

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

Report covers period from <u>01/01/2012</u> through <u>10/20/2012</u> Date of election if applicable: (Month, Day, Year) <u>11/06/2012</u>	Date Stamp SANTA CRUZ COUNTY 12 OCT 29 AM 10:00	CALIFORNIA FORM 465 Page <u>1</u> of <u>4</u> For Official Use Only
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Amendment (Explain Below)

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1297707

Treasurer (If recipient committee)

NAME OF TREASURER
Kristina M. Sermersheim

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
San Jose CA, 95131 (408) 954-8715

COMMITTEE/FILER'S NAME
Service Employees International Union Local 521 Independent Expenditure Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
San Jose CA, 95131 (408) 678-3300

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE Bruce McPherson (I)	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE County Supervisor Santa Cruz County	SUPPORT	OPPOSE X
NAME OF BALLOT MEASURE	BALLOT NO./LETTER JURISDICTION	SUPPORT	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)
10/11/2012	Lester Connect Inc. San Francisco, CA 94121	Mailer	2,540.00	6,190.00
10/17/2012	Pacific Print Resources Emeryville, CA 94608	Mailer	700.00 MEMO Subpayment made through: Lester Connect Inc.	
10/17/2012	Olympic Mailing Santa Clara, CA 95054	Mailer	220.00 MEMO Subpayment made through: Lester Connect Inc.	

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 (Month, Day, Year)
11/06/2012

Date Stamp

CALIFORNIA FORM 465
 Page 2 of 4
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For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 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.

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)
10/17/2012	Lizard Press San Francisco, CA 94103	Mailer	250.00 MEMO Subpayment made through: Lester Connect Inc.	
10/17/2012	Political Data, Inc. Burbank, CA 91502	Data	110.00 MEMO Subpayment made through: Lester Connect Inc.	
10/17/2012	US Postmaster San Mateo, CA 94497	Postage	950.40 MEMO Subpayment made through: Lester Connect Inc.	
10/20/2012	Lester Connect Inc. San Francisco, CA 94121	Mailer	3,650.00	6,190.00
10/20/2012	Pacific Print Resources Emeryville, CA 94608	Mailer	1,149.50 MEMO Subpayment made through: Lester Connect Inc.	
10/20/2012	Olympic Mailing Santa Clara, CA 95054	Mailer	390.50 MEMO Subpayment made through: Lester Connect Inc.	

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DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/20/2012	Lizard Press San Francisco, CA 94103	Mailer	375.00 MEMO Subpayment made through: Lester Connect Inc.	
10/20/2012	US Postmaster San Mateo, CA 94497	Postage	930.60 MEMO Subpayment made through: Lester Connect Inc.	

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from	10/01/2012	
through	10/20/2012	Page <u>4</u> of <u>4</u>
NAME OF FILER Service Employees International Union Local 521 Independent Expenditure Committee		I.D. NUMBER (If recipient com.) 1297707

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	6,190.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL	\$ 6,190.00

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)
Political Reform Division

CITY STATE ZIP CODE
Sacramento, CA 95814

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 10/25/12

Executed on 10/25/12
DATE

Executed on _____
DATE

Executed on _____
DATE

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

By [Signature]
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