Statement of Organization Recipient Committee					Date Stamp	CALIFORNI FORM	^A 410		
Statement Type	Initial O Not yet qualified or O Date qualified as con///////	X Amendment mmittee 05 / 16 / 20 Date qualified as com	<u> </u>	nation – See Part 5 / f termination	E-Filed 05/30/2018 18:18:39 Filing ID: 171885170	For Official	Use Only		
1. Committee Ir		D. Number (f applicable) 1405934		2. Treasurer and	Other Principal Officers				
NAME OF COMMITTEE				NAME OF TREASURER					
				Denise Lewis					
Innovation for E	Iveryone			STREET ADDRESS (NO P.O. BOX)					
STREET ADDRESS (NO P.C	D. BOX)			СІТҮ	STATE	ZIP CODE AF	REA CODE/PHONE		
				Sacramento	CA	95841 (916)348-9100		
CITY	STAT	E ZIP CODE AREA	A CODE/PHONE	NAME OF ASSISTANT TREASURER	, IF ANY				
Sacramento		CA 95841 (916)348-9100						
MAILING ADDRESS (IF DI	FFERENT)			STREET ADDRESS (NO P.O. BOX)					
E-MAIL ADDRESS (REQUI	RED) / FAX (OPTIONAL)			СІТҮ	STATE	ZIP CODE AF	REA CODE/PHONE		
(916)348-9111 /	campaigns@rcbs.us								
COUNTY OF DOMICILE	JURISDICT	ION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)					
Sacramento	San	ta Clara County		Carl Guardino					
				STREET ADDRESS (NO P.O. BOX)					
				CITY	STATE	ZIP CODE A	REA CODE/PHONE		
Attach additional	information on approp	priately labeled continuation	sheets.	Monte Sereno	CA		(650)394-5253		
				Monte Sereno	CA	95030 (050/394-5253		

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	5/21/2018	By	Denise Lewis		
-	DATE	/		SIGNATURE OF TREASURER OR ASSISTANT TREASURER	
Executed on		By			
	DATE	_		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on		By			
	DATE			SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on		By			
	DATE	_		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	FPPC Form 410 (February/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
First Foundation Bank	(916)724-2424	Bank account redacted
ADDRESS	CITY	STATE ZIP CODE
	Roseville	CA 95661

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			ARTY
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party 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	
		SUPPORT	OPPOSE	

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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Innovation for Everyone	1405934					
4. Type of Committee (Continued)						
General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only on CITY Committee Image: Committee in the c						
PROVIDE BRIEF DESCRIPTION OF ACTIVITY						
To support local candidates						
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 CO	DDE AREA CODE/PHONE					
Small Contributor Committee						

5. Termination Requirements

- **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.
 - -- 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.