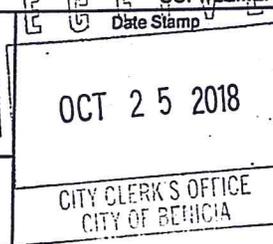


Supplemental Independent Expenditure Report

(Government Code Section 84203.5)
Report #1
SEE INSTRUCTIONS ON REVERSE

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

Amendment (Explain Below)

Report covers period from <u>01/01/2018</u> through <u>10/20/2018</u>		CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>11/06/2018</u>		

1. Committee/Filer Information

COMMITTEE/FILER'S NAME
Firefighters Local 1186 PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Vallejo	CA	94590	

OPTIONAL: FAX/E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)
930003

Treasurer (If recipient committee)

NAME OF TREASURER

Patrick Wong

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Vallejo	CA	94590	

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE	
		SUPPORT	OPPOSE
Lionel Largaespada	City Council Member: City of Benicia	X	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	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)
09/25/2018	Firefighters Print & Design, Inc. 1780 Creekside Oaks Drive Sacramento, CA 95833	Doorhangers	1,102.62	1,576.47
10/15/2018	Firefighters Print & Design, Inc. 1780 Creekside Oaks Drive Sacramento, CA 95833	Mailer	473.85	1,576.47
10/18/2018	U.S. Postmaster 801 I Street Sacramento, CA 95814	Postage for Mailer	725.29 MEMO Subpayment made through: Firefighters Print & Design, Inc.	

Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2018</u> through <u>10/20/2018</u>	CALIFORNIA FORM 465
	Page <u>2</u> of <u>2</u>
	I.D. NUMBER (if recipient com.) 930003

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Firefighters Local 1186 PAC

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>1,576.47</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ <u>1,576.47</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
Benicia City Clerk

ADDRESS (NO. AND STREET)
250 East L Street

CITY STATE ZIP CODE
Benicia CA 94510

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 certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefited from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. 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 10-23-18
DATE

Executed on 10-23-17
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By [Signature]
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