

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER <b>SENIOR COALITION</b>		Date of This Filing <b>10/26/12</b>	Date Stamp	<b>CALIFORNIA FORM 496</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>831 476-7135</b>	I.D. NUMBER (if applicable) <b>1241904</b>	Report No. <b>1</b>		
CITY STATE ZIP CODE <b>SANTA CRUZ, CA 95062</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
		No. of Pages <b>1</b>		

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED <b>MEASURE</b>				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED <b>MEASURE L School BOND</b>			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER <b>L</b>	JURISDICTION <b>P.V.S.D.</b>	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
<b>10/21/12</b>	<b>CA. VOTERS GUIDE and mailing</b>	<b>1,250.00</b>
<b>10/25/12</b>	<b>D - MAIL - mailing</b>	<b>1,024.05</b>

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

# 497 Contribution Report

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497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> SENIOR COALITION		<b>Date of This Filing</b> 10/26/12	<b>Date Stamp</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 831 476-7135	<b>I.D. NUMBER (if applicable)</b> 1241904	<b>Report No.</b> 1		
<b>STREET ADDRESS</b> SANTA CRUZ, CA		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>STATE</b> CA <b>ZIP CODE</b> 95062		<b>No. of Pages</b> 1		

## 1. Contribution(s) 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
10/24/12	JOHN MANCINI SANTA CRUZ, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	1,000. <sup>00</sup> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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

**\*\*Contributor Codes**  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

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NAME OF FILER <b>SENIOR COALITION</b>		Date of This Filing <u>10/26/12</u>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only SANTA CRUZ, CA 12 OCT 26 2012
AREA CODE/PHONE NUMBER <u>(831) 476-7135</u>	I.D. NUMBER (if applicable) <u>1241904</u>	Report No. <u>1</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>SANTA CRUZ, CA</u>	STATE <u>CA</u>	ZIP CODE <u>95062</u>	No. of Pages <u>1</u>	

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