Statement of C Recipient Com						Date Stamp		FORNIA 410
Statement Type	Initial Not yet qualified or	Amendment List I.D. number:	List I.D. numbe #/	·	IB M	CLERK'S OFFIC		For Official Use Only
1. Committee In NAME OF COMMITTEE	formation		2	. Treasurer an	nd Other Print	ipal Officers		
Larry Klein for (Council Seat 4 Speci	al Election August	2016	Sheri Codia STREET ADDRESS (NO P.				
STREET ADDRESS (NO PO.	BOX)	in Hone per Althing in Hone un nei ar rent in her un ar gester die him gesparaeter in h	tillansa an anna a anna an an anna an anna an an	CITY	s Martin Minifordi en anterna maintante de grafe a parte a secondo do de parte	STATE	ZIP CODE	AREA CODE/PHONE
				Sunnyvale		Ca	94086	(408)306-5589
CITY	STATE		ODE/PHONE	NAME OF ASSISTANT TR	REASURER, IF ANY	*******		
Sunnyvale	CA 9	4086 (408)5	504-6675					
MAILING ADDRESS (IF DIF	FERENT)		Managen an	STREET ADDRESS (NO P.	O. BQX)			
FAX/E-MAIL ADDRESS	ouncil.com		ng pang pang mang pang pang pang pang pang pang pang p	Сіту		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE		ERE COMMITTEE IS ACTIVE	₩₩₽₽₩₩Ţĸ₽₩Ċ₩Ċ₩ĬŎĬ₩₩₩₩ŢĸŢŸĊĸĬŎĊĸĬŎĊĸĬŎŎŎŎŎ	NAME OF PRINCIPAL OF	FICER(S)		*****	n na
Santa Clara	Sunnyva	le						
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Attach additional i	nformation on appropriate	ly labeled continuation sl	heets.	CITY		STATE	ΖΙΡ CODÉ	AREA CODE/PHONE

3. Verification

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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	5/4/16	_ ^B y	Sheri Codiara	
Executed on	DATE 	_ Ву _	SIGNATURE OF TREASURER OR ASSISTANT TREASURER	-
Executed on	DATE	_ Ву	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on	OATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
			JOBALOR OF CONTROLLING OFFICEROLDER, CANDIDALE, ON STATE MEASURE PROPOREME	FPPC Form 410 (Jan/2016)

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COMMITTEE NAME

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Larry Klein for Council Seat 4 Special Election August 2016

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

NAME OF FINANCIAL INSTITUTION		BANK ACCOUNT NUMBER	
ADDRESS	C:TY	STATE	ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

Prin

- 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."
- 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
Larry Klein	Sunnyvale City Council, Seat 4	2016	🛛 Nonpartisan
			Nonpartisan

narily Formed Committee	Primarily formed to support or		

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)	CHEC	KONE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE
		A CONTRACTOR OF	An

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Statement of Organization Recipient Committee				CALIFORNIA FORM 410
INSTRUCTIONS ON REVERSE	<u></u>			Page 3
Larry Klein for Council Seat	4 Special Election August 2	2016		
4. Type of Committee (Contin	nued}			
	t formed to support or oppose spec	ific candidates or measures in a single elec mmittee 🔲 STATE Committee	ction. Check only one box:	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	₩₩₩₽ĴŎĸĿĸŦĸĬĸŎŎĸŦĊĬŎġĿIJŎŗĸŎŗĸŎĸŦŎĸŦŎĬŎŢġĿĿĿĸĊĸĊĸĬĸĸŦĸĊĸĬĦŶŎĬĬĬŦġĿĿġijĸĸĊĸŢĸĸŦĬŦĸĬŦĬĊĬŎĊŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎ	Фэдеррикалалалаландын дана балкуют. Мирикалык алап бин түсдикезеккі лапа бил түсдикезеккі жаралан.	ĸŦĸŧĸĸŎĊŢŇĸŎŎŴijĸĸĸĸĸĬĬĸĸĊĸĹĸĬĊĸĬŎĸŢĊŎŶijĸĸġŊĸġĊĸĸĸĬĸŎĸŎŦĊĸŎĊŎĬŎŎŎŎŎŖġĸĸġĸĸĸĸĸġĸĸĸĸġĸ	ĦĨŦġġĸġġŶġġŊĊŊŎĊŎŎŎŎġġĸġġĊŎġġġġŎġġġġŎġġŦĸĊĬĬŦĸġġġġġġġĸŎġŎġŎŎŎŎĨĬĬ <mark>ĸġĊġŎġĊŎ</mark> ŎŎĬĬĬĬĸġġġġġġġġġġŎġŎġŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎ
Support Larry Klein for Sunr	yvale City Council, Seat 4,	August 2016 Special Election		
Sponsored Committee List addi	tional sponsors on an attachment.			
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		Manada katakan manana falan da mata kata manana kata panana kata kata kata kata kata kata kata
STREET ADDRESS NO. AND STREET	CIT	Y	STATE ZIP CODE	
Small Contributor Committee	Date qualified			

5. Termination Requirements

Sec. 1

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.