

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

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|---|---|--|------------------------------|--|---|
| NAME OF FILER East Bay Working Families, a coalition of unions and community groups | | Date of This Filing <u>10/23/2020</u> | Date Stamp | <div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold;"> E-Filed 10/23/2020 18:48:22 Filing ID: 193870770 </div> | CALIFORNIA FORM 496 For Official Use Only |
| AREA CODE/PHONE NUMBER (510)236-4616 | I.D. NUMBER (if applicable) 1390351 | Report No. <u>34743</u> | | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | | |
| CITY Richmond | STATE CA | ZIP CODE 94801 | No. of Pages <u>1</u> | | |

1. List Only One Candidate or Ballot Measure

| | | | | | | | |
|--|--------------------------|---------------------|---------------|--|---------------------|----------------|---------------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED Cheryl Davila | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED | | | |
| OFFICE SOUGHT OR HELD City Council Member: City of Berkeley District 2 | DISTRICT NO. 2 | SUPPORT X | OPPOSE | BALLOT NO./LETTER | JURISDICTION | SUPPORT | OPPOSE |

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

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|------------|---|----------|
| 10/12/2020 | Mailer Cumulative to date total \$14179.80 | 4,589.13 |
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| | | |

Reason for Amendment: _____
