**Recipient Committee** Date Stamp **CALIFORNIA** Campaign Statement **Cover Page** (Government Code Sections 84200-84216.5) Date of election if applicable: Statement covers period (Month, Day, Year) 10/23/2022 For Official Use Only through \_ 12/31/2022 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Quarterly Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure State Candidate Election Committee Committee X Semi-annual Statement Special Odd-Year Report Recall Controlled Termination Statement Supplemental Preelection (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ (X) Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1415174 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Education Workers United for Quality Schools sponsored by Service Max Arias Employees International Union Local 99 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE CA 90005 Los Angeles NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE AREA CODE/PHONE Lester Garcia (213)387-8393 Los Angeles CA 90005 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY CITY STATE ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE STATE 90005 (213)387-8393 CA Sacramento CA 95814 Los Angeles OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS compliance@olsonremcho.com 4. Verification and in the attached schedules is true and complete. I certify I have used all reasonable diligence in preparing and reviewing this statement and to the best of my ki under penalty of perjury under the laws of the State of California that the foregoing is true and correct, Executed on Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on \_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE-PART2
CALIFORNIA FORM	460
Page2	of <u>15</u>

Officeholder or Candidate Controlled Com	nmittee	6.	Primarily Formed Ballot M	easure Co	mmittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JU	JRISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling officeho	older, candid	ate, or state measu	re proponent, if ar
	<del></del>		NAME OF OFFICEHOLDER, CANDIDA	ŢE, OR PROPO	NENT	
Related Committees Not Included in this s not included in this statement that are controlled by yo contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER					
·						
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMMITTEE?  YES NO  BOX)	7.	Primarily Formed Candida officeholder(s) or candidate(s) for	which this co		D SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	☐ YES ☐ NO	7.	officeholder(s) or candidate(s) for	Which this co	mmittee is primarily fo	D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES NO	7.	officeholder(s) or candidate(s) for  NAME OF OFFICEHOLDER OR CANDI	Which this con IDATE OF	mmittee is primarily for	D SUPPORT OPPOSE  D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZII	P CODE AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR CANDI	Which this con IDATE OF IDATE OF	mmittee is primarily for HEL	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZII  COMMITTEE NAME	P CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	7.	NAME OF OFFICEHOLDER OR CANDI NAME OF OFFICEHOLDER OR CANDI NAME OF OFFICEHOLDER OR CANDI	Which this con IDATE OF IDATE OF	mmittee is primarily for HELE SOUGHT OR HELE SOUGHT OR HELE SOUGHT OR HELE SOUGHT OR HELE	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Education Workers United for Quality Schools sponsored by Service Employees International Union Local 99

12/31/2022

Page 3 of 15

I.D. NUMBER

1415174

Contributions Received	COLUMN A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		COlumn B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$ 225,000.00	\$	1,325,000.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3	0.00		0.00	171 through 6/30 771 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 225,000.00	\$	1,325,000.00	20. Contributions  Received \$ \$
4. Nonmonetary Contributions	0.00		0.00	21 Eynenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 225,000.00	\$	1,325,000.00	Made \$ \$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 428,677.80	\$	1,327,096.23	Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 428,677.80	\$	1,327,096.23	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	-69,443.64		9,032.18	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 359,234.16	\$	1,336,128.41	<b>\$</b>
Current Cash Statement				<b>\$</b>
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 207,896.03	То	calculate Column B, add	
13. Cash Receipts	225,000.00		nounts in Column A to the rresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	428,677.80		oort. Some amounts in slumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4,218.23	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.		subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts		·
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00			
Cash Equivalents and Outstanding Debts	-	fro an	m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse	•		, i	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 9,032.18		£,	
		ı		FPPC Form 460 (Jan/2016)

FPPC Form 460 (Jan/2016)

Schedule A Monetary Contributions Received			s may be rounded whole dollars.	Statement cover	-	CALIFORNIA 460		
SEE INSTRUCTIONAME OF FILER	INS ON REVERSE	<u> </u>		through _12/31/20	022	Page _	4 of15	
Education Wo	orkers United for Quality Schools sponsored by Se	rvice Employe	es International Union Loc	al 99		141517	74	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/28/2022	Service Employees International Union Local 99 (Non Profit 501 (c)(5)) (ID# 1343155) Los Angeles, CA 90005	□IND  IND  IND  OTH  IND  PTY  IND  IND  IND  IND  IND  IND  IND  IN		225,000.00	1,225,	000.00		
		☐IND ☐COM ☐OTH ☐PTY —☐SCC—						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
,		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL\$	225,000.00				
1. Amount red	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	225,000.00	IND-			
<ol> <li>Amount red</li> <li>Total mone</li> </ol>	ceived this period – unitemized monetary contributions stary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	of less than \$	100 \$		PTY	- Other (e - Political I	e.g., business entity)	

