Late Independent Expenditure Report

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

LATE INDEPENDENT EXPENDITURE REPORT

CALIFORNIA FORM **496**

For Official Use Only

Date Stamp

NAME OF FILER: Strengthening Our Lives Through Education, Community Action and Civic Participation, a Coalition of Labor Organizations - Candidate PAC

AREA CODE/PHONE NUMBER:

I.D. NUMBER (if applicable): 1285612

STREET ADDRESS: 5429 Madison Avenue

CITY: Sacramento, CA 95841

STATE:

ZIP CODE:

Date of This Filing: 10/31/2006

Report No.: 102306-13

[x] Amendment to Report No. 102306-13 (explain below)

No. of Pages: 2

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED	SUPPORT	OPPOSE
Cindy Chavez OFFICE SOUGHT OR HELD/DISTRICT NO. Mayor City of San Jose	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
10/30/2006	Voter Contact (Estimate 10/22/06 - 11/7/06)	165,508.50

Reason for Amendment: Replaces previous estimate, update estimated voter contact.

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3. Contributions of $100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
10/30/2006	SEIU United Healthcare Workers West PAC (#747285) 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		200,000.00	If loan, enter interest rate, if any _____%
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any _____%
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any _____%
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any _____%
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any _____%
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 496 (Jan/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772

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