

**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>January 1, 2007</u> through <u>October 30, 2007</u> Date of election if applicable: (Month, Day, Year) <u>11/6/2007</u>	Date Stamp <b>RECEIVED</b> OCT 30 2007 Fax CITY CLERK'S OFFICE CITY OF BENICIA	CALIFORNIA FORM <b>465</b> Page <u>1</u> of <u>2</u> For Official Use Only
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**1. Committee/Filer Information**

F.D. NUMBER (if recipient committee)

17A100008107

COMMITTEE/FILER'S NAME

Benicia Local Government Accountability Coalition

STREET ADDRESS (NO P.O. BOX)

AREA CODE/PHONE

**Treasurer** (if recipient committee)

NAME OF TREASURER

Michelle Smlra

MAILING ADDRESS

AREA CODE/PHONE

Sacramento

OPTIONAL: FAX/ E-MAIL ADDRESS

0

**2. Name of Candidate or Measure Supported or Opposed**

CHECK ONE

NAME OF CANDIDATE

Elizabeth Patterson

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

Mayor of Benicia

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

**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)
10/29/07	Offco-Offset Printing Co. P.O. Box 2870 Fairfield, CA 94533	Printing of Mail Piece	\$1975.70	\$1975.70
10/29/07	M2 Mail Inc. 1601 Enterprise Drive, #3 Fairfield, CA 94533	Mail House/ Postage/ Sorting	\$2321.45	\$2321.45

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	Page <u>2</u> of <u>2</u>
	I.D. NUMBER (If recipient com.) <u>17018107</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Benicia Local Government Accountability Coalition

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>4297.15</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL</b> \$ <u>4297.15</u>

## 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 Smlra

ADDRESS (NO. AND STREET)

1630 Q Street, Upper

CITY STATE ZIP CODE  
Sacramento CA 95811

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) 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 10/30/07  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF FILER, 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