

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 Date qualification threshold met
 or
 Amendment
 Termination - See Part 5
 Date of termination

07 / 23 / 2020
 12 / 31 / 2020

RECEIVED
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Voski AS

1. Committee Information I.D. Number 1427434

NAME OF COMMITTEE
**TERRY HINES FOR CAMPBELL CITY COUNCIL DISTRICT 1
 2020**

2. Treasurer and Other Principal Officers

NAME OF TREASURER
BRUCE SCHOLLES

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
CAMPBELL CA 95008 408-606-9407

CITY STATE ZIP CODE AREA CODE/PHONE
SAN JOSE CA 95125 408-265-8400

FILE MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS (NO P.O. BOX)

EMAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
terry.hines@att.net

CITY STATE ZIP CODE AREA CODE/PHONE

COUNTY OF ORIGIN
SANTA CLARA

NAME OF PRINCIPAL OFFICER(S)
TERRY HINES

JURISDICTION WHERE COMMITTEE IS ACTIVE
CAMPBELL, CA

Attach additional information on appropriately labeled continuation sheets.

CITY STATE ZIP CODE AREA CODE/PHONE
CAMPBELL CA 95008 408-606-9407

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 01/04/2021 By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE OR STATE MEASURE PROponent

Executed on 01/04/2021 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE OR STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**
INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2

ID NUMBER
1427434

COMMITTEE NAME
TERRY HINESFOR CAMPBELL CITY COUNCIL D1 2020

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

NAME OF FINANCIAL INSTITUTION
WELLS FARGO

AREA CODE/HOME
800-225-5935

BANK ACCOUNT NUMBER

ADDRESS

CITY

PORTLAND

STATE

OR

ZIP CODE

97228

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	(list political party below)
TERRENCE HINES	CAMPBELL CITY COUNCIL D1	2020	Nonpartisan <input checked="" type="checkbox"/>	(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 OFFICHOOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

	SUPPORT	OPPOSE
	<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

COMMITTEE NAME

TERRY HINES FOR CAMPBELL CITY COUNCIL DI 2020

Page 3

COM. NUMBER

1427434

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

AREA CODE/PHONE

Small Contributor Committee

 / /
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officer/holder, orponent 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.

