

Late Independent Expenditure Report

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

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 741 AND THE VALERO REFINING COMPANY AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) 1280947		Date of This Filing 11/03/2005 Report No. 15 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 2	Date Stamp RECEIVED NOV - 3 2005	CALIFORNIA FORM 496 For Official Use Only
STREET ADDRESS _____				
CITY BENICIA, CA	STATE CA	ZIP CODE 95806		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED ALAN SCHWARTZMAN			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED _____			
OFFICE SOUGHT OR HELD/DISTRICT NO. City Council Member CITY OF BENICIA	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
11/02/2005	LITERATURE	2,947.62
11/02/2005	LITERATURE AND SIGNS	833.33
11/02/2005	LITERATURE AND SIGNS	860.11
11/02/2005	SIGNS	2,780.96

SOS Political Reform Division
 FAX (916) 653-5045
 S.F. Department of Elections
 FAX (415) 554-7344
 L.A. County Registrar/Recorder
 FAX (562) 651-2548
 Benicia City Clerk
 FAX (707) 747-8120

Reason for Amendment: _____

T-094 P.001/002 F-275

4157327701

From-THE SUTTON LAW FIRM

Nov-03-2005 18:58

Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

CALIFORNIA	496
FORM	
I.D. NUMBER (if applicable)	
1280947	

NAME OF FILER
 COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 343 AND THE VALERO REFINING COMPANY

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
10/27/2005	VALERO REFINING CO. - CA 3400 EAST SECOND ST. BENICIA, CA 94510	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		35,000.00	If loan, enter interest rate, if any _____%
11/01/2005	WEST COAST HOMEBUILDERS, INC. 4021PORT CHICAGO HWY. CONCORD, CA 94524	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15,000.00	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 _____%

*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

www.netfile.com

FPPC Form 496 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC
 866/275-3772

Nov-09-2005 18:59 From:THE SUTTON LAW FIRM 4157327701 T-094 P.002/002 F-275

Late Independent Expenditure Report

Type or print in ink.
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LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 741 AND THE VALERO REFINING COMPANY AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) _____ 1280947		Date of This Filing 11/03/2005 Report No. 16 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 2	Date Stamp RECEIVED NOV - 3 2005 CITY CLERK'S OFFICE CITY OF BENICIA	CALIFORNIA FORM 496 For Official Use Only
STREET ADDRESS _____ _____				
CITY BENICIA, CA 95806	STATE CA	ZIP CODE 95806		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED MARK HUGHES			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED _____			
OFFICE SOUGHT OR HELD/DISTRICT NO. County Counsel CITY OF BENICIA	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
11/02/2005	SIGNS	2,780.96
11/02/2005	LITERATURE AND SIGNS	860.11
11/02/2005	LITERATURE AND SIGNS	833.33
11/02/2005	LITERATURE	2,947.62

SOS Political Reform Division
 FAX (916) 653-5045
 S.F. Department of Elections
 FAX (415) 554-7344
 L.A. County Registrar/Recorder
 FAX (562) 651-2548
 Benicia City Clerk
 FAX (707) 747-2130

Reason for Amendment: _____

T-094 P.001/002 F-274

4157327701

From-THE SUTTON LAW FIRM

Nov-03-2005 18:58

Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

CALIFORNIA FORM	496
I.D. NUMBER (If applicable)	
1280947	

NAME OF FILER
 COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 343 AND THE VALERO REFINING COMPANY

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
10/27/2005	VALERO REFINING CO. - CA 3400 EAST SECOND ST. BENICIA, CA 94510	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		35,000.00	If loan, enter interest rate, if any _____ %
11/01/2005	WEST COAST HOMEBUILDERS, INC. 4021PORT CHICAGO HWY. CONCORD, CA 94524	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15,000.00	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 _____ %
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*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

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www.netfile.com

FPPC Form 496 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC
 866/275-3772

Nov-03-2005 18:58 From:THE SUTTON LAW FIRM 4157327701 T-094 P.002/002 F-274

T-084 P.001/002 F-276

4157327701

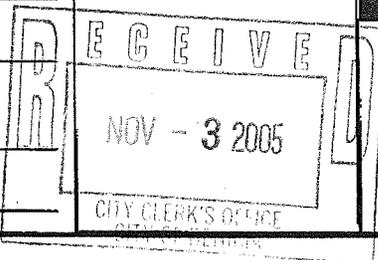
From THE SUTTON LAW FIRM

Nov-03-2005 18:59

Late Independent Expenditure Report

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

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 747 AND THE VALERO REFINING COMPANY AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) 1280947	Date of This Filing 11/03/2005	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
STREET ADDRESS			Report No. 17		
CITY BENICIA, CA	STATE CA	ZIP CODE 95806	<input type="checkbox"/> Amendment to Report No. (explain below)		No. of Pages 2

