

**Statement of Organization  
Recipient Committee**

Statement Type

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Initial  | <input checked="" type="checkbox"/> Amendment    | <input type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified<br>or<br><input type="radio"/> Date qualification threshold met | Date qualification threshold met<br>08 / 20 / 18 | Date of termination<br>____ / ____ / ____         |



**CALIFORNIA FORM 410**  
For Official Use Only

|                                 |  |  |
|---------------------------------|--|--|
| <b>1. Committee Information</b> | <b>I.D. Number</b> (if applicable) 1407814 | <b>2. Treasurer and Other Principal Officers</b> |
|---------------------------------|--|--|

NAME OF COMMITTEE  
John Inks for Council 2018

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

| CITY          | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------|-------|----------|-----------------|
| Mountain View | CA    | 95127    | 650 941 4167    |

FULL MAILING ADDRESS (IF DIFFERENT)  
\_\_\_\_\_

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
johninks@sbcglobal.net

| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE |
|--------------------|--|
| Santa Clara        | City of Mountain View                  |

NAME OF TREASURER  
Robert Imhoff

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

| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| San Jose | CA    | 95127    | 650 686 1100    |

NAME OF ASSISTANT TREASURER, IF ANY  
\_\_\_\_\_

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|      |       |          |                 |

NAME OF PRINCIPAL OFFICER(S)  
John Inks

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

| CITY          | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------|-------|----------|-----------------|
| Mountain View | CA    | 94040    | 650 941 4167    |

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 | 08/26/2018 | By |       | SIGNATURE OF TREASURER OR ASSISTANT TREASURER                                |
| Executed on | 08/26/2018 | 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 |

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

I.D. NUMBER

John Inks for Council 2018

1407814

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

|  |                                   |                                   |                   |
|--|-----------------------------------|-----------------------------------|-------------------|
| NAME OF FINANCIAL INSTITUTION<br>Umpqua Bank | AREA CODE/PHONE<br>(408) 755-4801 | BANK ACCOUNT NUMBER<br>[REDACTED] |                   |
| ADDRESS<br>[REDACTED]                        | CITY<br>San Jose                  | STATE<br>CA                       | ZIP CODE<br>95113 |

**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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY<br>CHECK ONE                  |                          | (list political party below) |
|--|---|------------------|-------------------------------------|--------------------------|------------------------------|
|  |   |                  | Nonpartisan                         | Partisan                 |                              |
| JOHN INKS  | Council Member Mountain View  | 2018             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                              |
|  |   |                  | <input type="checkbox"/>            | <input type="checkbox"/> |                              |

**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                   |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |