

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 10/21/2018 through 10/28/2018 | Date Stamp OCT 31 2018 CITY CLERK'S OFFICE CITY OF BENICIA | CALIFORNIA FORM 465 Page 1 of 3 For Official Use Only |
| Date of election if applicable: (Month, Day, Year) 11/06/2018 | | |

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1412994

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

Treasurer (If recipient committee)

NAME OF TREASURER

JASON D. KAUNE

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| SAN RAFAEL | CA | 94904 | |

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

| | | | |
|---|---|--|-------------------------------------|
| NAME OF CANDIDATE LIONEL LARGAESPADA | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member: CITY OF BENICIA | SUPPORT <input checked="" type="checkbox"/> | OPPOSE <input type="checkbox"/> |
| NAME OF BALLOT MEASURE | BALLOT NO./LETTER | JURISDICTION | SUPPORT <input type="checkbox"/> |
| | | | OPPOSE <input type="checkbox"/> |

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) |
|------------|--|----------------------------|----------|---|
| 10/21/2018 | WINNING CONNECTIONS 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003 | ROBOCALLS | 750.00 | 29,167.08 |
| 10/25/2018 | FIREFIIGHTERS PRINT & DESIGN 1780 CREEKSIDE OAKS DR Sacramento, CA 95833 | WALKING CARDS | 292.27 | 29,167.08 |
| 10/23/2018 | DIGITAL TURF, LLC 27 CLEAR BROOK CROSSING KENNEBUNK, ME 04043 | MAILER | 3,000.00 | 29,167.08 |

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| | Page <u>2</u> of <u>3</u> |

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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.)
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4. Summary

| | |
|---|---------------------------------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.) | \$ <u>4,042.27</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>4,042.27</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 10/30/2018
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

**Additional Comments
For Form 465**

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
1412994

FULL COMMITTEE NAME: WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR, INDUSTRIAL SERVICES COMPANIES, PUBLIC SAFETY AND LOCAL LEADERS SUPPORTING CHRISTINA STRAWBRIDGE AND LIONEL LARGAESPADA AND OPPOSING KARI BIRDSEYE FOR BENICIA CITY COUNCIL 2018