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED DAN SMITH			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD/DISTRICT NO. City Council Member CITY OF BENICIA	SUPPORT	OPPOSE X	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
11/02/2005	LITERATURE AND SIGNS	833.34
11/02/2005	LITERATURE AND SIGNS	860.11
11/02/2005	LITERATURE	5,261.40

SOS Political Reform Division
 FAX (916) 653-5045
 S.F. Department of Elections
 FAX (415) 554-7344
 D.L.A. County Registrar/Recorder
 FAX (562) 651-2548
 Benicia City Clerk
 FAX (707) 747-8120

Reason for Amendment: _____

Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

CALIFORNIA FORM	496
I.D. NUMBER (if applicable)	
1280947	

NAME OF FILER
 COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND
 STEAMFITTERS LOCAL 343 AND THE VALERO REFINING COMPANY

3. Contributions of \$100 or More Received *

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
10/27/2005	VALERO REFINING CO. - CA 3400 EAST SECOND ST. HENICIA, CA 94510	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		35,000.00	If loan, enter interest rate, if any _____ %
11/01/2005	WEST COAST HOMEBUILDERS, INC. 4021PORT CHICAGO HWY. CONCORD, CA 94524	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15,000.00	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 _____ %

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

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 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 496 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC
 866/275-3772

Nov-03-2005 18:59 From:THE SUTTON LAW FIRM 4157327701 T-094 P.002/002 F-276

Late Independent Expenditure Report

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LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 143 AND THE VALERO REFINING COMPANY AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) 1280947		Date of This Filing <u>11/04/2005</u>	Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 4 2005 </div>	CALIFORNIA FORM 496 For Official Use Only
STREET ADDRESS _____		Report No. <u>19</u>		
CITY STATE ZIP CODE BENICIA, CA 95806		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
		No. of Pages <u>1</u>		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED DAN SMITH			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD/DISTRICT NO. City Council Member CITY OF BENICIA	SUPPORT	OPPOSE X	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
11/04/2005	LITERATURE	860.11
11/04/2005	LITERATURE	833.33
11/04/2005	LITERATURE <input type="checkbox"/> SOS Political Reform Division FAX (916) 653-5045 <input type="checkbox"/> S.F. Department of Elections FAX (415) 554-7344 <input type="checkbox"/> L.A. County Registrar/Recorder FAX (562) 651-2548 <input checked="" type="checkbox"/> <u>Benicia City Clerk</u> FAX (707) 743-8120	4,557.87

Reason for Amendment: _____

Late Independent Expenditure Report

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

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 743 AND THE VALERO RESINING COMPANY AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) 1280947		Date of This Filing 11/04/2005 Report No. 20 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	Date Stamp RECEIVED NOV - 4 2005 CITY CLERK'S OFFICE CITY OF BENICIA	CALIFORNIA FORM 496 For Official Use Only
STREET ADDRESS _____ CITY BENICIA, CA STATE CA ZIP CODE 95806				

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED MARK HUGHES		NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED				
OFFICE SOUGHT OR HELD/DISTRICT NO. County Counsel CITY OF BENICIA	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
11/03/2005	LITERATURE	833.33
11/03/2005	LITERATURE	860.11
11/03/2005	LITERATURE	2,789.16
11/03/2005	LITERATURE	2,947.62

SOS Political Reform Division
 FAX (916) 653-5045
 S.F. Department of Elections
 FAX (415) 554-7344
 L.A. County Registrar/Recorder
 FAX (562) 651-2548
Benicia City Clerk
 FAX (707) 747-8100

