

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met
 2 / 29 / 2024

Termination - See Part 5
 Date of termination

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
MAR 13 2024
 For Official Use Only
CALIFORNIA FORM 410
 47

2. Treasurer and Other Principal Officers

1. Committee Information
 NAME OF COMMITTEE
**Reddy for City Council 2024
 District 7**
 I.D. Number (if applicable)

NAME OF TREASURER
Carla Sillin
 STREET ADDRESS (NO P.O. BOX)
 [REDACTED]
 CITY
Redwood City
 STATE
CA
 ZIP CODE
9-4061
 AREA CODE/PHONE

EMAIL ADDRESS OF TREASURER (REQUIRED)
 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
 [REDACTED]

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]
 CITY
 STATE
 ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)
 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
 [REDACTED]

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]
 CITY
 STATE
 ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)
 [REDACTED]

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 3/3/2024 By Carla Sillin
 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

Attach additional information on appropriately labeled continuation sheets.

RECEIVED
APR 02 2024
 City of Redwood City
 City Clerk

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INSTRUCTIONS ON REVERSE

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| | | | |
|--|--|--------------------------------------|-----------------------------------|
| COMMITTEE NAME Reddy for City Council 2024 | | I.D. NUMBER [REDACTED] | |
| <p>All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.</p> | | | |
| NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Premier One Diana Reddy | | AREA CODE/PHONE 4085244600 | BANK ACCOUNT NUMBER [REDACTED] |
| ADDRESS OF FINANCIAL INSTITUTION 6640 Via Del Oro | | CITY San Jose | STATE CA |
| | | ZIP CODE 95119-1450 | |

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 | Nonpartisan | Partisan | Party CHECK ONE |
|--|---|---------------------|-------------|-------------------------------------|---------------------------------------|
| Diana Reddy | Redwood City Council | 2024 | | <input checked="" type="checkbox"/> | Partisan (list political party below) |
| | | | Nonpartisan | Partisan | Partisan (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)
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

Reddy for City Council 2024

I.D. NUMBER
1461447

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

Run for Redwood City City Council

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, orponent 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.