Statement of	Organization					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Recipient Co	_						Date	Stamp	CALIF	ORNIA 410
Statement Type	☐ Initial Not yet qualified ☐ or		Amendmei I.D. number:	nt .	☐ Ter List I.D. r	mination – See Part 5 number:	City of Sa Office of the		Fo	or Official Use Only
		<i>"</i>	1385998		#	**************************************	FEB 1	3 2018		:
	Date qualified as commit		of J 10 e qualified as of (If applicat		Date	e of Termination	ACCE			
1. Committee NAME OF COMMITT Yes on , But and plumbing of STREET ADDRESS	TEE ilding a Better San organizations	Jose, sponso	ered by med	chanical, elec		2. Treasurer and C NAME OF TREASURER Dominic Torreano STREET ADDRESS (NO P.		oal Offic	cers	
CITY		STATE ZI	P CODE	AREA CODE/P	HONE	CITY	····	STATE	ZIP CODE	AREA CODE/PHONE
San Jose		CA 9	95123	(916)442-2	2952	San Jose		CA	95131	(408)263-9705
MAILING ADDRESS	(IF DIFFERENT)					NAME OF ASSISTANT TREA	SURER, IF ANY			(10.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
FAX / E-MAIL ADDR	ESS					STREET ADDRESS (NO P.	O. BOX)			
(916)442-1280) / info@olsonhagel.d	com		•		<u> </u>				
COUNTY OF DOMIC	JURI JURI	ISDICTION WHER	E COMMITTE	E IS ACTIVE		CITY		STATE	ZIP CODE	AREA CODE/PHONE
Santa Clara (County C	ity of San J	ose							
Attach addition	al information on appro	opriately labele	ed continua	ation sheets.		Steve Flores, Pres	ident			
		,								
						CITY		STATE	ZIP CODE	AREA CODE/PHONE
						San Jose		CA	95123	(408)225-3030
	l reasonable diligence in ry under the laws of the					ion c	ontained herein i	s true and	I complete. I ce	ertify under
Executed on	2-8-17 DATE	Ву				TREAS	SURER			
Executed on	2-8-17 DATE	. By		NONA ONE OF CONT	OLLING OF	ICENICEDER, CANDIDAL, OR STATI	E MEASURE PROPONEI	NT		
Executed on	DATE	By	S	GIGNATURE OF CONTR	ROLLING OF	FICEHOLDER, CANDIDATE, OR STAT	E MEASURE PROPONE	NT		
Executed on	DATE	Ву		ICHATURE OF CONTR	POLLING OF	EICEUOLDER CANDIDATE OR STAT	E MEASURE PROPOSITI	JIT		

Statement of Organization Recipient Committee

CALIFORNIA 410

INSTRUCTIONS ON REVERSE

Page 2 of 5

COMMITTEE NAME

I.D. NUMBER 1385998

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

2a. Additional Officers / Assistant Treasurers NAME NAME Dan Rodriguez, Secretary MAILING ADDRESS MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE CA 95125 (408) 269-4332 San Jose NAME NAME Dominic Torreano, Treasurer MAILING ADDRESS MAILING ADDRESS AREA CODE/PHONE CITY STATE ZIP CODE CITY STATE ZIP CODE AREA CODE/PHONE CA 95131 (408) 263-9705 San Jose NAME NAME MAILING ADDRESS MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE NAME NAME MAILING ADDRESS MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE

Statement of Organization **Recipient Committee**

-	CALIFORNIA 410
	Page 3 of 5
	I.D. NUMBER

INSTRUCTIONS ON REVERSE	Page 3 of 5
COMMITTEE NAME	.D. NUMBER
Yes on, Building a Better San Jose, sponsored by mechanical, electrical, and plumbing organizations	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	(INCLUDE DISTRICT NUMBER IF APPLICABLE)		YEAR OF ELECTION	PARTY	
	Ž.			Nonpartisan	
	-			Nonpartisan	• • • • • • • • • • • • • • • • • • • •
Primarily Formed Committee Primarily formed to support or oppose speci	fic candidates or measures in	n a single election. List below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET		E(S) OFFICE SOUGHT OR HELD (LUDE DISTRICT NO., CITY OR C			K ONE
Affordable housing requirements, training standards, and lab and wage regulations on development projects requiring zoning changes: TBD		ose		SUPPORT X	OPPOSE
	; ;			SUPPORT	OPPOSE

Statement of Organization Recipient Committee

Mark to the	a say yart - 1 com	\$11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CALIF	OBMA	
		380
FO.	PM Walley Land	
美国教教工工工	AMERICAN AND AND ADDRESS OF THE PARTY OF THE	100

INSTRUCTIONS ON REVERSE					Page 4 of 5
COMMITTEE NAME Yes on, Building a Better San Jose, sponsored by mechanisms	anical, el	ectrical, and plumbing	organizations		I.D. NUMBER 1385998
4. Type of Committee (Continued)					
General Purpose Committee Not formed to support or oppose spe		es or measures in a single electe STATE committee	tion. Check only one box:		
PROVIDE BRIEF DESCRIPTION OF ACTIVITY		Was a second sec			
Sponsored Committee List additional sponsors on an attachment.	n	N.	····		
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIA	ATION OF SPONSOR		
Plumbers, Steamfitters, & Refrigeration Fitters Local U	nion 393	Plumbing Organization	1		
STREET ADDRESS NO. AND STREET	CITY	. *.	STATE	ZIP CODE	
	San 3	Jose	CA	95123	
Small Contributor Committee Date qualified					
				···	

- 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;
 - 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.

Statement of Organization Recipient Committee

CAL	FOI	RNI	A	
The Same	ORI			U

INSTRUCTIONS ON REVERSE						Page 5 of 5
COMMITTEE NAME						I.D. NUMBER
Yes on, Building a	Better San Jose, sponsored	by mechanical, elec	etrical, and plumb	oing organizations		1385998
						1385998
Sponsored Commit	tee List additional sponsors on an a	attachment.				
NAME OF SPONSOR			INDUSTRY GROUP OR AF			
International Brothe	rhood of Electrical Workers I	Local 332	Electrical Organi	zation		
MAILING ADDRESS	NO. AND STREET	CITY		STATE	ZIP CODE	
		San Jo	se	CA	95125	
NAME OF SPONSOR			INDUSTRY GROUP OR AF	FILIATION OF SPONSOR		
Sheet Metal Workers	Local Union 104		Mechanical Organi	zation		
MANUAL ADDDESS	NO AND STREET	CITY	1.	STATE	ZIP CODE	
		Castro	ville	CA	95012	
NAME OF SPONSOR			INDUSTRY GROUP OR AF	FILIATION OF SPONSOR		
Sprinkler Fitters Lo	ocal 483		Plumbing Organiza	ation		
MAILING ADDRESS	NO. AND STREET	CITY		STATE	ZIP CODE	
		Haywar	· d	CA	94545	
NAME OF SPONSOR			INDUSTRY GROUP OR A	FFILIATION OF SPONSOR		
			€#			
MAILING ADDRESS	NO. AND STREET	CITY	\$	STATE	ZIP CODE	
			i esi			
NAME OF SPONSOR			INDUSTRY GROUP OR	AFFILIATION OF SPONSOR		
MAILING ADDRESS	NO. AND STREET	CITY	<u> </u>	STATE	ZIP CODE	March Constitution
			d.			
NAME OF SPONSOR						
MAILING ADDRESS	NO. AND STREET	CITY		STATE	ZIP CODE	1 11