Reason for Amendment: _____

T-096 P.001/001 F-287
 4157327701
 From-THE SUTTON LAW FIRM
 Nov-04-2005 16:15

Late Independent Expenditure Report

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

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 741 AND THE VALERO REFINING COMPANY AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) _____ 1280947		Date of This Filing 11/04/2005 Report No. 21 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1	Date Stamp RECEIVED NOV - 4 2005 CITY CLERK'S OFFICE CITY OF BENICIA	CALIFORNIA FORM 496 For Official Use Only
STREET ADDRESS _____ _____				
CITY BENICIA, CA	STATE CA	ZIP CODE 95806		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED ALAN SCHWARTZMAN			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED _____			
OFFICE SOUGHT OR HELD/DISTRICT NO. City Council Member CITY OF BENICIA	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
11/03/2005	LITERATURE	833.33
11/03/2005	LITERATURE	860.11
11/03/2005	LITERATURE	2,789.16
11/03/2005	LITERATURE ISSU. Political Reform Division FAX (916) 653-5045 <input type="checkbox"/> S.F. Department of Elections FAX (415) 554-7344 <input type="checkbox"/> L.A. County Registrar/Recorder FAX (562) 651-2548 <i>* Benicia City Clerk</i> FAX (707) 747-8120	2,947.62

Reason for Amendment: _____

T-097 P.001/001 F-288

4157327701

From-THE SUTTON LAW FIRM

Nov-04-2005 16:16

Late Independent Expenditure Report

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

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 312 AND THE VALERO REFINING COMPANY AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) 1280947		Date of This Filing 11/05/2005 Report No. 25 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 6 2005 CITY CLERK'S OFFICE CITY OF BENICIA </div>	<div style="border: 1px solid black; padding: 5px;"> CALIFORNIA FORM 496 For Official Use Only </div>
STREET ADDRESS _____ CITY BENICIA, CA STATE CA ZIP CODE 95806				

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED ALAN SCHWARTZMAN			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED _____			
OFFICE SOUGHT OR HELD/DISTRICT NO. City Council Member CITY OF BENICIA	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
11/05/2005	PHONE CALLS	305.94
	□ SOS Political Reform Division FAX (916) 653-5045 □ S.F. Department of Elections FAX (415) 554-7344 □ L.A. County Registrar/Recorder FAX (562) 651-2548 X Benicia City Clerk FAX (707) 747-08120	

Reason for Amendment: _____

T-105 P.001/001 F-301

4157327701

From: THE SUTTON LAW FIRM

Nov-06-2005 22:44

Late Independent Expenditure Report

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

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 743 AND THE VALERO REFINING COMPANY ARFA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) _____ 1280947		Date of This Filing 11/05/2005 Report No. 26 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	Date Stamp RECEIVE NOV - 6 2005 CITY CLERK'S OFFICE CITY OF BENICIA	CALIFORNIA FORM 496 For Official Use Only
STREET ADDRESS _____ CITY BENICIA, CA STATE CA ZIP CODE 95806				

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED MARK HUGHES			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD/DISTRICT NO. County Counsel CITY OF BENICIA	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
11/05/2005	PHONE CALLS	305.94
	<input type="checkbox"/> SOS Political Reform Division FAX (916) 653-5045 <input type="checkbox"/> S.F. Department of Elections FAX (415) 554-7344 <input type="checkbox"/> L.A. County Registrar/Recorder FAX (562) 651-2548 <input checked="" type="checkbox"/> <u>Benicia City Clerk</u> FAX (707) 747-2120	

Reason for Amendment: _____

Late Independent Expenditure Report

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LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 743 AND THE VALERO REFINING COMPANY AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) 1280947	Date of This Filing 11/07/2005	Date Stamp NOV - 7 2005	CALIFORNIA FORM 496 For Official Use Only
STREET ADDRESS			Report No. 27	RECEIVED NOV - 7 2005 CITY CLERK'S OFFICE CITY OF BENICIA	
CITY BENICIA, CA 95806	STATE	ZIP CODE	<input type="checkbox"/> Amendment to Report No. (explain below)		No. of Pages 1

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED ALAN SCHWARTZMAN			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD/DISTRICT NO. City Council Member CITY OF BENICIA	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
11/07/2005	PHONE CALLS	305.94

SOS Political Reform Division
 FAX (916) 653-5045
 S.F. Department of Elections
 FAX (415) 554-7344
 L.A. County Registrar/Recorder
 FAX (562) 651-2548
 Benicia City Clerk
 FAX (707) 247-8120

Reason for Amendment: _____

Late Independent Expenditure Report

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LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER
 COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND
~~STEAMFITTERS LOCAL 147 AND THE VALERO REFINING COMPANY~~
 AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable)
 1280947

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____
 BENICIA, CA 95806

Date of This Filing 11/07/2005

Report No. 28

Amendment to Report No. _____
 (explain below)

