

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial Not yet qualified or

Amendment

List I.D. number: # 1280276

Termination - See Part 5

List I.D. number: #

RECEIVED
San Jose City Clerk

2005 SEP -7 A 10: 10

For Official Use Only

CALIFORNIA FORM 410

Date qualified as committee

(if applicable)

Date qualified as committee

Date of Termination

1. Committee Information

NAME OF COMMITTEE

Pete Constant - Officeholder Account

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Peter Constant

STREET ADDRESS (NO P.O. BOX)

962 Westmont Court

STREET ADDRESS

962 Westmont Court

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA 95117 408-482-3686

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San Jose CA 95117 408-482-3686

MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

pete@peteconstant.com

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Santa Clara

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 September 5, 2006

DATE

Executed on September 5, 2006

DATE

Executed on

DATE

Executed on

DATE

By 

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By 

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

By 

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

By 

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

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COMMITTEE NAME

Pete Constant - Officeholder Account

I.D. NUMBER

1280276

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
Pete Constant	Councilmember, City of San Jose, District 1	2006	<input checked="" type="checkbox"/> Non-Partisan <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	CITY	STATE	ZIP CODE
Comerica Bank	408-556-5000	1892955681	San Jose	CA	95113
ADDRESS 333 West Santa Clara Street					

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

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COMMITTEE NAME

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1280276

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

Small Contributor Committee

_____ / _____ / _____ Date qualified _____ Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certifies 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.