

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

| | | | | |
|---|---|---|--|---|
| NAME OF FILER East Bay Working Families, a coalition of unions and community groups | | Date of This Filing 05/31/2019 | RECEIVED MAY 31 2019 CITY CLERK CITY OF EMERYVILLE | CALIFORNIA FORM 496 For Official Use Only |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) 1390351 | Report No. 29827 | | |
| STREET ADDRESS [REDACTED] | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | No. of Pages 2 | |

1. List Only One Candidate or Ballot Measure

| | | | | | | | |
|--|------------------------------|-------------------------|------------------------|---|---|---------------------|------------------------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED _____ | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Referendum Against Minimum Wage Ordinance Amendment | | | |
| OFFICE SOUGHT OR HELD _____ | DISTRICT NO. _____ | SUPPORT _____ | OPPOSE _____ | BALLOT NO./LETTER TBD | JURISDICTION City of Emeryville | SUPPORT X | OPPOSE _____ |

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|------------|--|----------|
| 05/29/2019 | Petition Gathering Cumulative to date total \$6000.00 | 6,000.00 |
| | | |
| | | |
| | | |
| | | |

Reason for Amendment: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

May 31, 2019 at 3:23:26 PM PDT

MAY/31/2019/FRI 03:17 PM

DURATION 56
 PAGES 2
 STATUS Received

FAX No.

P. 001

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CALIFORNIA FORM 496

I.D. NUMBER (if applicable)

1390351

NAME OF FILER

East Bay Working Families, a coalition of unions and community groups

3. Contributions of \$100 or More Received*

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE** | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES |
|---------------|--|---|--|-----------------|---|
| 05/23/2019 | Service Employees International Union Local 1021 Issues PAC [Redacted] Committee ID# 1296947 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 50,000.00 | If loan, enter interest rate, if any _____% |
| 05/23/2019 | Service Employees International Union Local 1021 Issues PAC [Redacted] Committee ID# 1296947 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 15,000.00 | If loan, enter interest rate, if any _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____% |

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

RECEIVED

P. 002
 FAX No.
 MAY/31/2019/FRI 03:18 PM