No. of Pages 1

Date Stamp _____

CALIFORNIA FORM 496

For Official Use Only

RECEIVED

NOV - 7 2005

CITY CLERK'S OFFICE
CITY OF BENICIA

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED
 MARK HUGHES

OFFICE SOUGHT OR HELD/DISTRICT NO.
 County Counsel
 CITY OF BENICIA

SUPPORT	OPPOSE
X	

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED _____

BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
11/07/2005	PHONE CALLS	305.94

SOS Political Reform Division
 FAX (916) 653-5045
 S.F. Department of Elections
 FAX (415) 554-7344
 L.A. County Registrar/Recorder
 FAX (562) 851-2548
 Benicia City Clerk
 FAX (707) 747-8170

Reason for Amendment: _____

T-111 P. 001/001 F-316
 4157327701
 From-THE SUTTON LAW FIRM
 Nov-07-2005 14:57

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2005</u> through <u>12/31/2005</u> Date of election if applicable: (Month, Day, Year)	Date Stamp RECEIVED FEB - 1 2006 CITY CLERK'S OFFICE CITY OF BENICIA	CALIFORNIA FORM 465 Page <u>1</u> of <u>4</u> For Official Use Only
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Amendment (Explain Below)

I.D. NUMBER (If recipient committee)
1280947

1. Committee/Filer Information

COMMITTEE/FILER'S NAME
COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 343 AND THE VALERO REFINING COMPANY
STREET ADDRESS (MAILING BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
BENICIA CA, 95806
OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER
MR. JAMES R. SUTTON ESQ.
MAILING ADDRESS
150
CITY STATE ZIP CODE AREA CODE/PHONE
SAN FRANCISCO CA, 94108
OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE DAN SMITH	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member CITY OF BENICIA	CHECK ONE	
		SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	X

3. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
11/02/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	LITERATURE	5,261.40	13,206.16
11/02/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	LITERATURE	833.34	13,206.16
11/04/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	LITERATURE	4,557.87	13,206.16

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

<p>Report covers period</p> <p>from <u>01/01/2005</u></p> <p>through <u>12/31/2005</u></p> <p>Date of election if applicable: (Month, Day, Year)</p> <p>_____</p>	<p>Date Stamp</p>	<p>CALIFORNIA 1994 FORM 465</p> <hr/> <p>Page <u>2</u> of <u>4</u></p> <hr/> <p>For Official Use Only</p>
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SEE INSTRUCTIONS ON REVERSE

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.

IV Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
11/04/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	LITERATURE	833.33	13,206.16
11/04/2005	ZELL AND ASSOCIATES 125 PARK PL., STE. 200 POINT RICHMOND, CA 94801	LITERATURE	860.11	13,206.16
11/02/2005	ZELL AND ASSOCIATES 125 PARK PL., STE. 200 POINT RICHMOND, CA 94801	LITERATURE	860.11	13,206.16

Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	01/01/2005	
through	12/31/2005	Page <u>3</u> of <u>4</u>
NAME OF FILER COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 343 AND THE VALERO REFINING COMPANY		I.D. NUMBER (if recipient com.) 1280947

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	13,206.16
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	13,206.16

5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER
SECRETARY OF STATE

ADDRESS (NO. AND STREET)
POLITICAL REFORM DIVISION
1500 11TH ST. ROOM
CITY STATE ZIP CODE
SACRAMENTO, CA 95814

2) NAME OF FILING OFFICER
REGISTRAR-RECORDER OF LOS ANGELES COUNTY

ADDRESS (NO. AND STREET)
12900 IMPERIAL HIGHWAY
CITY STATE ZIP CODE
NORWALK, CA 90650

3) NAME OF FILING OFFICER
DEPARTMENT OF ELECTIONS, CITY AND COUNTY OF SAN FRANCISCO

ADDRESS (NO. AND STREET)
511 PLACE
CITY STATE ZIP CODE
SAN FRANCISCO, CA 94102

4) NAME OF FILING OFFICER
SOLANO COUNTY REGISTRAR OF VOTERS

ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE
FAIRFIELD, CA 94533

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 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 1/30/06
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA
1994 FORM **465**

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 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.

Page 4 of 4
FOR OFFICIAL USE ONLY

V. Additional Comments

MCNALLY TEMPLE ASSOCIATES, INC. SUBPAYMENTS: DARE DEVIL COURRIERS, P.O. BOX 161787, SACRAMENTO, CA 95816, \$755.90; FRUITRIDGE PRINTING, 3258 STOCKTON BLVD., SACRAMENTO, CA 95820, \$2,882.43; METRO MAILING SERVICES, 4251 GATEWAY PARK BLVD., SACRAMENTO, CA 95834, \$1,058.86; U.S. POSTMASTER, 4700 NORTHGATE BLVD., STE. 150, SACRAMENTO, CA 95834, \$2,363.38.

