

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 <u>06/11/2019</u>	Date Stamp RECEIVED JUN 12 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. <u>29853</u>		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	No. of Pages <u>1</u>	

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
06/10/2019	Mailer Cumulative to date total \$24779.49	2,367.64

Reason for Amendment: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **
 P. 001/001
 STATUS Received
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