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Political Reform

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Campaign Finance:

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

Election Cycle:

2017 through 2018

C Historical

View Information:

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

- General Information
- C 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.

http://cal-access.sos.ca.gov/Campaign/Committees/Detail.aspx?id=1049558

Supplemental Expenditure R (Government Code Section	Report +	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers	014	SUPPL Date Stamp		CALIFORNIA 46		
SEE INSTRUCTIONS ON F	REVERSE	Amendment (Explain Below	through 12/31/20 Date of election if a (Month, Day, \)	applicable: Year)	FEB 1 0 20	15	_	of2 se Only	
COMMITTEE/FILER'S	ssociation of Firefighter nt'l Assoc. of Firefighter	I.D. NUMBER (If recipient committee) 892160 Local 55 Political Action, Local 55	Treasurer NAME OF TREASU Mr. Jim Whit MAILING ADDRESS	JRER ty	nmittee)				
369 15th Street CITY Oakland OPTIONAL: FAX/E-M	STATE ZI CA S AIL ADDRESS	P CODE AREA CODE/PHONE 94612 (510) 834-9672	Oakland OPTIONAL: FAX/		CA S	IP CODE	AREA COD (510) 834		
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Type or print in ink.
Amounts may be rounded

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Expenditure Report		to whole		Report covers period	CALIFORNIA 465
				from 01/01/2014	FORM TOJ
SEE INSTRUCTIONS ON REVERSE				through 12/31/2014	- Page 2 of 2
NAME OF FILER		•			I.D. NUMBER (If recipient com.)
International Association of Firefighter Loca	al 55 Politi	cal Action, Spons	ored by: Int'l Assoc. o	of Firefighter Local 55	892160
4. Summary					
 Total independent expenditures of \$100 or resident. 	more made t	his period. (Part 3.)	•••••	\$1,293.52
2. Total independent expenditures under \$100					
3. Total independent expenditures made this					
5. Filing Officers Enter the name and address	s of each filing	officer with whom th	ne filer's most recent campa	nign statements (Form 450, 460 or	461) have been filed.
1) NAME OF FILING OFFICER	i		3) NAME OF FILING C		
Alameda County Registrar of Voters					
ADDRESS (NO. AND STREET)			ADDRESS	(NO. AND STREET)	
Campaign Statement 1225 Fallon Street					
CITY	STATE	ZIP CODE	CITY		STATE ZIP CODE
Oakland 2) NAME OF FILING OFFICER	CA	94612			
2) NAME OF FILING OFFICER			4) NAME OF FILING O	PFFICER	
ADDRESS (NO. AND STREET)			ADDRESS	(NO. AND STREET)	
CITY	STATE	ZIP CODE	CITY		STATE ZIP CODE
			-		STATE ZIP CODE
6. Verification					
I certify that the "independent expenditure(s)" disclorant those terms are defined in Government Code Sestatement and to the best of my knowledge the information for the foregoing is true and correct.	しいしい ひとしき にるに	io ceett kennianon i	A//3 / I have used all room	opoblo diligence in a series i	
Executed on 02/02/2015		By			
DATE				EASURER OR ASSISTANT TREASURER	
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Executed on			CANDIDATE,	STATE MEASURE PROPONENT, OR RESPONSI	3LE OFFICER OF SPONSOR
DATE		Bysig	NATURE OF CONTROLLING OFFICEH	OLDER, CANDIDATE, STATE MEASURE PROP	ONENT
Executed on		Ву			
DATE		SIG	NATURE OF CONTROLLING OFFICEH	OLDER, CANDIDATE, STATE MEASURE PROP	TNENT

