

COPY

SUPPLEMENTAL INDEPENDENT EXPENDITURE

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.

Amendment (Explain Below)

sections 2, 3 & 4 modified
additional 465 filed

Report covers period
from 1/1/07

through 10/30/07

Date of election if applicable:
(Month, Day, Year)
11/6/07

RECEIVED
OCT 31 2007
CITY CLERK'S OFFICE
CITY OF BENICIA

CALIFORNIA FORM 465

Page 1 of 2

For Official Use Only

1. Committee/Filer Information

COMMITTEE/FILER'S NAME

Benicia Local Government Accountability Coalition

STREET ADDRESS (NO P.O. BOX)

AREA CODE/PHONE

I.D. NUMBER (if recipient committee)
1301867

Treasurer (if recipient committee)

NAME OF TREASURER

Michelle Smira

MAILING ADDRESS

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

916-563-8060/ Michelle@mmsstrategies.com

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Bill Whitney

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

Mayor of Benicia

BALLOT NO./LETTER

JURISDICTION

CHECK ONE

SUPPORT OPPOSE

SUPPORT OPPOSE

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)
10/29/07	Offco-Offset Printing Co P.O. Box 2870 Fairfield, CA 94533	Printing of Mail Piece	\$987.85	\$1975.70
10/29/07	M2 Mail Inc. 1801 Enterprise Drive, #3 Fairfield, CA 94533	Mail House/ Postage/ Sorting	\$1160.72	\$2321.45

FPPC Form 465 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

007

OFFICEMAX

10/31/2007 14:25 FAX 19169309587

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OFFICEMAX

10/31/2007 14:26 FAX 19169309587

Supplemental Independent Expenditure Report

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	1/1/07	
through	10/30/07	Page <u>2</u> of <u>2</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
Benicia Local Government Accountability Coalition		1301867

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	2148.57
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL	\$ 2148.57

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
Michelle Smira

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE
CA 95811

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY 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 10/31/07
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____

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

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

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