

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)  
Report #8371  
SEE INSTRUCTIONS ON REVERSE

Type or print in ink.  
Amounts may be rounded to  
whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2015</u> through <u>12/31/2015</u>	Date Stamp <u>02/01/16 14:00</u> cjk clk	<b>CALIFORNIA FORM 465</b> Page <u>1</u> of <u>5</u> For Official Use Only
Date of election if applicable: (Month, Day, Year)		

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
1296947

COMMITTEE/FILER'S NAME  
Service Employees International Union Local 1021 Issues PAC

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oakland</u>	<u>CA</u>	<u>94609</u>	<u>(510) 350-4527</u>

OPTIONAL: FAX/E-MAIL ADDRESS

\_\_\_\_\_

## Treasurer (If recipient committee)

NAME OF TREASURER

Paul Camarillo

MAILING ADDRESS

\_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oakland</u>	<u>CA</u>	<u>94609</u>	<u>(510) 350-4527</u>

OPTIONAL: FAX/E-MAIL ADDRESS

\_\_\_\_\_

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	SUPPORT	OPPOSE
<u>Initiative to Change Election Date</u>	<u>N/A</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

  

NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
<u>Initiative to Change Election Date</u>	<u>N/A</u>	<u>City of Hayward</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
<u>09/23/2015</u>	<u>Goodwin Simon Research Inc. 1730 Franklin Street, Suite 211 Oakland, CA 94612</u>	<u>Polling</u>	<u>22,675.00</u>	<u>140,599.30</u>
<u>10/07/2015</u>	<u>Jim Ross Consulting 1611 Telegraph Avenue, Suite 1115 Oakland, CA 94612</u>	<u>Consulting, Filing Fee and Printing for Signature Gathering</u>	<u>9,629.16</u>	<u>140,599.30</u>
<u>10/07/2015</u>	<u>Pacific Print Resources 1259 Park Avenue Emeryville, CA 94608</u>	<u>Printing for Signature Gathering</u>	<u>2,070.00</u> NEMO Subpayment made through: Jim Ross Consulting	

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

SEE INSTRUCTIONS ON REVERSE

For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

<b>Report covers period</b>	Date Stamp	<b>CALIFORNIA FORM 465</b>
from <u>01/01/2015</u>		
through <u>12/31/2015</u>		Page <u>2</u> of <u>5</u>
Date of election if applicable: (Month, Day, Year)		For Official Use Only

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

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/08/2015	Bay Area Petitions 103 Rey Court Santa Cruz, CA 95062	Petition Gathering	14,500.00	140,599.30
10/22/2015	Bay Area Petitions 103 Rey Court Santa Cruz, CA 95062	Petition Gathering	11,000.00	140,599.30
11/02/2015	Bay Area Petitions 103 Rey Court Santa Cruz, CA 95062	Petition Gathering	12,650.00	140,599.30
11/05/2015	Bay Area Petitions 103 Rey Court Santa Cruz, CA 95062	Petition Gathering	8,250.00	140,599.30
11/17/2015	Bay Area Petitions 103 Rey Court Santa Cruz, CA 95062	Petition Gathering	4,650.00	140,599.30
11/17/2015	Bay Area Petitions 103 Rey Court Santa Cruz, CA 95062	Petition Gathering	14,500.00	140,599.30

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

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
12/07/2015	Bay Area Petitions 103 Rey Court Santa Cruz, CA 95062	Petition Gathering	5,600.00	140,599.30
12/07/2015	Bay Area Petitions 103 Rey Court Santa Cruz, CA 95062	Petition Gathering	7,650.00	140,599.30
12/07/2015	Bay Area Petitions 103 Rey Court Santa Cruz, CA 95062	Petition Gathering	8,600.00	140,599.30
11/17/2015	Jim Ross Consulting 1611 Telegraph Avenue, Suite 1115 Oakland, CA 94612	Consulting	6,000.00	140,599.30
11/17/2015	Jim Ross Consulting 1611 Telegraph Avenue, Suite 1115 Oakland, CA 94612	Printing Petitions	1,366.29	140,599.30
11/17/2015	Pacific Print Resources 1259 Park Avenue Emeryville, CA 94608	Printing for Petitions	1,188.08	
			MEMO Subpayment made through: Jim Ross Consulting	

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

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
12/10/2015	Jim Ross Consulting 1611 Telegraph Avenue, Suite 1115 Oakland, CA 94612	Consulting	6,000.00	140,599.30
12/10/2015	Jim Ross Consulting 1611 Telegraph Avenue, Suite 1115 Oakland, CA 94612	Website Design	1,378.85	140,599.30
12/10/2015	Andrade Creative 210 Stanbridge Court Alameda, CA 94502	Website Design	1,000.00	
			MEMO Subpayment made through: Jim Ross Consulting	
12/29/2015	Jim Ross Consulting 1611 Telegraph Avenue, Suite 1115 Oakland, CA 94612	Consulting	6,150.00	140,599.30

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from	01/01/2015	
through	12/31/2015	Page <u>5</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER (if recipient com.)
Service Employees International Union Local 1021 Issues PAC		1296947

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NAME OF FILER  
Service Employees International Union Local 1021 Issues PAC

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	140,599.30
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL \$</b>	140,599.30

## 5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER  
Secretary of State  
ADDRESS (NO. AND STREET)  
1500 11th Street, Room 495  
CITY STATE ZIP CODE  
Sacramento CA 95814

3) NAME OF FILING OFFICER  
ADDRESS (NO. AND STREET)  
CITY STATE ZIP CODE

2) NAME OF FILING OFFICER  
ADDRESS (NO. AND STREET)  
CITY STATE ZIP CODE

4) NAME OF FILING OFFICER  
ADDRESS (NO. AND STREET)  
CITY STATE ZIP CODE

## 6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing 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 01-22-16  
DATE

By \_\_\_\_\_  
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on 01-22-16  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent