

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>10/29/2018</u> through <u>11/06/2018</u>	Date Stamp NOV - 9 2018	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>11/06/2018</u>	Page <u>1</u> of <u>2</u>	
		For Official Use Only

Amendment (Explain Below)

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1412994

Treasurer (If recipient committee)

NAME OF TREASURER

JASON D. KAUNE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94904 415

OPTIONAL: FAX / E-MAIL ADDRESS

COMMITTEE/FILER'S NAME

WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR, INDUSTRIAL SERVICES COMPANIES, PUBLIC SAFETY AND LOCAL LEADERS... (SEE ATTACHMENT)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
BENICIA CA 94510

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

KARI BIRDSEYE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member: CITY 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)
10/29/2018	WINNING CONNECTIONS 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003	ESTIMATED COST OF LIVE CALLS	2,596.25	21,432.31

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NAME OF FILER WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR, INDUSTRIAL SERVICES COMPANIES, PUBLIC SAFETY AND LOCAL LEADERS... (SEE ATTACHMENT)	I.D. NUMBER (If recipient com.) 1412994
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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>2,596.25</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>2,596.25</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

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 certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted 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 11/08/2018
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
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