SUPPLEMENTAL INDEPENDENT EXPENDITURE Type or print in ink. Supplemental Independent Date Stamp Report covers period **CALIFORNIA** Amounts may be rounded to **Expenditure Report** whole dollars. **FORM** CITY OF SAN LEANDRO 01/01/2014 (Government Code Section 84203.5) from 12/31/2014 SEE INSTRUCTIONS ON REVERSE Amendment (Explain Below) Page_ FEB 1 0 2015 For Official Use Only Date of election if applicable: (Month, Day, Year) CITY CLERK'S OFFICE 11/04/2014 I.D. NUMBER (If recipient committee) 1. Committee/Filer Information Treasurer (If recipient committee) 892160 NAME OF TREASURER COMMITTEE/FILER'S NAME International Association of Firefighter Local 55 Political Action, Mr. Jim Whitty Sponsored by: Int'l Assoc. of Firefighter Local 55 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) 369 15th Street 369 15th Street ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE STATE CITY (510)834-9672 CA 94612 Oakland CA 94612 (510)834-9672 Oakland OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 2. Name of Candidate or Measure Supported or Opposed CHECK ONE OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPORT OPPOSE NAME OF CANDIDATE Mayor: San Leandro, CA Х . Pauline Cutter SUPPORT OPPOSE BALLOT NO./LETTER JURISDICTION NAME OF BALLOT MEASURE 3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets. **CUMULATIVE TO DATE** CALENDAR YEAR AMOUNT DESCRIPTION OF EXPENDITURE NAME AND ADDRESS OF PAYEE DATE (JAN. 1 - DEC. 31) 1.293.52 1,293.52 Mailer in Support of Cutter Firefighters Print & Design 10/30/2014 1780 Creekside Oaks Drive Sacramento, CA 95833

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Supplemental Independent Expenditure Report

Executed on _

DATE

Type or print in ink.
Amounts may be rounded

SUPPLEMENTAL	INDEDENIORNE	EVDENDITHE

Report covers period

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Expenditure Report		to whole d	ollars.	from 01/01/2014	FORM	405
SEE INSTRUCTIONS ON REVERSE				through 12/31/2014	Page 2	of2
NAME OF FILER	· · · · · · · · · ·				I.D. NUMBER (If	recipient com.)
International Association of Firefighter Loc	al 55 Politic	cal Action, Sponso	ored by: Int'l Assoc	. of Firefighter Local 55	892160	. ,
4. Summary						
1. Total independent expenditures of \$100 or	more made th	nis period. (Part 3.))		\$	1,293.52
2. Total independent expenditures under \$10	0 made this pe	eriod. (Not itemized	l.)	***************************************	\$	0.00
3. Total independent expenditures made this	s period (Add I	Lines 1 + 2.)			TOTAL \$	1,293.52
5. Filing Officers Enter the name and addre	ss of each filing	officer with whom th	ne filer's most recent car	npaign statements (Form 450,	460 or 461) have been f	iled.
1) NAME OF FILING OFFICER			3) NAME OF FILIN	NG OFFICER		
Alameda County Registrar of Voters ADDRESS (NO. AND STREET)		ADDRESS	(NO. AND STRE	EET)	
Campaign Statement 1225 Fallon Street	STATE	ZIP CODE	CITY		STATE ZIF	CODE
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CITY	STATE	ZIP CODE	CITY		STATE ZIF	CODE
6. Verification				•		
I certify that the "independent expenditure(s)" dis as those terms are defined in Government Code s statement and to the best of my knowledge the int the foregoing is true and correct.	Section 82031 ar	nd FPPC Regulation 1	l 8225.7. I have used all i	reasonable diligence in preparin	g and reviewing this	
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Supplemental Independent

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SEE INSTRUCTIONS ON REVERSE				through 12/31/2014	Page 2 of 2
NAME OF FILER					I.D. NUMBER (If recipient com.)
International Association of Firefighter Loca	al 55 Polit	ical Action, Spons	sored by: Int'l Assoc	. of Firefighter Local 55	892160
4. Summary					0,000
1. Total independent expenditures of \$100 or	nore made	this period. (Part 3.	.)		\$1,807.58
2. Total independent expenditures under \$100	made this p	period, (Not itemize	d.)		
3. Total independent expenditures made this	noriod (Add	lines 1 + 2 \	,	•••••••••••••••••••••••••••••••••••••••	\$0.00
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5. Filing Officers Enter the name and address	of each filing	g officer with whom ti	he filer's most recent can	nnaign statements (Form 450, 460 or	464) have been 51 1
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CITY	STATE	ZIP CODE	CITY		STATE ZIP CODE
6. Verification					
I certify that the "independent expenditure(s)" disclo as those terms are defined in Government Code Sec	sed in this sta	itement were not "mad	de at the behest of" the ca	indidate or committee that benefitted fro	om the expenditure(s)
as those terms are defined in Government Code Sec statement and to the best of my knowledge the inforr the foregoing is true and correct.	nation contair	nd FPPC Regulation I ned herein is true and	8225.7. I have used all re	asonable diligence in preparing and rev	viewing this
the foregoing is true and correct.	- I - I - I - I - I - I - I - I - I - I	nod norom is true and	complete. I certify under p	behalty of perjury under the laws of the	State of California that
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DATE		-)	SIGNATURE OF FILER,	TREASURER OR ASSISTANT TREASURER	
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(Government Code Section 84203.5)		from01/01/20	14 CITY 0	F SAN LEANDR	1 0.1111			
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				<u>CLERK'S OFFICE</u>	1			
		11/04/20	114					
1. Committee/Filer Information	I.D. NUMBER (If recipient committee) 892160		If recipient committee)					
COMMITTEE/FILER'S NAME		NAME OF TREASU	RER					
International Association of Firefighter Sponsored by: Int'l Assoc. of Firefighte	Local 55 Political Action, r Local 55	Mr. Jim Whitt						
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		369 15th Stre	eet					
369 15th Street CITY STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CODE	AREA	CODE/PHONE		
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2. Name of Candidate or Measure Su	ipported or Opposed				*	CHECK ONE		
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NAME OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION			SUPPORT OPPO		
3. Independent Expenditures Made	Attach additional information on appropriat	ely labeled continuation shee	ets.			IVE TO DATE DAR YEAR		
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SUPPLEMENTAL	INDEPENDENT	EXPENDITURE

Supplemental Independent Expenditure Report SEE INSTRUCTIONS ON REVERSE		rounded	Rep	oort covers period 01/01/2014	CALIFO		
				through_	12/31/2014	Page	2 of 2
NAME OF FILER						I.D. NUMBE	ER (If reciplent com.)
International Association of Firefighter Local	55 Political	Action, Sponsor	ed by: Int'l Assoc.	of Firefigh	iter Local 55	892160	
4. Summary							
Total independent expenditures of \$100 or mo	re made this	period. (Part 3.)			•••••	\$	1,807.58
2. Total independent expenditures under \$100 m							0.00
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3. Total independent expenditures made this pe	riod (Add Lin	es 1 + 2.)	************************		101	AL 3	17007.33
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CITY	STATE	ZIP CODE	CITY			STATE	ZIP CODE
6. Verification							
I certify that the "independent expenditure(s)" disclose as those terms are defined in Government Code Secti statement and to the best of my knowledge the informathe foregoing is true and correct.	on 82031 and I	FPPC Regulation 18	225.7. I have used all rea	asonable dilig	jence in preparing and re	eviewing this	
Executed on	Ву		SIGNATURE OF FILER,	TREASURER OR	ASSISTANT TREASURER		<u> </u>
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SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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	y: Int'l Assoc. of Firefight			Mr. Jim Whitty	У					
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	1780 Creekside Oaks Drive Sacramento, CA 95833									

