

Statement of Organization Recipient Committee

Type or print in ink

Statement Type

Initial

Not yet qualified or

Date qualified as committee

Amendment

List I.D. number:

1394881
3/30/2017

Date qualified as committee
(If applicable)

Termination - See Part 5

List I.D. number:

1394881
12/31/2018

Date of Termination

Date Stamp	CALIFORNIA FORM 410
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1. Committee Information

NAME OF COMMITTEE

Citizens Supporting Gavin Newsom for Governor 2018, sponsored by Labor Organizations and Blue Shield of California

STREET ADDRESS (NO P. O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Novato	CA	94949-5731	415-884-5500

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS
415-884-5501 / nwarren@wepacca.com

COUNTY OF DOMICILE Marin	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE California
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Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Oscar Lopez

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	415-884-5500

NAME OF ASSISTANT TREASURER, IF ANY

Nancy L Warren

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Novato	CA	94949-5731	415-884-5500

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Peter Ragone

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Novato	CA	94949-5731	415-884-5500

3. Verification

I have used all reasonable diligence in preparing 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 01/29/2019
DATE

By Nancy L Warren
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/29/2019
DATE

By Oscar Lopez
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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NAME OF COMMITTEE

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STREET ADDRESS (NO P. O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Bryan Blum

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Oakland CA 94610 510-663-4000

3. Verification

I have used all reasonable diligence in preparing 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 _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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STREET ADDRESS (NO P. O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Oscar Lopez

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95814 415-884-5500

3. Verification

I have used all reasonable diligence in preparing 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 _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Citizens Supporting Gavin Newsom for Governor 2018, sponsored by Labor Organizations and Blue Shield of California

I.D. NUMBER

1394881

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION Bank of San Francisco	AREA CODE/PHONE 415-744-6700	BANK ACCOUNT NUMBER	
ADDRESS	CITY San Francisco	STATE CA	ZIPCODE 94105

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Gavin Newsom	Seeking: Governor Statewide	SUPPORT X	OPPOSE
		SUPPORT	OPPOSE

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COMMITTEE NAME

Citizens Supporting Gavin Newsom for Governor 2018, sponsored by Labor Organizations and Blue Shield of California

I.D. NUMBER

1394881

4. Type of Committee (Continued)**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

California School Employees Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Labor Organization

STREET ADDRESS

NO. AND STREET

CITY

San Jose

STATE

CA

ZIP CODE

95131

Small Contributor Committee

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditure in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Citizens Supporting Gavin Newsom for Governor 2018, sponsored by Labor Organizations and Blue Shield of California

I.D. NUMBER

1394881

4. Type of Committee (Continued)**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Service Employees International Union Local 1000

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Labor Organization

STREET ADDRESS

NO. AND STREET

CITY

Sacramento

STATE

CA

ZIP CODE

95811

Small Contributor Committee

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

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COMMITTEE NAME

Citizens Supporting Gavin Newsom for Governor 2018, sponsored by Labor Organizations and Blue Shield of California

I.D. NUMBER

1394881

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

SEIU Local 2015

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Labor Organization

STREET ADDRESS

NO. AND STREET

CITY

Los Angeles

STATE

CA

ZIP CODE

90057

Small Contributor Committee

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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COMMITTEE NAME

Citizens Supporting Gavin Newsom for Governor 2018, sponsored by Labor Organizations and Blue Shield of California

I.D. NUMBER

1394881

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

SEIU California State Council

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Labor Organization

STREET ADDRESS

NO. AND STREET

CITY

Sacramento

STATE

CA

ZIP CODE

95814

Small Contributor Committee

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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I.D. NUMBER

1394881

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

California Labor Federation, AFL-CIO

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Labor Organization

STREET ADDRESS

NO. AND STREET

CITY

Oakland

STATE

CA

ZIP CODE

94610

Small Contributor Committee

Date qualified

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Citizens Supporting Gavin Newsom for Governor 2018, sponsored by Labor Organizations and Blue Shield of California

I.D. NUMBER

1394881

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR

United Domestic Workers of America

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Labor Organization

STREET ADDRESS

NO. AND STREET

CITY

San Diego

STATE

CA

ZIP CODE

92115

Small Contributor Committee

Date qualified

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COMMITTEE NAME

Citizens Supporting Gavin Newsom for Governor 2018, sponsored by Labor Organizations and Blue Shield of California

I.D. NUMBER

1394881

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR
Blue Shield of CaliforniaINDUSTRY GROUP OR AFFILIATION OF SPONSOR
Insurance provider

STREET ADDRESS

NO. AND STREET

CITY

Sacramento

STATE

CA

ZIP CODE

95814

Small Contributor Committee

Date qualified

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