Statement of Recipient Co	Organization mmittee			y	<u>.</u>		RE in th	CEIVED 7	Secretary of	ED CA	LIFORNIA 410
Statement Type	☐ <b>Initial</b> Not yet qualified ☐ or	Amendment List I.D. number:		☐ Termination – See Part 5 List I.D. number:		of the State of California  APR 0 2 2018		Dark Million Willy	Chromiabase chase Office of the City Clerk		
		#_138	5998	·····	#						APR 1 0 2018
	1 1	05	<u>/</u> 10				Ha	and Delivered	l, Sacram	ento	4
	Date qualified as committee	Date qu	alified as	committee	Da	te of Termination				·	ACCEPTED REJECTED
1. Committee  NAME OF COMMITT  Yes on _ Bu. and plumbing of STREET ADDRESS.	TEE ilding a Better San Jose organizations	e, sponsored	l by me	echanical, e	electrical	2. Treasurer a  NAME OF TREASUR  Dominic Torrea  STREET ADDRESS	RER		pal Offic	cers	
CITY	ST	ATE ZIP C	ODE	AREA COD	E/PHONE	CITY			STATE	ZIP CODE	AREA CODE/PHONE
San Jose	(	CA 951	23	(916)44	2-2952	San Jose			CA	95131	(408)263-9705
MAILING ADDRESS	(IF DIFFERENT)					NAME OF ASSISTANT	TTREASU	URER, IF ANY			
FAX / E-MAIL ADDR	ESS O / info@olsonhagel.com					STREET ADDRESS	(NO P.O.	. BOX)			
COUNTY OF DOMIC		TION WHERE C	ОММІТТЕ	E IS ACTIVE		CITY			STATE	ZIP CODE	AREA CODE/PHONE
Santa Clara (	County City	of San Jose	<b>=</b>								
						NAME OF PRINCIPAL	OFFICER	R(S)			
Attach addition	al information on appropria	ately labeled	continu	ation sheets.		Steve Flores,	Presid	lent POX)			
						CITY			STATE	ZIP CODE	AREA CODE/PHONE
						San Jose			CA	95123	(408)225~3030
	reasonable diligence in prepry under the laws of the State			- Annual Control of the Control of t	3		:UI	ntained herein RER MEASURE PROPON		complete.	I certify under
Executed on	DATE	Ву		SIGNATURE OF CO	ONTROLLING O	FFICEHOLDER, CANDIDATE, C	OR STATE	MEASURE PROPON	ENT		

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Executed on

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

4/-

## Statement of Organization Recipient Committee

CALIFORNIA 410

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Page 2 of 5

I.D. NUMBER

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

1385998

NAME				NAME			
Dan Rodriguez, Secretary							
MAILING ADDRESS				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95125	(408) 269-4332				
NAME		<u> </u>		NAME			
Dominic Torreano, Treasu	rer						
				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95131	(408) 263-9705				
NAME				NAME			
MAILING ADDRESS				MAILING ADDRESS	A		
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
					<u> </u>		
NAME				NAME			
MAILING ADDRESS		-		MAILING ADDRESS	<u>, in the second of the second</u>		
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE

## Statement of Organization

CALIFORNIA	11	
FORM	41	U

Recipient Committee				CALIFORNIA 410
INSTRUCTIONS ON REVERSE				Page 3 of 5
COMMITTEE NAME	<del></del>	<del></del>		I.D. NUMBER
Yes on, Building a Better San Jose, sponsored by mechanic	al, electrical, and plumbi	ng organizations		1385998
All committees must list the financial institution where the campaign bank	caccount is located.			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE		TAUROFF	
Wells Fargo	(916)440-4205			
ADDRESS	CITY	STATE	ZIP CODE	
	Sacramento	CA	95814	
4. Type of Committee Complete the applicable sections.				
Controlled Committee				
<ul> <li>List the name of each controlling officeholder, candidate, or state r district number, if any, and the year of the election.</li> </ul>	neasure proponent. If candida	te or officeholder contr	olled, also list the electiv	e office sought or held, and
List the political party with which each officeholder or candidate is	affiliated or check "nonpartisan	н		
<ul> <li>If this committee acts jointly with another controlled committee, list</li> </ul>	t the name and identification nu	mber of the other cont	rolled committee.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SC (INCLUDE DISTRICT NUMI		YEAR OF ELECTION	PAR TY
				Nonpartisan
				Nonpartisan

Primarily Formed Committee

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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 regulations on development projects requiring zoning changes : TBD

City of San Jose

SUPPORT OPPOSE SUPPORT OPPOSE

## Statement of Organization Recipient Committee

CALIFORNIA A

reorprone Committee		FORM 410			
INSTRUCTIONS ON REVERSE				Page 4 of 5	
COMMITTEE NAME				I.D. NUMBER	
Yes on, Building a Better San Jose, sponsored by mechanical, ele	ectrical, and plumbing organizati	ons.		1385998	
4. Type of Committee (Continued)					
General Purpose Committee  Not formed to support or oppose specific candidate  ☐ CITY Committee ☐ COUNTY Committee		nly one box:			
PROVIDE BRIEF DESCRIPTION OF ACTIVITY					
Sponsored Committee List additional sponsors on an attachment.					
NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPON	ISOR			
Plumbers, Steamfitters, & Refrigeration Fitters Local Union 393	Plumbing Organization				
STREET ADDRESS NO. AND STREET CITY		STATE	ZIP CODE		
San J	ose	CA	95123		
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;
  - · 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

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NSTRUCTIONS ON REVERSE	Page 5 of 5
COMMITTEE NAME	I.D. NUMBER
Yes on, Building a Better San Jose, sponsored by mechanical, electrical, and plumbing organizations	1385998

Sponsored Comm	ittee List additional sponsors on an attachi	nent.			
NAME OF SPONSOR International Broth	nerhood of Electrical Workers Local		AFFILIATION OF SPONSOR		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	A CONTRACTOR OF THE CONTRACTOR
		San Jose	CA	95125	
NAME OF SPONSOR		INDUSTRY GROUP OR	AFFILIATION OF SPONSOR		V V , 744 V
Sheet Metal Workers	S Local Union 104	Mechanical Orga	anization		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	
		Castroville	CA	95012	
NAME OF SPONSOR		INDUSTRY GROUP OR	AFFILIATION OF SPONSOR		
Sprinkler Fitters	Local 483	Plumbing Organi	ization		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	
		Hayward	CA	94545	
NAME OF SPONSOR		INDUSTRY GROUP OF	R AFFILIATION OF SPONSOR		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	
NAME OF SPONSOR		INDUSTRY GROUP C	OR AFFILIATION OF SPONSOR		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	43.320_MB(+1)
NAME OF SPONSOR					
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	: