

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  Date qualified as committee \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date qualified as committee Date of termination



**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information** I.D. Number (if applicable) 1367176 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
Ellen Kamei for Mountain View City Council 2018

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

CITY STATE ZIP CODE AREA CODE/PHONE  
Mountain View CA 94043 650-318-1124

MAILING ADDRESS (IF DIFFERENT)  
[REDACTED] Mountain View, CA 94041

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
ellen@ellenkamei.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Santa Clara Mountain View

NAME OF TREASURER  
Rosemary Kamei

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

CITY STATE ZIP CODE AREA CODE/PHONE  
San Jose CA 95130 650-318-1124

NAME OF ASSISTANT TREASURER, IF ANY  
Ellen Kamei

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

CITY STATE ZIP CODE AREA CODE/PHONE  
Mountain View CA 94043 650-318-1124

NAME OF PRINCIPAL OFFICER(S)  
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

Attach additional information on appropriately labeled continuation sheets.

**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 25, 2018 By SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ 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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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Ellen Kamei for Mountain View City Council 2018

I.D. NUMBER

1367176

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

|   |                                 |                                   |                   |
|---|---------------------------------|-----------------------------------|-------------------|
| NAME OF FINANCIAL INSTITUTION<br>Wells Fargo Bank | AREA CODE/PHONE<br>650-210-2020 | BANK ACCOUNT NUMBER<br>[REDACTED] |                   |
| ADDRESS<br>590 Castro Street                      | CITY<br>Mountain View           | STATE<br>CA                       | ZIP CODE<br>94041 |

**A. 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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | CHECK ONE                           |                          | PARTY<br>(list political party below) |
|--|---|------------------|-------------------------------------|--------------------------|---------------------------------------|
|  |   |                  | Nonpartisan                         | Partisan                 |                                       |
| Ellen Kamei  | City Council  | 2018             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                       |
|  |   |                  | <input type="checkbox"/>            | <input 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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                           |                          |
|---|--|-------------------------------------|--------------------------|
|   |  | SUPPORT                             | OPPOSE                   |
| Ellen Kamei   | Mountain View City Council   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   |  | <input type="checkbox"/>            | <input type="checkbox"/> |