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Supplemental Independent E

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nternational Association of Firefighter Local 9	55 Politic	cal Action, Sponso	ored by: Int'l Assoc.	of Firefighter Local 55	892160
. Summary					
1. Total independent expenditures of \$100 or more	re made th	nis period. (Part 3.))		\$1,807.58
2. Total independent expenditures under \$100 ma	ade this pe	riod. (Not itemized	i.)	***************************************	\$0.00
3. Total independent expenditures made this per					•
Filing Officers Enter the name and address of	each filing	officer with whom th	ne filer's most recent camp	aign statements (Form 450, 460 or 4	61) have been filed.
1) NAME OF FILING OFFICER			3) NAME OF FILING	OFFICER	
Alameda County Registrar of Voters			<u> </u>		
ADDRESS (NO. AND STREET)			ADDRESS	(NO. AND STREET)	**************************************
Campaign Statement 1225 Fallon Street			■		
CITY	STATE	ZIP CODE	CITY		STATE ZIP CODE
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ADDRESS (NO. AND STREET)		**************************************	ADDRESS	(NO. AND STREET)	4
CITY	STATE	ZIP CODE	CITY		STATE ZIP CODE
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				Date of election if ap (Month, Day, Y	ear)	CITY CLERK'S C	- 11	For Offic	cial Use On	ly
1. Committe	e/Filer Information	I.D. NUMBER (If recipient committee)		Treasurer (mmittee)	<u> </u>			
COMMITTEE/FILE	P'S NAME	892160		NAME OF TREASU	RER					-
Internationa	ll Association of Firefighter: Int'l Assoc. of Firefight	r Local 55 Political Action, er Local 55		Mr. Jim Whitt	<u> </u>					
STREET ADDRES	SS (NO P.O. BOX)			MAILING ADDRESS	i					
369 15th Str	reet			369 15th Stre	et					
CITY	STATE	ZIP CODE AREA CODE/PHO	NE	CITY		STATE	ZIP CODE	ARE	A CODE/PH	IONE
Oakland	CA	94612 (510)834-967	2	Oakland		CA	94612	(51	0)834-96	572
	/ E-MAIL ADDRESS			OPTIONAL: FAX/E	:-WAIL ADDRE					
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NAME OF CANDID	DATE			OFFICE SOUGHT OR HEL			ar pieru	4_ - _ 3	SUPPORT	OPPOSE
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NAME OF BALLO	TMEASURE			BALLOT NO./LETTER	JURISDICTI	ON			SUPPORT	OPPOSE
3. Independe	ent Expenditures Made	Attach additional information on appr	opriately i	abeled continuation shee	ets.				IVE TO DA	
DATE	NAME AND ADD	RESS OF PAYEE		DESCRIPTION OF EXPE	ENDITURE	AMO	JNT		DAR YEAR - DEC. 31	
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CITY CLERK'S OFFICE

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Supplemental Independent

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DATE

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Report covers period

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Expenditure Report		to whole do		07/01/2014	FOR	
•				from01/01/2014		
, ,				through 12/31/2014	Page	2 of2
SEE INSTRUCTIONS ON REVERSE					I.D. NUMBE	R (If recipient com.)
NAME OF FILER International Association of Fire	ighter Local 55 Politic	al Action, Sponson	red by: Int'l Assoc. o	f Firefighter Local 55	892160	
4. Summary						
Total independent expenditures	s of \$100 or more made th	is period. (Part 3.).			\$	1,807.58
Total independent expenditures						0.00
						1,807.58
3. Total independent expenditure	s made this period (Add L	ines 1 + 2.)		101A	\L Ψ	
5. Filing Officers Enter the name	o and address of each filing	officer with whom the	e filer's most recent campa	aign statements (Form 450, 460 or 4	61) have be	en filed.
	e and address of each ming		3) NAME OF FILING O			
1) NAME OF FILING OFFICER			b) MANUE OF FIELING	3102		
Alameda County Registrar of Vo	ters , AND STREET)		ADDRESS	(NO. AND STREET)		
Applicac	•		ADDITION	,		
Campaign Statement 1225 Fallon	Street	ZIP CODE	CITY		STATE	ZIP CODE
CITY	CA	94612				
Oakland 2) NAME OF FILING OFFICER		7.022	4) NAME OF FILING	OFFICER		
2) NAME OF FIELD OF FISHER						
ADDRESS (NO	. AND STREET)		ADDRESS	(NO. AND STREET)		
					STATE	ZIP CODE
CITY	STATE	ZIP CODE	CITY		SIAIE	ZIF GODE
6. Verification						
the extreme and defined in Cover	mont Code Section \$2031 ar	id EPPC Regulation L	XZZS. /. I nave used all rea	didate or committee that benefitted fro sonable diligence in preparing and rev enalty of perjury under the laws of the	viewning mus	
Executed on02/02/2015 DATE		Ву	SIGNATURE OF FILER, T	TREASURER OR ASSISTANT TREASURER	<u></u>	
Executed on		BySIGNATURE OF CONTRO	DLLING OFFICEHOLDER, CANDIDATE	E, STATE MEASURE PROPONENT, OR RESPONSIB	LE OFFICER OF	SPONSOR

