

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Yes on ____, Building A Better San Jose, sponsored by mechanical, electrical, and plumbing organizations		<b>Date of This Filing</b> <u>05/02/2018</u>	<b>Date Stamp</b>  <b>Filed Date:</b> <b>05/02/2018 03:35 PM</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916)442-2952	<b>I.D. NUMBER (if applicable)</b> 1385998	<b>Report No.</b> <u>24438</u>		
<b>STREET ADDRESS</b> [REDACTED]		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> San Jose	<b>STATE</b> CA	<b>ZIP CODE</b> 95123	<b>No. of Page</b> <u>2</u>	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

### \*\*Contributor Codes

IND – Individual  
COM – Recipient Committee (other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

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**AREA CODE/PHONE NUMBER**

(916)442-2952

**I.D. NUMBER (if applicable)**

1385998

**STREET ADDRESS****CITY**

San Jose

**STATE**

CA

**ZIP CODE**

95123

**Date of  
This Filing**

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to Report No.**  
(explain below)

**No. of Page**

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Date Stamp

**Filed Date:**  
**05/02/2018 03:35**  
**PM**

**CALIFORNIA  
FORM****497**

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## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
5/1/2018	Citizens for East Side Schools - Yes on G ID#1350006 [REDACTED] San Jose CA 95132	Parcel Tax for Education; Measure, G, East Side Union High School District	1,000.00	06/05/2018

Reason for Amendment: \_\_\_\_\_