list the financial institution where the call	mpaign ban	k account is located.						
NAME OF FINANCIAL INSTITUTION	AREA CO	DE/PHONE	BANK ACCOUN	IT NUMBER	indiving an arrival mark of a special mention of the state of	and the system to a constructive of the system to a state of the syste	Major Major (speciment) and the state of the	
BANK OF AMERICA	65	0 324-4433		TB.	p			
ADDRESS Hawthorne - San Antonia Broad	CITY	6 324-4433 Los ALTOS	STATE CA-		CODE 2 2	Construction and the security of the Market of Staff week words	hat billiones yang bilay kelamin calamin da gudar on amana kelasi dan	
4. Type of Committee Complete the applicable sections.								
Controlled Committee			· · · · · · · · · · · · · · · · · · ·				<u>a_60,000</u> , to 2 (6,000 to 3), 50, 50	Part of the Control o
 List the name of each controlling officeholder, candidate, or sta also list the elective office sought or held, and district number, 			officeholder	controlled,	,			
• List the political party with which each officeholder or candidat	e is affiliate	d or check "nonpartisan." Sta	ating "No pa	rty prefere	nce" is accep	table		
• If this committee acts jointly with another controlled committee	e, list the na	ame and identification numbe	er of the oth	er controll	ed committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(1	ELECTIVE OFFICE SOUGHT OR HELD INCLUDE DISTRICT NUMBER IF APPLICA		YEAR OF ELECTION	PAR1 CHECK			
RAJ REDDY	Counci	(Member Town o)	Lac Altos	2020	Nonpartisan	Partisan	(list political par	ty below)
		The state of the s	p+ills		Nonpartisan	Partisan	(list political par	ty below)
Primarily Formed Committee Primarily formed to support or o	oppose spec	lfic candidates or measures i	n a single el	ection. List	: below:	THE RESERVE OF THE PERSON OF T	Anni ka Tiyana Yarka kirina ayan baga Saanii Abaa	ng chang phana kapan o hida
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.		CANDIDATE(S) OFFICE	_	ELD OR MEASU	RE(S) JURISDICTI	ON	CHECK	ONE
							SUPPORT	OPPOSE
	androne, person special and an extension of the secure of	ti di di para di tanggan di	AND THE RESIDENCE OF THE PERSON OF THE PERSO	1441 (145 146 			SUPPORT	OPPOSE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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OMMITTEE	NAME	

REDDY FOR COUNCIL

CALIFORNIA 410

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I.D. NUMBER

Pending

		1 '
4. Type of Committee (Continued)		
CITY Committee CC	andidates or measures in a single election. Check only one box DUNTY Committee STATE Committee	;
ROVIDE BRIEF DESCRIPTION OF ACTIVITY		
CAMPATEN TO ELECT RAJ REPDY	FOR LAH CITY COUNCIL 2020	
. 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 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.