Ву_

96 Independent E	xpenditure Repo	rt	Amour	Ty nts may	pe or print in ink. he rounded to whole dollars.		DENT EXPENDITURE REPORT
ME OF FILER International Associationsored by: Int'l Ass	The state of the s	mal 55 Polit	ical Actio	on,	Date of This Filing		FORM 496
REA CODE/PHONE NUMBER		I.D. NUMBER (appoonble)	1	Report No. 102712BL	CITY OF SAN LEANDRO) [
		E921	60		Vebote ita:		
(510) 834-9672 REET ADDRESS				- 1	☐ Amendment	OCT 2 9 2012	
369 15th Street					to Report No		
TY		STATE ZI	PCODE		No. of Pages 1	CITY CLERK'S OFFICE	
Oakland, CA 94612	D. D. A. Hanney	<u></u>					
List Only One Candio	date or Bailot Measure				NAME OF BALLOT MEAS	SURE SUPPORTED OR OPPOSED	
NAME OF CANDIDATE SUFF Benny Lee			SUPPORT	OPPOSE	BALLOT NOJLETTER	JURISDICTION	SUPPORT OPPOS
OFFICE SOUGHT OR HELD City Council Mem City of San Lean	ber dro	4	x				
2. Independent Expend	litures Made Attachaddifi	onal <i>iul</i> ormation	on approprist	ely iabel	ed continuation sheets.		AMOUNT
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10/27/2012	Mailer						
							1
							
Reason for Amendment	·						

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

96 Independent i	Expenditure Repor	f Amounts ma	fype or print in ink. ay be rounded to whole dollars.	498 INDEPENDE	NT EXPENDITURE REPORT
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(510) 834-9672 REET ADDRESS 369 15th Street		STATE ZIPCODE	Amendment to Report No. (explain below)	OCT 2 9: 2012 TY CLERK'S OFFICE	
TY Oakland, CA 94612			No. of Pages 1	THE CELLINE OF THE E	
NAME OF CANDIDATE SUF	lidate or Ballot Measure		NAME OF BALLOT MEASU	RE SUPPORTED OR OPPOSED	
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496	Independent	Expenditure	Report
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Type or print in ink. Amounts may be rounded to whole dollars.

36 Independent	Expenditure Rep	port	Ап	ounts may	be rounded	I to whole dollars.		NT EXPENDITURE	REPORT
SIE AE EII FR	ation of Firefighter Assoc. of Firefighter	Local 55 Pol		ion,	Date of This Filin	g10/28/2012	Date Sterrip	FORM A FORM	96
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(510) 834-9672		.89	2160		report.		CITY OF SAN LEANDRO		1
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496	Independent	Expenditure	Report
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Type or print in ink.
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

AME OF FRER International Association of Firefighter Local 55 Political Action, Sponsored by: Int'l Assoc. of Firefighter Local 55			tion,	Date of This Filing 10/28/2012	DateStamp	CALIFORNIA Z FORM	96	
AREA CODE/PHONE NUMBER			R (repplicable)		Report No. 10271200	CITY OF SAN LEANDRO	For Official Use C	Only
(510) 834-9672		89	2160		Report No. 10271200	GILL OF SULF FELLING	1	1
STREET ADDRESS					☐ Amendment	OCT 2 9 2012		
369 15th Street					to Report No			
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