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from 01/01/2005 through 12/31/2005	Date Stamp RECEIVED FEB - 1 2006 CITY CLERK'S OFFICE CITY OF BENICIA	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year)		Page 1 of 5
<input type="checkbox"/> Amendment (Explain Below)		For Official Use Only

1. Committee/Filer Information

COMMITTEE/FILER'S NAME

COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 343 AND THE VALERO REFINING COMPANY

STREET ADDRESS (City, State, ZIP Code)

CITY STATE ZIP CODE AREA CODE/PHONE

BENICIA CA, 95806 916-832-7700

OPTIONAL: FAX/E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)
1280947

Treasurer (If recipient committee)

NAME OF TREASURER

MR. JAMES R. SUTTON ESQ.

MAILING ADDRESS

150

CITY STATE ZIP CODE AREA CODE/PHONE

SAN FRANCISCO CA, 94108

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

MARK HUGHES

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member CITY OF BENICIA

BALLOT NO./LETTER

JURISDICTION

CHECK ONE

SUPPORT OPPOSE

X

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
11/02/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	LITERATURE AND SIGNS	833.33	15,464.12
11/03/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	LITERATURE	2,789.16	15,464.12
11/03/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	LITERATURE	2,947.62	15,464.12

Supplemental Independent Expenditure Report
(Government Code Section 84203.5)

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period
from 01/01/2005
through 12/31/2005
Date of election if applicable:
(Month, Day, Year)

Date Stamp

CALIFORNIA
1994 FORM **465**
Page 2 of 5
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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.

IV Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
11/03/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	LITERATURE	833.33	15,464.12
11/03/2005	ZELL AND ASSOCIATES 125 PARK PL., STE. 200 POINT RICHMOND, CA 94801	LITERATURE	860.11	15,464.12
11/05/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	PHONE CALLS	305.94	15,464.12
11/07/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	PHONE CALLS	305.94	15,464.12
11/02/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	LITERATURE	2,947.62	15,464.12
11/02/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	SIGNS	2,780.96	15,464.12

Supplemental Independent Expenditure Report
(Government Code Section 84203.5)

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period
from 01/01/2005
through 12/31/2005
Date of election if applicable:
(Month, Day, Year)

Date Stamp

CALIFORNIA 1994 FORM 465
Page 3 of 5
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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.

IV Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
11/02/2005	ZELL AND ASSOCIATES 125 PARK PL., STE. 200 POINT RICHMOND, CA 94801	LITERATURE AND SIGNS	860.11	15,464.12

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	01/01/2005	
through	12/31/2005	Page <u>4</u> of <u>5</u>
NAME OF FILER COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 343 AND THE VALERO REFINING COMPANY		I.D. NUMBER (If recipient com.) 1280947

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	15,464.12
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	15,464.12

5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER
SECRETARY OF STATE

ADDRESS (NO. AND STREET)
POLITICAL REFORM DIVISION
1555
STATE ZIP CODE
SACRAMENTO, CA 95814

2) NAME OF FILING OFFICER
REGISTRAR-RECORDER OF LOS ANGELES COUNTY

ADDRESS (NO. AND STREET)
CAMPAIGN REPORTING UNIT
12400 IMPERIAL HIGHWAY
CITY STATE ZIP CODE
NORWALK, CA 90650

3) NAME OF FILING OFFICER
DEPARTMENT OF ELECTIONS, CITY AND COUNTY OF SAN FRANCISCO

ADDRESS (NO. AND STREET)
... ROOM 48
CITY STATE ZIP CODE
SAN FRANCISCO, CA 94102

4) NAME OF FILING OFFICER
SOLANO COUNTY REGISTRAR OF VOTERS

ADDRESS (NO. AND STREET)
675 TEXAS ST.
CITY STATE ZIP CODE
FAIRFIELD, CA 94533

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 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 1/30/06
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA 1994 FORM 465
Page <u>5</u> of <u>5</u>
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V. Additional Comments

MCNALLY TEMPLE ASSOCIATES, INC. SUBPAYMENTS: KIRK BRIGGS SIGNS, 551 S. YOSEMITE AVE., OAKDALE, CA 95361, \$2,205.94; DARE DEVIL COURRIERS, P.O. BOX 161787, SACRAMENTO, CA 95816, \$566.91; FRUITRIDGE PRINTING, 3258 STOCKTON BLVD., SACRAMENTO, CA 95820, \$2,294.16; METRO MAILING SERVICES, 4251 GATEWAY PARK BLVD., SACRAMENTO, CA 95834, \$830.13; U.S. POSTMASTER, 4700 NORTHGATE BLVD., STE. 150, SACRAMENTO, CA 95834, \$1,438.38.

