

# Statement of Organization Recipient Committee

Statement Type ☐ Initial

Not yet qualified ☐ or

☒ **Amendment**

List I.D. number:

# 1385998

# \_\_\_\_\_

05/10/2016

\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

☐ **Termination – See Part 5**

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date of Termination

Date Stamp

Filed Date:  
02/14/2018 10:08  
AM

**CALIFORNIA  
FORM**

**410**

For Official Use Only

## 1. Committee Information

NAME OF COMMITTEE

Yes on \_\_, Building a Better San Jose, sponsored by mechanical, electrical, and plumbing organizations

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA 95123 (916)442-2952

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

(916)442-1280 info@olsonhagel.com

COUNTY OF DOMICILE

Santa Clara County

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of San Jose

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Dominic Torreano

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA 95131 (408)263-9705

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Steve Flores, President

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA 95123 (408)225-3030

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 02/14/2018  
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee (Continuation Sheet)

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Yes on \_\_, Building a Better San Jose, sponsored by mechanical, electrical, and plumbing organizations

I.D. NUMBER

1385998

## Additional Principal Officers

NAME OF PRINCIPAL OFFICER(S)

Dan Rodriguez, Secretary

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95125	(408)269-4332

NAME OF PRINCIPAL OFFICER(S)

Dominic Torreano, Treasurer

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95131	(408)263-9705

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Yes on \_\_, Building a Better San Jose, sponsored by mechanical, electrical, and plumbing organizations

I.D. NUMBER

1385998

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Wells Fargo	(916)440-4205		
ADDRESS	CITY	STATE	ZIP CODE
	Sacramento	CA	95814

## 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."
- 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
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

### 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	
Affordable housing requirements, training standards, and labor and wage	City of San Jose	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

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I.D. NUMBER

1385998

## 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

Plumbers, Steamfitters, & Refrigeration Fitters Local Union 393

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Plumbing Organization

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

San Jose

CA

95123

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Electrical Organization

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

San Jose

CA

95125

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Mechanical Organization

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

11060 Commercial Parkway

Castroville

CA

95012

NAME OF SPONSOR

Sprinkler Fitters Local 483

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Plumbing Organization

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

2525 Barrington Court

Hayward

CA

94545

### Small Contributor Committee

☐

Date qualified