FPPC Form 460 (Jan/2016)

	le C netary Contributions Received		Amounts may be rounded to whole dollars.	Statement covers  from	022	CALIFORNIA 460 FORM Page 5 of 15		
NAME OF FILE							I.D. NUMBI	ER
Pduseties	Workers United for Quality Schools spons	ared by Corn	rice Employees Internativ	onal Union Local	9.0		1415174	4
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)	DESCRIPTION OF GOODS OR SERVICE	AMOUNT/	CALEN	ATIVE TO DATE DAR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2022	Service Employees International Union Local 99  Los Angeles, CA 90005  Bill paid by third party	□IND □COM □OTH □PTY □SCC		Legal and Reporting Service	1,580.9 Mem		6,555.26	
		☐IND ☐COM —☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
Attach ad	ditional information on appropriately label	ed continuati	on sheets.	SUBTOTA	<b>\L\$</b> 0.00		# i.g	1. 1. 47 mg
Amount (Include     Amount)	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)	••••••				00 OT		t Committee an PTY or SCC) g , business entity)
3. Total nor (Add Lin	monetary contributions received this period. es 1 and 2. Enter here and on the Summary	Page, Colum	n A, Lines 4 and 10.)	TOTAL	\$0.			ntributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	SCHEDULE D
Statement covers period	CALIFORNIA 460
from10/23/2022	FORM TOO
through	Page 6 of 15
	I.D. NUMBER
	1

DATE	NAME OF CANDIDATE, OFI MEASURE NUMBER OR LET OR COMI	TER AND JURISDICTION,	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DEC	YEAR TO	ELECTION O DATE REQUIRED)
10/24/2022	Maria Brenes Board Member Los Angeles USD District 2	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Mailer	86,800.00	1,138,	188.65	
10/28/2022	Maria Brenes Board Member Los Angeles USD District 2	☐ Oppose	Contribution  Nonmonetary Contribution  Independent Expenditure	Digital Ads	35,000.00	1,138,	188.65	
11/02/2022	Maria Brenes Board Member Los Angeles USD District 2	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Social Media and Digital Ads	42,500.00	1,138,	188.65	
				SUBTOTAL \$	164,300.00			

2. Unitemized contributions and independent expenditures made this period of under \$100......\$

FPPC Form 460 (Jan/2016)

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

State	ment covers period		CALIFORNIA	460
from	10/23/2022		FORM	700
	10/31/3033		_	
through_	12/31/2022	<b>-</b>	Page	of15

SCHEDULE D (CONT.)

				through12/31/20	-	Page of
NAME OF FILER		·····				I.D. NUMBER
Education W	orkers United for Quality Schools sponsored by	Service Employee	s International Union Loc	al 99		1415174
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE T CALENDAR \(\) (JAN. 1 - DEC	YEAR TO DATE
11/05/2022	Maria Brenes Board Member Los Angeles USD District 2  X Support Oppose	Monetary Contribution Nonmonetary Contribution X Independent Expenditure	Mailer	36,850.49	1,138,	188.65
11/07/2022	Maria Brenes Board Member Los Angeles USD District 2	Monetary Contribution Nonmonetary Contribution  Independent Expenditure	Doorhanger	14,750.00	1,138,	188.65
11/05/2022	Support Oppose  Gabriel Buelna Board Member Los Angeles CCD District 6  X Support Oppose		Mailer	5,847.14	5,	847.14
10/24/2022	Kelly Gonez Board Member Los Angeles USD District 6  X Support Oppose	Monetary Contribution Nonmonetary Contribution X Independent Expenditure	Mailer	36,894.86	45,	894.86
		<u> </u>	SUBTOTAL	\$ 94,342.49		

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

	SCHEDULE D (CONT.
Statement covers period	CALIFORNIA 460
from10/23/2022	FORM TOU
through 12/31/2022	Page8 of15
	I.D. NUMBER

