

**Statement of Organization
Recipient Committee**

R41
Type or print in ink

1299692

STATEMENT OF ORGANIZATION

Statement Type Initial Amendment
 Not yet qualified or
 List I.D. number: # _____
 Date qualified as committee _____ Date qualified as committee _____
 (if applicable)

Termination - See Part 5
 List I.D. number: # 1299692
 Date of Termination 11, 30, 11

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1. Committee Information

NAME OF COMMITTEE
Paul Seto for City Council
 STREET ADDRESS (NO P.O. BOX)
(688)692-1719
 CITY STATE ZIP CODE AREA CODE/PHONE
Millbrae, CA. 94030
 MAILING ADDRESS (IF DIFFERENT)

 OPTIONAL: FAX / E-MAIL ADDRESS

 COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
San Mateo N/A

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Calvin Chin
 STREET ADDRESS

 CITY STATE ZIP CODE AREA CODE/PHONE
Millbrae, CA. 94030
 NAME OF ASSISTANT TREASURER, IF ANY

 STREET ADDRESS

 CITY STATE ZIP CODE AREA CODE/PHONE

 NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

 MAILING ADDRESS

 CITY STATE ZIP CODE AREA CODE/PHONE

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 7/30/11
 Executed on 8/1/11
 Executed on _____
 Executed on _____

By Calvin Chin
 By Paul Seto
 By _____
 By _____

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COMMITTEE NAME

I.D. NUMBER

Paul Seto for City Council

1299692

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
<i>Paul Seto</i>	<i>City council of Millbrae</i>	<i>2007</i>	<input type="checkbox"/> Non-Partisan <i>democrat</i>
			<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
<i>Borel Private Bank Trust</i>	<i>(650) 378-3700</i>	
ADDRESS	CITY	STATE ZIP CODE
	<i>San Mateo</i>	<i>CA 94402</i>

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

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COMMITTEE NAME

Paul Setz for City Council

I.D. NUMBER

1299692

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

Campaign funds for running for City Council seat in the city of Millbrae.

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 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.