

43  
**Statement of Organization  
 Recipient Committee**

Type or print in ink 1319819

Statement Type  Initial  
 Not yet qualified  or

Amendment  
 List I.D. number:  
 # \_\_\_\_\_

Termination See Part 5  
 List I.D. number:  
 # \_\_\_\_\_

\_\_\_\_\_  
 Date qualified as committee

\_\_\_\_\_  
 Date qualified as committee  
 (if applicable)

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

Date Stamp  
**RECEIVED AND FILE**  
 in the office of the Secretary of State of the State of California  
**JUL 29 2009**  
**DEBRA BOWEN**  
**Secretary of State**

**CALIFORNIA FORM 410**  
 For Official Use Only  
 CITY OF SUNNYVALE, CA  
 CITY CLERK'S OFFICE  
 2009 AUG 10 P 1:33

**1. Committee Information**

NAME OF COMMITTEE

**Elect Michael Anthony Flores for Council 2009**

STREET ADDRESS (NO P.O. BOX)

**815 Alvarado Ave**

CITY STATE ZIP CODE AREA CODE/PHONE

**Sunnyvale CA 94085 408 940-9849**

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

**FloresForSunnyvale@sbcglobal.net**

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

**Michael A. Flores**

STREET ADDRESS (NO P.O. BOX)

**815 Alvarado Ave.**

CITY STATE ZIP CODE AREA CODE/PHONE

**Sunnyvale CA 94085 408 940-9849**

NAME OF ASSISTANT TREASURER, IF ANY

**N/A**

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**N/A**

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 July 26, 2009  
 DATE

By Michael Anthony Flores  
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on July 26, 2009  
 DATE

By Michael Anthony Flores  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

I.D. NUMBER

**Elect Michael Anthony Flores for Council 2009**

**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
Michael Anthony Flores	Sunnyvale City Council Seat #2	2009	<input checked="" type="checkbox"/> Non-Partisan
N/A			<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	
Chase Bank	408 522-5063	444510666	
ADDRESS	CITY	STATE	ZIP CODE
791 E El Comino Real	Sunnyvale	CA	94087

**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
N/A			
N/A			