Statement of Organization				Date Stamp	CALIFORNIA AAO
Recipient Committee				AND EILED	
Statement Type	☐ Initial		☐ Termination – See Partt5e	CEIVED AND FILED office of the Secretary of State	For Official Use Only
	O Not yet qualified			of the State of California	
	O Date qualification threshold met	Date qualification threshold met	Date of termination	OCT 21 2019	OCT 22 2020
		<u>08 / 27 / 1976</u>			CITY CLERK
1. Committee Information I.D. Number Committee Information I.D. Number Committee Information Committee Information I.D. Number Committee Information Committee					
NAME OF COMMITTEE	(ij applicable)		NAME OF TREASURER		
Build Jobs PAC, Sponsored by Building Industry Assoc. of the Bay Area David Bayer					
Bulld Jobs PAC,	Sponsored by Building Indust	ry Assoc. of the Bay Area	David Bauer STREET ADDRESS (NO P.O. BOX)		
			STREET ADDRESS (NO F.O. BOX)		
STREET ADDRESS (NO P.O.	BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE
CITY	STATE ZIP CO	DDE AREA CODE/PHONE	Granite Bay NAME OF ASSISTANT TREASURER	, IF ANY	95746
Walnut Creek	CA	94597			
FULL MAILING ADDRESS (STREET ADDRESS (NO P.O. BOX)	A	
9458 Treelake Rd. Granite Bay, CA 95746					
E-MAIL ADDRESS (REQUIR	ED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		
Contra Costa			Bob Glover		
			STREET ADDRESS (NO P.O. BOX)		
			CITY		
Attach additional i	nformation on appropriately labe	eled continuation sheets.	CITY	STATE	ZIP CODE AREA CODE/PHONE
			Walnut Creek	CA	94597
3. Verification					
I have used all reasonable diligence in preparing this statement ar penalty of perjury under the laws of the State of California that th					
		camornia that th			
Executed on	10/18/2019 By				
Executed on	Ву				
	DATE DATE	SIGNATURE OF CONTRO	DLLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT	
Executed on	Ву				
	DATE	SIGNATURE OF CONTRO	DLLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT	
Executed on	DATE By	SIGNATURE OF CONTR.	OLLING OFFICEHOLDER, CANDIDATE, OR STATE N	AS A SULPS DD D D D D D D D D D D D D D D D D D	-
		SIGNATURE OF CONTRI	OLLING OFFICEHOLDER, CANDIDATE, OR STATE N	NEASUKE PROPONENT	

FPPC Form 410 (August/2018)
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www.fppc.ca.gov