



Secretary of State **ALEX PADILLA**

SECRETARY OF STATE

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*Cal-Access*

Campaign Finance:

**INTERNATIONAL ASSOCIATION OF FIREFIGHTER LOCAL 55 POLITICAL ACTION, SPONSORED BY: INT'L ASSOC. OF FIREFIGHTER LOCAL 55**

**Election Cycle:**

- 2017 through 2018
- Historical

**View Information:**

(Due to the amount of data, these pages may take some time to load.)

- General Information
- Contributions Received
- Contributions Made
- Expenditures Made
- Late and \$5000+ Contributions Received
- Late Contributions Made
- Late Independent Expenditures
- Electronic Filings

**This is the official name of the committee, political party, or major donor as registered with the Secretary of State.**

**HISTORICAL NAMES FOR THIS COMMITTEE**

IAFF LOCAL 55 POLITICAL ACTION COMMITTEE

INTERNATIONAL ASSOCIATION OF FIREFIGHTERS LOCAL 55 POLITICAL ACTION COMMITTEE

**FILER ID:**

892160

**FILER PHONE:**

(510) 834-9672

**SUMMARY INFORMATION - INTERNATIONAL ASSOCIATION OF FIREFIGHTER LOCAL 55 POLITICAL ACTION, SPONSORED BY: INT'L ASSOC. OF FIREFIGHTER LOCAL 55 (ID# 892160)**

CURRENT STATUS ACTIVE

**This committee has not electronically filed a Form 460/461/450 for this election cycle. For further information, click on prior year displays to see if historical filings are available. Also check for late contribution filings if a major filing deadline has not yet occurred for this election cycle.**

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

**CALIFORNIA FORM 465**

Report covers period  
from 01/01/2014  
through 12/31/2014  
Date of election if applicable:  
(Month, Day, Year)  
11/04/2014

Date Stamp  
**CITY OF SAN LEANDRO**  
**FEB 10 2015**  
**CITY CLERK'S OFFICE**

Page 1 of 2  
For Official Use Only

**Amendment** (Explain Below)

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
892160

**COMMITTEE/FILER'S NAME**

International Association of Firefighter Local 55 Political Action,  
Sponsored by: Int'l Assoc. of Firefighter Local 55

**STREET ADDRESS (NO P.O. BOX)**

369 15th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oakland</u>	<u>CA</u>	<u>94612</u>	<u>(510) 834-9672</u>

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer (If recipient committee)

**NAME OF TREASURER**

Mr. Jim Whitty

**MAILING ADDRESS**

369 15th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oakland</u>	<u>CA</u>	<u>94612</u>	<u>(510) 834-9672</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	CHECK ONE	
		SUPPORT	OPPOSE
<u>Pauline Cutter</u>	<u>Mayor: San Leandro, CA</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	OPPOSE

## 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>10/30/2014</u>	<u>Firefighters Print &amp; Design 1780 Creekside Oaks Drive Sacramento, CA 95833</u>	<u>Mailer in Support of Cutter</u>	<u>1,293.52</u>	<u>1,293.52</u>

CITY CLERK'S OFFICE  
FEB 1 0 5012  
CITY OF SAN LEANDRO



# Supplemental Independent Expenditure Report

Type or print in ink.  
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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2014</u> through <u>12/31/2014</u>	<b>CALIFORNIA FORM 465</b>
	Page <u>2</u> of <u>2</u>
	I.D. NUMBER (If recipient com.) 892160

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
International Association of Firefighter Local 55 Political Action, Sponsored by: Int'l Assoc. of Firefighter Local 55

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.) .....	\$ <u>1,293.52</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.) .....	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.) .....	<b>TOTAL</b> \$ <u>1,293.52</u>

## 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  
Alameda County Registrar of Voters  
ADDRESS (NO. AND STREET)  
Campaign Statement 1225 Fallon Street  
CITY STATE ZIP CODE  
Oakland CA 94612

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 02/02/2015  
DATE

By [Signature]  
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

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

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2014</u> through <u>12/31/2014</u>	Date Stamp <b>CITY OF SAN LEANDRO</b> <b>FEB 10 2015</b> <b>CITY CLERK'S OFFICE</b>	<b>CALIFORNIA FORM 465</b>
Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>	Page <u>1</u> of <u>2</u> For Official Use Only	

**Amendment** (Explain Below)

## 1. Committee/Filer Information

COMMITTEE/FILER'S NAME

International Association of Firefighter Local 55 Political Action,  
Sponsored by: Int'l Assoc. of Firefighter Local 55

STREET ADDRESS (NO P.O. BOX)

369 15th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94612	(510) 834-9672

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)

892160

## Treasurer (If recipient committee)

NAME OF TREASURER

Mr. Jim Whitty

MAILING ADDRESS

369 15th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94612	(510) 834-9672

