

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Students for Education Reform (SFER) Action Network		Date of This Filing <u>08/18/2016</u>	Date Stamp	<div style="border: 2px solid black; padding: 5px; color: red; font-weight: bold;"> E-Filed 08/18/2016 15:47:09 Filing ID: 161209543 </div>	CALIFORNIA FORM 496
AREA CODE/PHONE NUMBER (347) 466-2293	I.D. NUMBER (if applicable) 1368259	Report No. <u>643295-RB</u>			For Official Use Only
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY New York	STATE NY	ZIP CODE 10036	No. of Pages <u>2</u>		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Tom Panas				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD School Board, W. Contra Costa USD: Contra Costa County	DISTRICT NO.	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
08/16/2016	Field Expenses (Estimated Cost) Cumulative to date total \$1930.60	911.30
08/17/2016	Field Expenses (Estimated Cost) Cumulative to date total \$1930.60	1,019.30

Reason for Amendment: _____

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NAME OF FILER
Students for Education Reform (SFER) Action Network

I.D. NUMBER (If applicable)
1368259

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
08/04/2016	Parent Teacher Alliance Sacramento, CA 95814 Committee ID# 1367043	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,800.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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