

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)
SEE INSTRUCTIONS ON REVERSE

COPY

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment No 001
Report No SIE49-71020

Amendment (Explain Below)
Added Account
expenses

Report covers period from <u>07/01/2007</u> through <u>10/20/2007</u> Date of election if applicable: (Month, Day, Year) <u>11/06/2007</u>	Date Stamp RECEIVED NOV - 1 2007 CITY CLERK'S OFFICE CITY OF BENICIA	CALIFORNIA 1994 FORM 465 1/4 For Official Use Only
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1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1297806

NAME OF FILER
United Workers for Local Government A coalition of education, healthcare, public safety, civil

STREET ADDRESS (NO P.O. BOX)

ZIP CODE AREA CODE/PHONE
Walnut Creek CA 94596 ()

OPTIONAL: FAX/E-MAIL ADDRESS
()

Treasurer (if recipient committee)

NAME OF TREASURER
Ben Espinoza

MAILING ADDRESS
1990 N. California Blvd., Suite 830

CITY STATE ZIP CODE AREA CODE/PHONE
Walnut Creek CA 94596 (707) 644-8423

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD	CHECK ONE	
		SUPPORT	OPPOSE
<u>Bill Whitney</u>	<u>Mayor</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.
Please see attached pages

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>7/01/2007</u>	CALIFORNIA 1994 FORM 465
through <u>10/20/07</u>	214
	I.D. NUMBER (If Recipient Com.) 1297806

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NAME OF FILER

United Workers for Local Government A coalition of education, healthcare, public safety,
civil's sponsored by

4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3)	\$ <u>7971.47</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ <u>7971.47</u>

5. Filing Officers

Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

Please see attached pages

Solano County Registrar of Voters
675 Texas Street, Suite 2600
Fairfield CA 94533

Department of Elections-
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, City Hall - Rm 48
San Francisco, CA 94102

Secretary of State
Political Reform Division
1500 11th Street, Room 495
Sacramento, CA 95814

Registrar-Recorder of Los Angeles
Campaign Reporting Unit
12400 Imperial Highway
Norwalk, CA 90650

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10/28/2007
DATE

By Shauna Reed
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

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

Executed on _____
DATE

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

Executed on _____
DATE

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

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from 7/01/2007
through 10/20/2007

Date Stamp

CALIFORNIA 1994 FORM **465**
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For Official Use Only

For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
09/26/2007	Political Data Inc. PO Box 1706 Burbank CA 91507 Reference No:	Mailers postage delivery	139.10	139.10
10/15/2007	1780 Creekside Oaks Drive Sacramento CA 95833 Reference No:		827.71	827.71
10/15/2007	1780 Creekside Oaks Drive Sacramento CA 95833 Reference No:		562.84	562.84
10/15/2007	1780 Creekside Oaks Drive Sacramento CA 95833 Reference No:		356.79	356.79
10/15/2007	1780 Creekside Oaks Drive Sacramento CA 95833 Reference No:		356.79	356.79
10/15/2007	Firefighters Print and Design 1780 Creekside Oaks Drive Sacramento CA 95833 Reference No:		1073.00	1073.00
10/15/2007	Firefighters Print and Design 1780 Creekside Oaks Drive Sacramento CA 95833 Reference No:		1101.02	1101.02
10/15/2007	Firefighters Print and Design 1780 Creekside Oaks Drive Sacramento CA 95833 Reference No:		1342.19	1342.19

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DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
10/15/2007	Firefighters Print and Design 1780 Creekside Oaks Drive Sacramento CA 95833 Reference No:	Mailer, postage	2212.03	2212.03