OPTIONAL: FAX / E-MAIL ADDRESS

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

CHECK ONE

NAME OF CANDIDATE

Pauline Cutter

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

Mayor: San Leandro, CA

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

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

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/30/2014	Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento, CA 95833	Mailer in Support of Cutter	1,293.52	1,293.52

CITY CLERK'S OFFICE  
FEB 1 4 5012  
CITY OF SAN FRANCISCO

# Supplemental Independent Expenditure Report

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2014</u> through <u>12/31/2014</u>	<b>CALIFORNIA FORM 465</b>
	Page <u>2</u> of <u>2</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER International Association of Firefighter Local 55 Political Action, Sponsored by: Int'l Assoc. of Firefighter Local 55	I.D. NUMBER (If recipient com.) 892160
---	---

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>1,293.52</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.) <b>TOTAL</b>	\$ <u>1,293.52</u>

## 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  
Alameda County Registrar of Voters  
ADDRESS (NO. AND STREET)  
Campaign Statement 1225 Fallon Street  
CITY STATE ZIP CODE  
Oakland CA 94612

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

3) 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 02/02/2015  
DATE

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

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

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

By [Signature]  
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

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

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

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

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.  
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SUPPLEMENTAL INDEPENDENT EXPENDITURE

**Amendment** (Explain Below)

Report covers period  
from 01/01/2014  
through 12/31/2014  
Date of election if applicable:  
(Month, Day, Year)  
11/04/2014

Date Stamp  
**CITY OF SAN LEANDRO**  
**FEB 10 2015**  
**CITY CLERK'S OFFICE**

**CALIFORNIA FORM 465**  
Page 1 of 2  
For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
892160

COMMITTEE/FILER'S NAME  
International Association of Firefighter Local 55 Political Action, Sponsored by: Int'l Assoc. of Firefighter Local 55

STREET ADDRESS (NO P.O. BOX)

369 15th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oakland</u>	<u>CA</u>	<u>94612</u>	<u>(510) 834-9672</u>

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

Mr. Jim Whitty

MAILING ADDRESS

369 15th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oakland</u>	<u>CA</u>	<u>94612</u>	<u>(510) 834-9672</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>Corina Lopez</u>	<u>City Council Member: City of San Leandro, CA District 5</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
			<input 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>10/30/2014</u>	<u>Firefighters Print &amp; Design 1780 Creekside Oaks Drive Sacramento, CA 95833</u>	<u>Mailer in Support of Lopez</u>	<u>1,807.58</u>	<u>1,807.58</u>



CITY CLERK'S OFFICE  
FEB 10 2012  
CITY OF SAN FRANCISCO

2012

# Supplemental Independent Expenditure Report

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2014</u> through <u>12/31/2014</u>	<b>CALIFORNIA FORM 465</b>
	Page <u>2</u> of <u>2</u>
	I.D. NUMBER (If recipient com.) 892160

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

International Association of Firefighter Local 55 Political Action, Sponsored by: Int'l Assoc. of Firefighter Local 55

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>1,807.58</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL</b> \$ <u>1,807.58</u>

## 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  
Alameda County Registrar of Voters  
ADDRESS (NO. AND STREET)  
Campaign Statement 1225 Fallon Street  
CITY STATE ZIP CODE  
Oakland CA 94612

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

3) 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 02/02/2015  
DATE

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

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

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

By [Signature]  
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

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

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

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

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

**Amendment** (Explain Below)

Report covers period  
from 01/01/2014  
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Date of election if applicable:  
(Month, Day, Year)  
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Date Stamp  
**CITY OF SAN LEANDRO**  
FEB 10 2015  
**CITY CLERK'S OFFICE**

**CALIFORNIA FORM 465**

Page 1 of 2

For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
892160

## Treasurer (If recipient committee)

NAME OF TREASURER

Mr. Jim Whitty

MAILING ADDRESS

369 15th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oakland</u>	<u>CA</u>	<u>94612</u>	<u>(510) 834-9672</u>

OPTIONAL: FAX/E-MAIL ADDRESS

COMMITTEE/FILER'S NAME

International Association of Firefighter Local 55 Political Action,  
Sponsored by: Int'l Assoc. of Firefighter Local 55

STREET ADDRESS (NO P.O. BOX)

369 15th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oakland</u>	<u>CA</u>	<u>94612</u>	<u>(510) 834-9672</u>

OPTIONAL: FAX/E-MAIL ADDRESS

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

CHECK ONE

NAME OF CANDIDATE

Corina Lopez

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member: City of San Leandro, CA District 5

SUPPORT	OPPOSE
<input checked="" type="checkbox"/>	<input type="checkbox"/>

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT	OPPOSE
<input type="checkbox"/>	<input type="checkbox"/>

