

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER City of Benicia Police Officers Association PAC		Date of This Filing 10/19/2016	Date Stamp OCT 20 2016	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1387527	Report No. 101816LL	CITY CLERK'S OFFICE CITY OF BENICIA	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		No. of Pages 1
CITY Benicia	STATE CA	ZIP CODE 94510		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Lionel Largaespada				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member: Benicia, CA	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
10/18/2016	Mailer Cumulative to date total \$4011.37	3,225.62

Reason for Amendment: _____