NAME OF FILER Education W	orkers United for Quality Schools sponsored by	Service Employee	s International Union Local	99		IUMBER 5174
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	
11/05/2022	Sara Hernandez Board Member Los Angeles CCD District 4	Monetary Contribution Nonmonetary Contribution Independent	Mailer	5,847.14	5,847.	1.4
11/05/2022	X Support Oppose  Kelsey Iino Board Member Los Angeles CCD District 7  X Support Oppose	Expenditure  Monetary Contribution  Nonmonetary Contribution  Independent Expenditure	Mailer	5,847.15	5,847.	15
10/23/2022	Laurie Lieberman Board Member Santa Monica-Malibu USD  X Support  Oppose	Monetary Contribution  Nonmonetary Contribution Independent Expenditure	Mailer	7,148.21	8,148.	21
10/23/2022	Alicia Mignano Board Member Santa Monica-Malibu USD   X Support	Monetary Contribution  Nonmonetary Contribution Independent Expenditure	Mailer	7,148.21	8,148.	21
			SUBTOTAL \$	25,990.71		p

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

NAME OF FILER						I.D. NUME	BER
Education W	orkers United for Quality Schools sponsored by	Service Employee	s International Union Local	99		141517	4
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
11/05/2022	Rocio Rivas Board Member Los Angeles USD District 2  Support X Oppose	Monetary Contribution Nonmonetary Contribution  Independent Expenditure	Mailer	12,283.50	. 12	,283.50	
11/14/2022	Service Employees International Union Local 99 Independent Expenditure PAC  X Support  Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		60,000.00	60	,000.00	
10/23/2022	Richard Tahvildaran-Jesswein Board Member Santa Monica-Malibu USD  X Support	Monetary Contribution  Nonmonetary Contribution Independent Expenditure	Mailer	7,148.21	8	,148.21	
11/05/2022	Steve Veres Board Member Los Angeles CCD District 2  X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Mailer	5,847.14		,847.14	
	· · · · · · · · · · · · · · · · · · ·		SUBTOTAL \$	85,278.85			7.00 W

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/23/2022

through 12/31/2022

Page 10 of 15

I.D. NUMBER

NAME OF FILER				,		I.D. NUMBI	ER
Education W	Orkers United for Quality Schools sponsored by	Service Employee	s International Union Local	99		1415174	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
11/02/2022	Jess Weihe Board Member Ventura County CCD District 2  X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Mailer	18,389.00	18,	,389.00	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
-	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL \$	18,389.00			

FPPC Form 460 (Jan/2016)

Schedule E					National Colors		SCHEDULE E
Payments Made	Amounts may be rounded to whole dollars.			fro	m10/23/2022	FOF	
EE INSTRUCTIONS ON REVERSE				thre	ough12/31/2022	Page3	of 15
AME OF FILER						I.D. NUM	BER
Education Workers United for Quality Schools sponsored h	by Service Employ	yees Inte	rnational Union	n Local 99		141517	4
CODES: If one of the following codes accurately describes	s the payment, vo	ou mav ei	nter the code. C	Otherwise.	describe the payment.		
campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* EG legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearan uses lating s survey rese ivery and n	s ces	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and producti returned contributions campaign workers' salari t.v. or cable airtime and p candidate travel, lodging, staff/spouse travel, lodgin	es production costs and meals ag, and meals tees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID
malgamated Bank		OFC					125.98
ew York, NY 10001							
•							
malgamated Bank	-	OFC					98.54
ew York, NY 10001							
malgamated Bank		OFC					102.23
ew York, NY 10001							
Payments that are contributions or independent expenditures in	nust also be summ	arized on	Schedule D.			SUBTOTAL\$	326.75
Schedule E Summary							
. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	428,627.80
. Unitemized payments made this period of under \$100						\$	50.00
. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Columi	n (e).)		•••••	\$	0.00

EDDO T-II F--- II-I-II--- 000/4 01/ EDDO (000/07F 0770)

SCHEDULE E (CONT.)

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Education Workers United for Quality Schools sponsored by Service Employees International Union Local 99

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RAD meetings and appearances RFD returned contributions CNS campaign consultants CTB contribution (explain nonmonetary)\* campaign workers' salaries OFC office expenses SAL petition circulating t.v. or cable airtime and production costs CVC civic donations PET TEL candidate travel, lodging, and meals phone banks TRC FIL candidate filing/ballot fees PHO polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events POL transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF POS professional services (legal, accounting) VOT voter registration LEG legal defense PRO information technology costs (internet, e-mail) print ads campaign literature and mailings PRT

