

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified  or List I.D. number: # 1370113  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ # \_\_\_\_\_ # 12/31/2014  
 Date qualified as committee Date qualified as committee Date of Termination  
(If applicable)

Date Stamp

**CALIFORNIA FORM 410**

For Official Use Only

RECEIVED

City Clerk's Office

FEB - 2 2015

**1. Committee Information** **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
 Yes on E With Major Funding by Bumb & Associates, Inc. & Affiliated Entities, Including Bay 101  
 STREET ADDRESS (NO P.O. BOX)  
 501 Murphy Ranch Road #308  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Milpitas CA 95035 (916)254-5180  
 MAILING ADDRESS (IF DIFFERENT)  
 400 Capitol Mall, Suite 1545, Sacramento CA 95814  
 FAX / E-MAIL ADDRESS  
 info@millerpoliticallaw.com  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Sacramento City of Milpitas

NAME OF TREASURER  
 Rebecca J. Olson  
 STREET ADDRESS (NO P.O. BOX)  
 400 Capitol Mall, Suite 1545  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Sacramento CA 95814 (916)254-5180  
 NAME OF ASSISTANT TREASURER, IF ANY  
 STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 NAME OF PRINCIPAL OFFICER(S)  
 Ron Werner  
 STREET ADDRESS (NO P.O. BOX)  
 1801 Behring Dr  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 San Jose CA 95112 (916)254-5180

*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 that the foregoing is true and correct.

Executed on 2/2/15 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Yes on E With Major Funding by Bumb & Associates, Inc. & Affiliated Entities, Including Bay 101

FPPC ID: 1370113

Additional Principal Officers:

Robert Livengood  
501 Murphy Ranch Road, #308  
Milpitas CA 95035

Dana Arbaugh  
2192 Glenview Drive  
Milpitas CA 95035

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Yes on E With Major Funding by Bumb & Associates, Inc. & Affiliated Entities, Including Bay 101	I.D. NUMBER 1370113
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION US Bank	AREA CODE/PHONE (916)498-3888	BANK ACCOUNT NUMBER 157504169879
ADDRESS 621 Capitol Mall, Suite 110	CITY Sacramento	STATE ZIP CODE 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	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Card Room Ballot Measure	Measure E, City of Milpitas	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

COMMITTEE NAME

Yes on E With Major Funding by Bumb & Associates, Inc. & Affiliated Entities, Including Bay 101

Page 3

I.D. NUMBER

1370113

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

Bumb & Associates, Inc. & Affiliated Entities

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Real Estate Development, Gaming & Flea Market

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

1801 Bering Drive

San Jose

CA

95112

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**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or List I.D. number: # 1370113  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 08/28/2014 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date qualified as committee Date qualified as committee Date of Termination  
(If applicable)

Date Stamp	<b>CALIFORNIA FORM 410</b>
SEP - 3 2014	For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
 Yes on E With Major Funding by Bumb & Associates, Inc. & Affiliated Entities, Including Bay 101  
 STREET ADDRESS (NO P.O. BOX)  
 501 Murphy Ranch Road #308  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Milpitas CA 95035 (916)254-5180  
 MAILING ADDRESS (IF DIFFERENT)  
 400 Capitol Mall, Suite 1545, Sacramento CA 95814  
 FAX / E-MAIL ADDRESS  
 info@millerpoliticallaw.com  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Sacramento City of Milpitas

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Rebecca J. Olson  
 STREET ADDRESS (NO P.O. BOX)  
 400 Capitol Mall, Suite 1545  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Sacramento CA 95814 (916)254-5180  
 NAME OF ASSISTANT TREASURER, IF ANY  
 STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 NAME OF PRINCIPAL OFFICER(S)  
 Ron Werner  
 STREET ADDRESS (NO P.O. BOX)  
 1801 Behring Dr  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 San Jose CA 95112 (916)254-5180

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 that the foregoing is true and correct.

Executed on 8/28/14 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Yes on E With Major Funding by Bumb & Associates, Inc. & Affiliated Entities, Including Bay 101

FPPC ID: 1370113

Additional Principal Officers:

Robert Livengood  
501 Murphy Ranch Road, #308  
Milpitas CA 95035

Dana Arbaugh  
2192 Glenview Drive  
Milpitas CA 95035

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

<b>CALIFORNIA FORM 410</b>	
Page 2	
I.D. NUMBER	1370113

COMMITTEE NAME  
**Yes on E With Major Funding by Bumb & Associates, Inc. & Affiliated Entities, Including Bay 101**

- All committees must list the financial institution where the campaign bank account is located.

AREA CODE/PHONE <b>(916)498-3888</b>	CITY <b>Sacramento</b>	STATE <b>CA</b>	ZIP CODE <b>95814</b>
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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."
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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Card Room Ballot Measure	Measure E, City of Milpitas	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization  
 Recipient Committee

INSTRUCTIONS ON REVERSE

<b>CALIFORNIA FORM 410</b>	
Page 3	
I.D. NUMBER	1370113

COMMITTEE NAME

Yes on E With Major Funding by Bumb & Associates, Inc. & Affiliated Entities, Including Bay 101

**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

Bumb & Associates, Inc. & Affiliated Entities

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Real Estate Development, Gaming & Flea Market

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

1801 Bering Drive

San Jose

CA

95112

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date qualified

**5. Termination Requirements**

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- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
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1370113

Statement of Organization Recipient Committee

Statement Type: [X] Initial, [ ] Amendment, [ ] Termination - See Part 5. Includes fields for List I.D. number and dates.

RECEIVED AND FILED stamp from the Secretary of State of California, dated AUG 25 2014. Includes 'CALIFORNIA FORM 410' and 'SACRAMENTO COUNTY ELECTORICS FILED SEP - 2 2014'.

1. Committee Information

NAME OF COMMITTEE: Yes for Milpitas supporting Measure E. STREET ADDRESS: 501 Murphy Ranch Road, Milpitas, CA 95035. MAILING ADDRESS: 400 Capitol Mall, Suite 1545, Sacramento CA 95814. COUNTY OF DOMICILE: Sacramento. JURISDICTION WHERE COMMITTEE IS ACTIVE: Santa Clara.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Rebecca J. Olson. STREET ADDRESS: 400 Capitol Mall, Suite 1545, Sacramento, CA 95814. NAME OF ASSISTANT TREASURER, IF ANY: [Blank]. NAME OF PRINCIPAL OFFICER(S): Rebecca J. Olson. STREET ADDRESS: 400 Capitol Mall, Suite 1545, Sacramento, CA 95814.

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 that the foregoing is true and correct.

Executed on 8/25/14 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. Executed on [Blank] By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Yes for Milpitas supporting Measure E

Page 2

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

AREA CODE/PHONE	BANK ACCOUNT NUMBER	
(916)498-3888		
CITY	STATE	ZIP CODE
Sacramento	CA	95814

4. Type of Committee Complete the applicable sections.

**Controlled Committee**

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			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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Card Room Ballot Measure	Measure E, City of Milpitas	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>