

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 06/06/2019 | RECEIVED JUN 6 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 checked="" type="checkbox"/> Amendment to Report No. 29827 (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 | JURISDICTION | SUPPORT | OPPOSE |
| | | | | TBD | City of Emeryville | X | |

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

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|------------|---|-----------|
| 05/29/2019 | Petition Gathering, Printing & Consulting (Estimate) Cumulative to date total \$18000.00 | 18,000.00 |
| | | |
| | | |
| | | |
| | | |

Reason for Amendment: Update late independent expenditure

*** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY ***

STATUS Received

PAGES 2

DURATION 52

REMOTE CSID

TIME RECEIVED June 6, 2019 at 8:15:13 AM PDT

P. 001

FAX No.

JUN/06/2019/THU 08:09 AM

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CALIFORNIA FORM 496

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

I.D. NUMBER (if applicable)
1390351

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] 1425 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

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FAX No.

JUN/06/2019/THU 08:10 AM