

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink

**COPY**

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 8

For Official Use Only

Statement covers period  
from 07/01/18  
through 12/31/18

Date of election if applicable:  
(Month, Day, Year)  
11/6/2018

RECEIVED  
JAN 14 2019  
CITY MANAGER'S OFFICE  
CITY OF BENICIA

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
*(Also Complete Part 5)*
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored  
*(Also Complete Part 6)*
- Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
*(Also file a Form 410 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1395157

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Benicians for Mark Hughes for City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Benicia CA 94510

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Carole Arneson

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Benicia CA 94510

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. 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 1/13/19  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on 1/13/19  
Date

By [Signature]  
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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

|                            |            |
|----------------------------|------------|
| <b>CALIFORNIA<br/>FORM</b> | <b>460</b> |
| Page <u>2</u> of <u>8</u>  |            |

**5. Officeholder or Candidate Controlled Committee**

|  |             |       |       |
|--|-------------|-------|-------|
| NAME OF OFFICEHOLDER OR CANDIDATE  |             |       |       |
| Mark Hughes  |             |       |       |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) |             |       |       |
| City Council Member, Benicia, CA   |             |       |       |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)                              | CITY        | STATE | ZIP   |
|  | Benicia, CA |       | 94510 |

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|                   |   |
|-------------------|---|
| COMMITTEE NAME    | I.D. NUMBER   |
|                   |   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|                   |   |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
|                   |   |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |
|                   |   |
| COMMITTEE NAME    | I.D. NUMBER   |
|                   |   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|                   |   |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
|                   |   |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |
|                   |   |

**6. Primarily Formed Ballot Measure Committee**

|   |                     |   |
|---|---------------------|---|
| NAME OF BALLOT MEASURE  |                     |   |
| BALLOT NO. OR LETTER  | JURISDICTION        | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|   |                     |   |
| Identify the controlling officeholder, candidate, or state measure proponent, if any. |                     |   |
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT   |                     |   |
|   |                     |   |
| OFFICE SOUGHT OR HELD   | DISTRICT NO. IF ANY |   |
|   |                     |   |

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/18</u><br>through <u>12/31/18</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>3</u> of <u>8</u>      |
|  | I.D. NUMBER<br><b>1395157</b>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Hughes

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions ..... <i>Schedule A, Line 3</i>    | \$ _____   | \$ _____                                   |
| 2. Loans Received ..... <i>Schedule B, Line 3</i>            | _____  | _____                                      |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>  | \$ _____   | \$ _____                                   |
| 4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i> | _____  | _____                                      |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i> | \$ _____   | \$ _____                                   |

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

|                            | 1/1 through 6/30 | 7/1 to Date   |
|----------------------------|------------------|---------------|
| 20. Contributions Received | \$ <u>n/a</u>    | \$ <u>n/a</u> |
| 21. Expenditures Made      | \$ <u>n/a</u>    | \$ <u>n/a</u> |

## Expenditures Made

|  |                    |                    |
|--|--------------------|--------------------|
| 6. Payments Made ..... <i>Schedule E, Line 4</i>                   | \$ <u>2,569.99</u> | \$ <u>2,727.49</u> |
| 7. Loans Made ..... <i>Schedule H, Line 3</i>                      | _____              | _____              |
| 8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>             | \$ <u>2,569.99</u> | \$ <u>2,727.49</u> |
| 9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i> | _____              | _____              |
| 10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>         | _____              | _____              |
| 11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>      | \$ <u>2,569.99</u> | \$ <u>2,727.49</u> |

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ <u>n/a</u> |
| ____/____/____                 | \$ <u>n/a</u> |

## Current Cash Statement

|  |                    |
|--|--------------------|
| 12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>             | \$ <u>2,569.99</u> |
| 13. Cash Receipts ..... <i>Column A, Line 3 above</i>                              | _____              |
| 14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>                | _____              |
| 15. Cash Payments ..... <i>Column A, Line 8 above</i>                              | <u>2,569.99</u>    |
| 16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>0</u>        |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

*If this is a termination statement, Line 16 must be zero.*

|  |             |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i> | \$ <u>0</u> |
|--|-------------|

## Cash Equivalents and Outstanding Debts

|  |             |
|--|-------------|
| 18. Cash Equivalents ..... <i>See instructions on reverse</i>            | \$ <u>0</u> |
| 19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>0</u> |

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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

|  |  |
|--|--|
| Statement covers period<br>from <u>07/01/18</u><br>through <u>12/31/18</u> | SCHEDULED<br><b>CALIFORNIA FORM 460</b><br>Page <u>4</u> of <u>8</u> |
|--|--|