NAME AND ADDRESS OF PAYEE (IF-COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DESCRIPTION OF PAYMENT AMOU					
BT Strategies. Inc.	IND	Mailer/Support/Kelly Gonez	36,894.86				
South Pasadena, CA 91031							
BT Strategies. Inc.	IND	Mailer and Digital Ads/Support/Maria Brenes	121,800.00				
South Pasadena, CA 91031							
BT Strategies. Inc. South Pasadena, CA 91031	CTB.	Mailer; In-Kind Contribution to Various Candidates, see Schedule D	21,444.63				
BT Strategies. Inc.	IND	Social Media and Digital Ads/Support/Maria Brenes	42,500.00				
South Pasadena, CA 91031							
BT Strategies Inc	IND	Mailer/Support/Jess Weihe	18,389.00				
South Pasadena, CA 91031							

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

241,028.49

SCHEDITIE E (CONT.)

## Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from10/23/2022	FORM TOO
through 12/31/2022	Page 13 of 15
	I.D. NUMBER
al 99	1415174

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Education Workers United for Quality Schools sponsored by Service Employees International Union Loc

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. returned contributions CNS campaign consultants MTG meetings and appearances RFD campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses SAL petition circulating t.v. or cable airtime and production costs CVC civic donations PET TEL candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks TRC FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND POS LEG PRO professional services (legal, accounting) VOT voter registration legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

. [		
IND	Digital Ads/Support/Maria Brenes	40,000.00
IND	Mailer/Support/Sara Hernandez, Steve Veres, Gabriel Buelna, Kelsey Iino	23,388.57
IND	Mailer/Support/Maria Brenes/Oppose/Rocio Rivas	49,133.99
		-
IND	Doorhanger/Support/Maria Brenes	14,750.00
CTB	,	60,000.00
	IND	IND Mailer/Support/Sara Hernandez, Steve Veres, Gabriel Buelna, Kelsey Iino  IND Mailer/Support/Maria Brenes/Oppose/Rocio Rivas  IND Doorhanger/Support/Maria Brenes

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

187,272.56

Schedule F Accrued Expenses (Unpaid Bills)  SEE INSTRUCTIONS ON REVERSE	Amounts may be round to whole dollars.	ded	Statement cove  from10/23/2  through12/31/2	2022 FC	ORNIA 460
NAME OF FILER				I.D. NUM	BER
Education Workers United for Quality Schools sponsored by	oy Service Employees Inte	ernational Union Loc	cal 99	14151	74
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey resi POS postage, delivery and PRO professional services ( PRT print ads	nces earch messenger services	RAD radio airtime an returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave staff/spouse tra transfer between VOT voter registration	nd production costs buttons ters' salaries time and production cost of lodging, and meals ovel, lodging, and meals on committees of the sar	me candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
BT Strategies. Inc. South Pasadena, CA 91031	IND Mailer/Support/Kelly Gonez	36,894.86	0.00	36,894.86	0.0
BT Strategies, Inc. South Pasadena, CA 91031	IND Digital Ads/Support/Maria Brenes	40,000.00	0.00	40,000.00	0.1
Olson Remcho, LLP Sacramento, CA 95814	PRO	869.00	-869.00	0.00	0.6
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	77,763.86\$	-869.00\$	76,894.86\$	0.0
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all S	chedule F. Column (b) su	btotals for			
accrued expenses of \$100 or more, plus total unitemized a			INCU	RRED TOTALS $\$$ _	7,451.22
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p</li></ol>				PAID TOTALS \$_	76,894.86
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)				NET \$	-69,443.64 ay be a negative number

Schedule F	
(Continuation S	heet)
Accrued Expens	ses (Unpaid Bills)
-	

NAME OF FILER

Amounts may be rounded to whole dollars.

**CALIFORNIA** Statement covers period FORM 10/23/2022 through 12/31/2022 Page 15 of 15 I.D. NUMBER Education Workers United for Quality Schools sponsored by Service Employees International Union Local 99 1415174

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CNS CTB CVC FIL FND	campaign paraphernalia/misc, campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events	OFC PET PHO POL	petition circulating phone banks polling and survey research	RFD SAL TEL TRC TRS	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals
FND		POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
<b>LEG</b>	legal defense	PRO	professional services (legal, accounting)		voter registration
ய	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Olson Remcho. LLP	PRO	711.96	-711.96	0.00	0.00
Sacramento, CA 95814				-	50
Olson Remcho. LLP	PRO	0.00	9,032.18	0.00	9,032.18
Sacramento, CA 95814					
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	·				
				-	-,
	SUBTOTALS	\$ 711.96	8,320.22	0.00	\$ 9,032.18