

**Statement of Organization
Recipient Committee**

Statement Type

☐ Initial

☒ Amendment

☐ Termination - See Part 5

☐ Not yet qualified

or

☐ Date qualified as committee

05 / 10 / 2016
Date qualified as committee

____ / ____ / ____
Date of termination

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

MAY 07 2018

Hand Delivered, Sacramento

**CALIFORNIA
FORM 410**

For Official Use Only Clerk

MAY 29 2018

☒ ACCEPTED
☐ REJECTED

1. Committee Information

I.D. Number
(if applicable)

1385998

NAME OF COMMITTEE

Santa Clara Residents for Responsible Development Issues PAC, sponsored by
mechanical, electrical, and plumbing organizations

CITY

San Jose

STATE

CA

ZIP CODE

95123

AREA CODE/PHONE

Sacramento, CA 95814

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

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

San Jose

STATE

CA

ZIP CODE

95131

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

CITY

San Jose

STATE

CA

ZIP CODE

95123

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

Executed on

5-3-2018
DATE

By

Executed on

5-3-2018
DATE

By

Executed on

DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

Santa Clara Residents for Responsible Development Issues PAC, sponsored by mechanical, electrical, and plumbing organizations

I.D. NUMBER

1385998

2a. Additional Officers / Assistant Treasurers

NAME

Dan Rodriguez, Secretary

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95125	

NAME

Dominic Torrealano, Treasurer

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95131	

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo	CITY Sacramento	STATE CA	BANK ACCOUNT NUMBER [REDACTED]	ZIP CODE 95814
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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 ELECTION	CHECK ONE		PARTY
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

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) 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

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COMMITTEE NAME

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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** ☐ **Political Party/Central Committee**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To support or oppose local ballot measure and other permissible activities.

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

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.

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Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

International Brotherhood of Electrical Workers Local 332

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Electrical Organization

MAILING ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

San Jose

CA

95125

NAME OF SPONSOR

Sheet Metal Workers Local Union 104

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Mechanical Organization

MAILING ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Castroville

CA

95012

NAME OF SPONSOR

Sprinkler Fitters Local 483

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Plumbing Organization

MAILING ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Hayward

CA

94545

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

MAILING ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

MAILING ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

NAME OF SPONSOR

MAILING ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

FPPC Form 410 (February/2018)

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

www.fppc.ca.gov