

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

FEC MAIL CENTER

2011 FEB - 1 AM 10:09

RECEIVED

1. (a) Name of Individual, Organization or Corporation California State Council of Service Employees		C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1007 7th Street, 4th Floor		
(c) City, State and ZIP Code Sacramento, CA 95814		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		C
Individual filers only Name of Employer _____ Occupation _____		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ 24-Hour Report

☐ October 15 Quarterly Report

☒ January 31 Year-End Report

☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y
10 01 2010

THROUGH

M M / D D / Y Y Y Y
12 31 2010

6. TOTAL CONTRIBUTIONS	0.00
7. TOTAL INDEPENDENT EXPENDITURES	25,558.87

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
 Louise Robbins, Financial Director

SIGNATURE

DATE

Louise Robbins 1/28/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

1103056222

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 4
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
 California State Council of Service Employees

Full Name (Last, First, Middle Initial) of Payee
 California State Council of Service Employees

Date

10 / 09 / 2010

Mailing Address

1007 7th Street, 4th Floor

Amount

80.00

City State Zip Code

Sacramento, CA 95814

Purpose of Expenditure

Pre-GOTV activities.

Category/
Type 007

Office Sought: ☒ House State: CA
☐ Senate District: 3
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Dr. Ami Bera

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 1,131.00

Disbursement For: ☐ Primary ☒ General 10
☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

California State Council of Service Employees

Date

10 / 16 / 2010

Mailing Address

1007 7th Street, 4th Floor

Amount

80.00

City State Zip Code

Sacramento, CA 95814

Purpose of Expenditure

Pre-GOTV activities.

Category/
Type 007

Office Sought: ☒ House State: CA
☐ Senate District: 3
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Dr. Ami Bera

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 1,131.00

Disbursement For: ☐ Primary ☒ General 10
☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

California State Council of Service Employees

Date

10 / 23 / 2010

Mailing Address

1007 7th Street, 4th Floor

Amount

80.00

City State Zip Code

Sacramento, CA 95814

Purpose of Expenditure

Pre-GOTV activities.

Category/
Type 007

Office Sought: ☒ House State: CA
☐ Senate District: 3
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Dr. Ami Bera

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 1,131.00

Disbursement For: ☐ Primary ☒ General 10
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

240.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
 (carry total from last page forward to Line 7)

11030362223

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 4
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
 California State Council of Service Employees

Full Name (Last, First, Middle Initial) of Payee
 JPM&M

Date

10 / 26 / 2010

Mailing Address

921 11th Street, #619

City

State

Zip Code

Sacramento , CA 95814

Amount

23,697.87

Purpose of Expenditure

Voter Guide

Category/
Type 004

Office Sought:

☐ House

State: CA

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barbara Boxer

Calendar Year-To-Date Per Election
for Office Sought

24,427.87

Disbursement For:

☐ Primary

☒ General 10

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

California State Council of Service Employees

Mailing Address

1007 7th Street, 4th Floor

City

State

Zip Code

Sacramento , CA 95814

Date

10 / 30 / 2010

Amount

182.00

Purpose of Expenditure

Door to door canvassing.

Category/
Type 007

Office Sought:

☐ House

State: CA

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barbara Boxer

Calendar Year-To-Date Per Election
for Office Sought

24,427.87

Disbursement For:

☐ Primary

☒ General 10

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

California State Council of Service Employees

Mailing Address

1007 7th Street, 4th Floor

City

State

Zip Code

Sacramento , CA 95814

Date

10 / 30 / 2010

Amount

268.00

Purpose of Expenditure

Door to door canvassing.

Category/
Type 007

Office Sought:

☒ House

State: CA

☐ Senate

District: 3

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Dr. Ami Bera

Calendar Year-To-Date Per Election
for Office Sought

1,131.00

Disbursement For:

☐ Primary

☒ General 10

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

24,147.87

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
 (carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 4
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
 California State Council of Service Employees

Full Name (Last, First, Middle Initial) of Payee
 California State Council of Service Employees

Date

MM / DD / YYYY
 10 / 31 / 2010

Mailing Address

1007 7th Street, 4th Floor

Amount

City State Zip Code

Sacramento , CA 95814

131.00

Purpose of Expenditure

Door to door canvassing.

Category/
Type

007

Office Sought:

☐ House

State: CA

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barbara Boxer

Calendar Year-To-Date Per Election
for Office Sought

24,427.87

Disbursement For:

☐ Primary

☒ General 10

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
 California State Council of Service Employees

Date

MM / DD / YYYY
 10 / 31 / 2010

Mailing Address

1007 7th Street, 4th Floor

Amount

City State Zip Code

Sacramento , CA 95814

92.00

Purpose of Expenditure

Door to door canvassing.

Category/
Type

007

Office Sought:

☒ House

State: CA

☐ Senate

District: 3

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Dr. Ami Bera

Calendar Year-To-Date Per Election
for Office Sought

1,131.00

Disbursement For:

☐ Primary

☒ General 10

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
 California State Council of Service Employees

Date

MM / DD / YYYY
 11 / 01 / 2010

Mailing Address

1007 7th Street, 4th Floor

Amount

City State Zip Code

Sacramento , CA 95814

234.00

Purpose of Expenditure

Door to door canvassing.

Category/
Type

007

Office Sought:

☐ House

State: CA

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barbara Boxer

Calendar Year-To-Date Per Election
for Office Sought

24,427.87

Disbursement For:

☐ Primary

☒ General 10

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

457.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
 (carry total from last page forward to Line 7)

11030562225

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 4
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
 California State Council of Service Employees

Full Name (Last, First, Middle Initial) of Payee
 California State Council of Service Employees

Date

11 / 01 / 2010

Mailing Address

1007 7th Street, 4th Floor

Amount

323.00

City

State

Zip Code

Sacramento , CA 95814

Purpose of Expenditure

Door to door canvassing.

Category/
Type

007

Office Sought:

☒ House

State: CA

☐ Senate

District: 3

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Dr. Ami Bera

Calendar Year-To-Date Per Election
for Office Sought

1,131.00

Disbursement For:

☐ Primary

☒ General 10

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

California State Council of Service Employees

Date

11 / 02 / 2010

Mailing Address

1007 7th Street, 4th Floor

Amount

183.00

City

State

Zip Code

Sacramento , CA 95814

Purpose of Expenditure

Door to door canvassing.

Category/
Type

007

Office Sought:

☐ House

State: CA

☒ Senate

District: 3

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barbara Boxer

Calendar Year-To-Date Per Election
for Office Sought

24,427.87

Disbursement For:

☐ Primary

☒ General 10

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

California State Council of Service Employees

Date

11 / 02 / 2010

Mailing Address

1007 7th Street, 4th Floor

Amount

208.00

City

State

Zip Code

Sacramento , CA 95814

Purpose of Expenditure

Door to door canvassing.

Category/
Type

007

Office Sought:

☒ House

State: CA

☐ Senate

District: 3

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Dr. Ami Bera

Calendar Year-To-Date Per Election
for Office Sought

1,131.00

Disbursement For:

☐ Primary

☒ General 10

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

714.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
 (carry total from last page forward to Line 7)

25,558.87

11030562226

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>ups</i>	Shipping Date <i>1/31/11</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>[Signature]</i> PREPARER	<i>2/1/11</i> DATE PREPARED

(3/2005)

11030562227