

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination - See Part 5 Date of termination _____/_____/_____
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Date Stamp
RECEIVED
SEP - 4 2020
TOWN OF LOS ALTOS HILLS

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers					
NAME OF COMMITTEE <i>REDDY FOR COUNCIL</i>				NAME OF TREASURER <i>RAJ REDDY</i>				STREET ADDRESS (NO P.O. BOX)					
STREET ADDRESS (NO P.O. BOX)				CITY <i>LOS ALTOS HILLS</i>				STATE <i>CA</i>		ZIP CODE <i>94022</i>		AREA CODE/PHONE	
CITY <i>LOS ALTOS HILLS</i>		STATE <i>CA</i>		ZIP CODE <i>94022</i>		AREA CODE/PHONE		NAME OF ASSISTANT TREASURER, IF ANY					
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY <i>LOS ALTOS HILLS</i>					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STATE <i>CA</i>				ZIP CODE <i>94022</i>		AREA CODE/PHONE		NAME OF PRINCIPAL OFFICER(S) <i>RAJ REDDY</i>	
COUNTY OF DOMICILE <i>SANTA CLARA</i>		JURISDICTION WHERE COMMITTEE IS ACTIVE		STREET ADDRESS (NO P.O. BOX)				CITY <i>LOS ALTOS HILLS</i>					
<p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>				STATE <i>CA</i>				ZIP CODE <i>94022</i>		AREA CODE/PHONE		NAME OF PRINCIPAL OFFICER(S) <i>RAJ REDDY</i>	

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 08/19/2020 By *[Signature]* SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/19/2020 By *[Signature]* - CANDIDATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME <i>REDDY FOR COUNCIL</i>	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>BANK OF AMERICA</i>	AREA CODE/PHONE <i>650 324-4433</i>	BANK ACCOUNT NUMBER <i>TBD</i>
ADDRESS <i>Hawthorne - San Antonio Branch</i>	CITY <i>LOS ALTOS</i>	STATE ZIP CODE <i>CA - 94022</i>

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		
<i>RAJ REDDY</i>	<i>Council Member, Town of Los Altos Hills</i>	<i>2020</i>	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			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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I.D. NUMBER <i>Pending</i>

COMMITTEE NAME
REDDY FOR COUNCIL

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
CAMPAIGN TO ELECT RAJ REDDY 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.