SEE INSTRUCTIONS ON REVERSE

|                              |                        |
|------------------------------|------------------------|
| NAME OF FILER<br>Mark Hughes | I.D. NUMBER<br>1395157 |
|------------------------------|------------------------|

| DATE               | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE   | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 08/13/18           | Lionel Largaespada for Benicia City Council 2018<br>City of Benicia, CA<br><br><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose          | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 250.00             | 250.00  | 250.00                             |
| 08/13/18           | Christina Strawbridge for City Council<br>City of Benicia, CA<br><br><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                    | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 250.00             | 250.00  | 250.00                             |
| 10/03/18           | Gethsemane Moss for Benicia School Board 2018<br>Benicia Unified School District<br><br><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 200.00             | 200.00  | 200.00                             |
| <b>SUBTOTAL \$</b> |   |  |                           | 700.00             |   |                                    |

**Schedule D Summary**

|  |                               |
|--|-------------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .....                 | \$ <u>900.00</u>              |
| 2. Unitemized contributions and independent expenditures made this period of under \$100 .....                                     | \$ <u>0</u>                   |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... | <b>TOTAL \$</b> <u>900.00</u> |

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

|                         |          |                            |
|-------------------------|----------|----------------------------|
| Statement covers period |          | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/18 |                            |
| through                 | 12/31/18 | Page <u>5</u> of <u>8</u>  |
| NAME OF FILER           |          | I.D. NUMBER                |
| Mark Hughes             |          | 1395157                    |

| DATE               | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 10/03/18           | Committee to Reelect Diane Ferrucci to Benicia School Board 2018<br>Benicia Unified School District | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 200.00             | 200.00  | 200.00                             |
|                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |  |                           | 200.00             |   |                                    |

**Schedule E  
Payments Made**

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

SCHEDULE E

|  |  |
|--|--|
| Statement covers period<br>from <u>07/01/18</u><br>through <u>12/31/18</u> | <b>CALIFORNIA<br/>FORM</b><br><b>460</b> |
|  | Page <u>6</u> of <u>8</u>                |
|  | I.D. NUMBER<br>1395157                   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Hughes

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                                    | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Lionel Largaespada for Benicia City Council 2018 (ID 1385471)<br>868 Oxford Way<br>Benicia, CA 94510   | CTB     |                        | 250.00      |
| Christina Strawbridge for City Council 2018 (ID 1339457)<br>332 W K Street<br>Benicia, CA 94510        | CTB     |                        | 250.00      |
| Gethsemane Moss for Benicia School Board 2018 (ID 1412003)<br>1772 Devonshire Dr.<br>Benicia, CA 94510 | CTB     |                        | 200.00      |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 700.00**

**Schedule E Summary**

|  |                          |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 2,444.99              |
| 2. Unitemized payments made this period of under \$100   | \$ 125.00                |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ 0                     |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 2,569.99</b> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

|                         |          |                            |
|-------------------------|----------|----------------------------|
| Statement covers period |          | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/18 |                            |
| through                 | 12/31/18 | Page <u>7</u> of <u>8</u>  |
| NAME OF FILER           |          | I.D. NUMBER                |
| Mark Hughes             |          | 1395157                    |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Committee to Reelect Diane Ferrucci to Benicia School Board 2018<br>737 Barton Way (ID 1410685)<br>Benicia, CA 94510 | CTB  |    |                        | 200.00      |
| Benicia Rotary Club<br>P. O. Box 421<br>Benicia, CA 94510  | CVC  |    |                        | 100.00      |
| Solano/Napa Firefighter's Foundation<br>445 Nebraska Street<br>Vallejo, CA 94590                                     | CVC  |    |                        | 200.00      |
| Benicia Police Officer's Association<br>P. O. Box 41856<br>Benicia, CA 94510   | CVC  |    |                        | 200.00      |
| The Tim & Jeannie Hamann Foundation<br>513 First Street<br>Benicia, CA 94510   | CVC  |    |                        | 494.99      |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 1,194.99**

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

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

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/18</u><br>through <u>12/31/18</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>8</u> of <u>8</u>      |
|  | I.D. NUMBER<br><b>1395157</b>  |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Mark Hughes

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)      | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Benicia State Parks Association<br>P. O. Box 404<br>Benicia, CA          | CVC     |                        | 200.00      |
| Benicia Soroptimists House of Hope<br>P. O. Box 282<br>Benicia, CA 94510 | CVC     |                        | 350.00      |
|  |         |                        |             |
|  |         |                        |             |
|  |         |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 550.00**