Statement of Organization
Recipient Committee

Statement Type

☐ Initial
○ Not yet qualified
or
○ Date qualification threshold met
____/____/____

☐ Amendment
Date qualification threshold met
08 / 18 / 2019

☑ Termination – See Part 5
Date of termination
04 / 20 / 2021

Date Stamp
RECEIVED
APR 28 2021
CITY CLERK'S OFFICE

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

I.D. Number *(if applicable)* 1419718

NAME OF COMMITTEE
CAROL HOFFMAN FOR CAMPBELL CITY COUNCIL D2 2020

STREET ADDRESS (NO P.O. BOX)
[redacted]

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

FULL MAILING ADDRESS (IF DIFFERENT)
[redacted] CAMPBELL, CA 95009

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
carol@carolforcampbell.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
SANTA CLARA	CAMPBELL, CA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
BRUCE SCHOLES

STREET ADDRESS (NO P.O. BOX)
[redacted]

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
CAROL HOFFMAN

STREET ADDRESS (NO P.O. BOX)
[redacted]

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

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 4/20/21 (DATE) By Bruce Scholes (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 4/20/21 (DATE) By Carol Hoffman (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)

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COMMITTEE NAME
CAROL HOFFMAN FOR CAMPBELL CITY COUNCIL D2 2020

I.D. NUMBER
1419718

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
WELLS FARGO BANK	408-626-1180	[redacted]

ADDRESS	CITY	STATE	ZIP CODE
[redacted]	CAMPBELL	CA	95008

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: Nonpartisan	Partisan	(list political party below)
CAROL HOFFMAN	CAMPBELL CITY COUNCIL D2	2020	✔		

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

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COMMITTEE NAME
CAROL HOFFMAN FOR CAMPBELL CITY COUNCIL D2 2020

I.D. NUMBER
1419718

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, 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.