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

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
<u>10/30/2014</u>	<u>Firefighters Print &amp; Design 1780 Creekside Oaks Drive Sacramento, CA 95833</u>	<u>Mailer in Support of Lopez</u>	<u>1,807.58</u>	<u>1,807.58</u>

CITY CLERK'S OFFICE  
FEB 10 2012  
CITY OF SAN FRANCISCO

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# Supplemental Independent Expenditure Report

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2014</u> through <u>12/31/2014</u>	<b>CALIFORNIA FORM 465</b>
	Page <u>2</u> of <u>2</u>
	I.D. NUMBER (If recipient com.) 892160

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

International Association of Firefighter Local 55 Political Action, Sponsored by: Int'l Assoc. of Firefighter Local 55

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1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>1,807.58</u>
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1) NAME OF FILING OFFICER

Alameda County Registrar of Voters

ADDRESS (NO. AND STREET)

Campaign Statement 1225 Fallon Street

CITY STATE ZIP CODE

Oakland CA 94612

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

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CITY STATE ZIP CODE

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Executed on 02/02/2015  
DATE

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

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

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

By   
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

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

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

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

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

Report covers period  
from 01/01/2014  
through 12/31/2014

Date of election if applicable:  
(Month, Day, Year)  
11/04/2014

Date Stamp  
**CITY OF SAN LEANDRO**  
**FEB 10 2015**  
**CITY CLERK'S OFFICE**

**CALIFORNIA FORM 465**

Page 1 of 2

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## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
892160

COMMITTEE/FILER'S NAME  
International Association of Firefighter Local 55 Political Action,  
Sponsored by: Int'l Assoc. of Firefighter Local 55

STREET ADDRESS (NO P.O. BOX)

369 15th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94612	(510) 834-9672

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

Mr. Jim Whitty

MAILING ADDRESS

369 15th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94612	(510) 834-9672

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>Lee Thomas</u>	<u>City Council Member: City of San Leandro, CA District 3</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	OPPOSE
			<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>10/30/2014</u>	<u>Firefighters Print &amp; Design 1780 Creekside Oaks Drive Sacramento, CA 95833</u>	<u>Mailer in Support of Thomas</u>	<u>1,807.58</u>	<u>1,807.58</u>

CITY CLERK'S OFFICE  
FEB 10 5012  
CITY OF SAN FRANCISCO

7

# Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2014</u> through <u>12/31/2014</u>	<b>CALIFORNIA FORM 465</b>
	Page <u>2</u> of <u>2</u>
	I.D. NUMBER (If recipient com.) 892160

SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

International Association of Firefighter Local 55 Political Action, Sponsored by: Int'l Assoc. of Firefighter Local 55

**4. Summary**

1. Total independent expenditures of \$100 or more made this period. (Part 3.).....	\$	<u>1,807.58</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.) .....	\$	<u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.) .....	<b>TOTAL</b>	\$ <u>1,807.58</u>

**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  
Alameda County Registrar of Voters  
 ADDRESS (NO. AND STREET)  
Campaign Statement 1225 Fallon Street  
 CITY STATE ZIP CODE  
Oakland CA 94612

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**

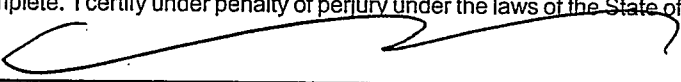
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence 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 02/02/2015  
DATE

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

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

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

By   
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

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

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

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



# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

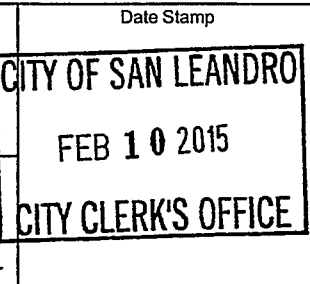
SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

**Amendment** (Explain Below)

Report covers period  
from 01/01/2014  
through 12/31/2014  
Date of election if applicable:  
(Month, Day, Year)  
11/04/2014



**CALIFORNIA FORM 465**  
Page 1 of 2  
For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
892160

## Treasurer (If recipient committee)

NAME OF TREASURER

Mr. Jim Whitty

MAILING ADDRESS

369 15th Street

CITY STATE ZIP CODE AREA CODE/PHONE

Oakland CA 94612 (510) 834-9672

OPTIONAL: FAX / E-MAIL ADDRESS

COMMITTEE/FILER'S NAME

International Association of Firefighter Local 55 Political Action,  
Sponsored by: Int'l Assoc. of Firefighter Local 55

STREET ADDRESS (NO P.O. BOX)

369 15th Street

CITY STATE ZIP CODE AREA CODE/PHONE

Oakland CA 94612 (510) 834-9672

OPTIONAL: FAX / E-MAIL ADDRESS

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

CHECK ONE

NAME OF CANDIDATE

Lee Thomas

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member: City of San Leandro, CA District 3