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2005</u> through <u>12/31/2005</u>	Date Stamp RECEIVE FEB - 1 2006 CITY CLERK'S OFFICE CITY OF BENICIA	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year)	Page <u>1</u> of <u>5</u>	
<input type="checkbox"/> Amendment (Explain Below)		For Official Use Only

1. Committee/Filer Information

COMMITTEE/FILER'S NAME

COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 343 AND THE VALERO REFINING COMPANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

BENICIA CA, 95806

OPTIONAL: FAX/E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)
1280947

Treasurer (If recipient committee)

NAME OF TREASURER

MR. JAMES R. SUTTON ESQ.

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

SAN FRANCISCO CA, 94108

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

ALAN SCHWARTZMAN

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member CITY OF BENICIA

BALLOT NO./LETTER

JURISDICTION

CHECK ONE

SUPPORT OPPOSE

X

3. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
11/02/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	LITERATURE AND SIGNS	833.33	15,464.12
11/03/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	LITERATURE	2,789.16	15,464.12
11/03/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	LITERATURE	2,947.62	15,464.12

Supplemental Independent Expenditure Report
(Government Code Section 84203.5)

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to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2005</u> through <u>12/31/2005</u>	Date Stamp	CALIFORNIA 1994 FORM 465
Date of election if applicable: (Month, Day, Year)	Page <u>2</u> of <u>5</u>	
		For Official Use Only

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IV Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
11/03/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	LITERATURE	833.33	15,464.12
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11/05/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	PHONE CALLS	305.94	15,464.12
11/07/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	PHONE CALLS	305.94	15,464.12
11/02/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	SIGNS	2,947.62	15,464.12
11/02/2005	MCNALLY TEMPLE ASSOCIATES, INC. 1817 CAPITOL AVE. SACRAMENTO, CA 95814	SIGNS	2,780.96	15,464.12

Supplemental Independent Expenditure Report

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	01/01/2005	
through	12/31/2005	Page <u>4</u> of <u>5</u>
NAME OF FILER COALITION FOR RESPONSIBLE GOVERNMENT SPONSORED BY PLUMBERS AND STEAMFITTERS LOCAL 343 AND THE VALERO REFINING COMPANY		I.D. NUMBER (if recipient com.) 1280947

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	15,464.12
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	15,464.12

5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER
SECRETARY OF STATE

ADDRESS (NO. AND STREET)
POLITICAL REFORM DIVISION
SACRAMENTO, CA 95814
STATE ZIP CODE

2) NAME OF FILING OFFICER
REGISTRAR-RECORDER OF LOS ANGELES COUNTY

ADDRESS (NO. AND STREET)
CITY NORWALK, CA 90650
STATE ZIP CODE

3) NAME OF FILING OFFICER
DEPARTMENT OF ELECTIONS, CITY AND COUNTY OF SAN FRANCISCO

ADDRESS (NO. AND STREET)
ONE DR CARLTON B GOODRICH PLACE
CITY SAN FRANCISCO, CA 94102
STATE ZIP CODE

4) NAME OF FILING OFFICER
SOLANO COUNTY REGISTRAR OF VOTERS

ADDRESS (NO. AND STREET)
CITY FAIRFIELD, CA 94533
STATE ZIP CODE

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 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 1/30/06
DATE

By [Signature]
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

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA 1994 FORM 465
Page <u>5</u> of <u>5</u>
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V. Additional Comments

MCNALLY TEMPLE ASSOCIATES, INC. SUBPAYMENTS: KIRK BRIGGS SIGNS, 551 S. YOSEMITE AVE., OAKDALE, CA 95361, \$2,205.94; DARE DEVIL COURRIERS, P.O. BOX 161787, SACRAMENTO, CA 95816, \$566.91; FRUITRIDGE PRINTING, 3258 STOCKTON BLVD., SACRAMENTO, CA 95820, \$2,294.16; METRO MAILING SERVICES, 4251 GATEWAY PARK BLVD., SACRAMENTO, CA 95834, \$830.13; U.S. POSTMASTER, 4700 NORTHGATE BLVD., STE. 150, SACRAMENTO, CA 95834, \$1,438.38.