Statement of Organization Recipient Committee				Date Stamp		CALIFORNIA 41	
Statement Type	☐ Initial  Not yet qualified ☐ or	Amendment List I.D. number:	Termination – See Part 5 List I.D. number:  1401438	Filed Date: 07/20/2018 09:03 PM		For Official Use Only	
			07/07/2018	- FIVI			
	Date qualified as committee	Date qualified as committee (If applicable)	Date of Termination				
1. Committee			2. Treasurer and C	Other Principal Of	ficers		
	· · Affordable Housing and Oper	Space - No on B. Yes on C	Lawrence Ames				
14018112013101	7.moradale modaling and open	15 page 140 on b) 165 on c	STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NC	P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
			San Jose	CA	95125-433	37 (408)966-1467	,
CITY	STATE ZIP (	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY			
San Jose	CA 95	125-4337 (408)966-1467	Daniel Reyes				
MAILING ADDRESS (II	DIFFERENT)	· · ·	STREET ADDRESS (NO P.O. BOX)				
FAX / E-MAIL ADDRES	SS		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
Larry@L-Ames	s.com		San Jose	CA	95135	(408)401-3596	5
COUNTY OF DOMICIL	E JURISDICTION WHE	ERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)				
Santa Clara	San Jose		Lawrence Ames				
			STREET ADDRESS (NO P.O. BOX)				
			CITY	STATE	ZIP CODE	AREA CODE/PHONE	
Attach additio	nal information on appropriat	ely labeled continuation sheets	s. San Jose	CA	95125-433		,
				CA	95125-455	(408)966-1467	
	all reasonable diligence in preper erjury under the laws of the St. 07/20/2018 By	paring this statement and to th ate of California that the foreg	e best of my knowledge the inforn oing is true and correct. SIGNATURE OF TREASURER OR ASSISTANT TREAS		ein is true and	I complete. I certify	under
Executed on _	07/20/2018 By	alan series	OF CONTROLLING OFFICE HOUSE SAME TEST	E MEAGURE BRODONSMIT			
	DATE	SIGNATURE	OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE	E MEASURE PROPONENT			
Executed on _	By	SIGNATURE (	OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE	E MEASURE PROPONENT			
Executed on	By						

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

DATE

Statement of Organization Recipient Committee				CALIFORNIA 4	10
INSTRUCTIONS ON REVERSE			Pa	ge 2	
COMMITTEE NAME			1.0	). NUMBER	
Neighbors for Affordable Housing and Open Space - No on B, Yes on	С		1	401438	
All committees must list the financial institution where the campaign ban	k account is located.				
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT N	UMBER		
Bank of America	(408)277-7121				
ADDRESS	CITY	STATE	ZIP CODE		
	San Jose	CA	95125		
<ul> <li>List the name of each controlling officeholder, candidate, or state m district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or candidate is a</li> <li>If this committee acts jointly with another controlled committee, lis</li> </ul> NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	affiliated or check "nonpartis	an." n number of the other с риднт ок него		PARTY  Non-Partisan	eld, and
				Non-Partisan	
Primarily Formed Committee  Primarily formed to support or opport		easures in a single elect			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)		CLUDE DISTRICT NO., CITY OR CO	UNTY, AS APPLICABLE)	CHECK O SUPPORT	OPPOSE
An initiative amending the Envision San José 2014 General Plan	San Jose				<b>✓</b>
Charter Amendment - Evergreen Initiative : B	San Jose			SUPPORT	OPPOSE

Statement of Organization Recipient Committee			C	FORM 410
INSTRUCTIONS ON REVERSE			Pag	e 3
COMMITTEE NAME			I.D.	NUMBER
Neighbors for Affordable Housing and Open Space - No on B, Yes or	n C		14	-01438
All committees must list the financial institution where the campaign ba	nk account is located.			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT N	JMBER	
Bank of America	(408)277-7121			
ADDRESS	CITY	STATE	ZIP CODE	
	San Jose	CA	95125	
4. Type of Committee Complete the applicable sections.				
Controlled Committee				
List the name of each controlling officeholder, candidate, or state is district number, if any, and the year of the election.			trolled, also list the elect	tive office sought or held, and
List the political party with which each officeholder or candidate is	affiliated or check "nonparti	san."		
• If this committee acts jointly with another controlled committee, li	ist the name and identification	on number of the other c	ontrolled committee.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE S (INCLUDE DISTRICT NU		YEAR OF ELECTION	PARTY
				Non-Partisan
				☐ Non-Partisan
Primarily Formed Committee Primarily formed to support or op	pose specific candidates or m	neasures in a single elect	on. List below:	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)		ATE(S) OFFICE SOUGHT OR HELD O NCLUDE DISTRICT NO., CITY OR CO		CHECK ONE
Charter Amendment - Urban Sprawl : C	San Jose			SUPPORT OPPOSE
				SUPPORT OPPOSE

## **Statement of Organization CALIFORNIA Recipient Committee FORM** INSTRUCTIONS ON REVERSE Page 4 COMMITTEE NAME I.D. NUMBER Neighbors for Affordable Housing and Open Space - No on B, Yes on C 1401438 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 INDUSTRY GROUP OR AFFILIATION OF SPONSOR STREET ADDRESS NO. AND STREET STATE ZIP CODE **Small Contributor Committee**

- **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;

Date qualified

- 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.

## Form 410 Additional Notes

Neighbors for Affordable Housing and Open Space - No on B, Yes on C

NAME OF FILER

california 410

NOTES

Page5 of5
I.D. NUMBER
1401438

Refiled to record in-kind donation from Save The Bay: \$1,300 estimate for 5/22/18 changed to actual value, as reported via email dated 7/19/18. Also 2 post-election in-kind donations reported 7/19/18