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

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

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/30/2014	Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento, CA 95833	Mailer in Support of Thomas	1,807.58	1,807.58

CITY CLERK'S OFFICE  
FEB 10 2012  
CITY OF SAN LEANDRO

1  
\* \* \*  
\* \* \*

# Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2014</u> through <u>12/31/2014</u>	<b>CALIFORNIA FORM 465</b>
	Page <u>2</u> of <u>2</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

International Association of Firefighter Local 55 Political Action, Sponsored by: Int'l Assoc. of Firefighter Local 55

I.D. NUMBER (if recipient com.)  
892160

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>1,807.58</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL</b> \$ <u>1,807.58</u>

## 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

Alameda County Registrar of Voters  
ADDRESS (NO. AND STREET)

Campaign Statement 1225 Fallon Street

CITY STATE ZIP CODE  
Oakland CA 94612

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) 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 02/02/2015  
DATE

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

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

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

By   
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

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

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

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

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

**NAME OF FILER**  
International Association of Firefighter Local 55 Political Action,  
Sponsored by: Int'l Assoc. of Firefighter Local 55

**AREA CODE/PHONE NUMBER** (510) 834-9672

**I.D. NUMBER (if applicable)** 892160

**STREET ADDRESS**  
369 15th Street

**CITY** STATE ZIP CODE  
Oakland, CA 94612

**Date of This Filing** 10/28/2012

**Report No.** 102712BL

Amendment to Report No. (explain below)

**No. of Pages** 1

Date Stamp

**CITY OF SAN LEANDRO**

OCT 29 2012

**CITY CLERK'S OFFICE**

**CALIFORNIA FORM 496**

For Official Use Only

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			
Benny Lee			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE
City Council Member City of San Leandro	4	X	

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/27/2012	Wailer	1,489.91

Reason for Amendment:

FPPC Form 496 (March/2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

**NAME OF FILER**  
International Association of Firefighter Local 55 Political Action.  
Sponsored by: Int'l Assoc. of Firefighter Local 55

**AREA CODE/PHONE NUMBER**  
(510) 834-9672

**STREET ADDRESS**  
369 15th Street

**CITY**  
Oakland, CA 94612

**I.D. NUMBER (if applicable)**  
892160

**STATE**      **ZIP CODE**

**Date of This Filing** 10/28/2012

**Report No.** 10271208

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

Date Stamp

**CITY OF SAN LEANDRO**

**OCT 29 2012**

**CITY CLERK'S OFFICE**

**CALIFORNIA FORM 496**

For Official Use Only

## 1. List Only One Candidate or Ballot Measure

**NAME OF CANDIDATE SUPPORTED OR OPPOSED**  
Ursula Reed

OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE
City Council Member City of San Leandro	2	X	

**NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED**

BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/27/2012	Mailer	1,489.91

Reason for Amendment: \_\_\_\_\_

FPPC Form 496 (March/2011)  
FPPC Toll-Free Helpline: 888/ASK-FPPC (866/275-3772)

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

**NAME OF FILER**  
International Association of Firefighter Local 55 Political Action,  
Sponsored by: Int'l Assoc. of Firefighter Local 55

**AREA CODE/PHONE NUMBER** (510) 834-9672

**STREET ADDRESS**  
369 15th Street

**CITY** Oakland, CA **STATE** CA **ZIP CODE** 94612

**I.D. NUMBER (if applicable)** 892160

**Date of This Filing** 10/28/2012

**Report No.** 102712JP

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

**DATE STAMP**

**CALIFORNIA FORM 496**

**For Official Use Only**

**CITY OF SAN LEANDRO**

**OCT 29 2012**

**CITY CLERK'S OFFICE**

## 1. List Only One Candidate or Ballot Measure

**NAME OF CANDIDATE SUPPORTED OR OPPOSED**  
Jim Proia

OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE
City Council Member City of San Leandro	6	X	

**NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED**

BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/27/2012	Mailer	1,489.91

Reason for Amendment: \_\_\_\_\_

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> International Association of Firefighter Local 55 Political Action, Sponsored by: Int'l Assoc. of Firefighter Local 55	
<b>AREA CODE/PHONE NUMBER</b> (510) 834-9672	<b>LD. NUMBER (if applicable)</b> 892160
<b>STREET ADDRESS</b> 369 15th Street	
<b>CITY</b> Oakland, CA	<b>STATE ZIP CODE</b> 94612

**Date of This Filing** 10/28/2012

**Report No.** 102712DD

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

Date Stamp

**CALIFORNIA FORM 496**

For Official Use Only

**CITY OF SAN LEANDRO**

**OCT 29 2012**

**CITY CLERK'S OFFICE**

### 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Darlene Daevu				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> City Council Member City of San Leandro	<b>DISTRICT NO.</b> 4	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/27/2012	Mailer	1,489.91

Reason for Amendment: \_\_\_\_\_