# 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.

☐ **Amendment** (Explain Below)

Report covers period

from 11/07/2018

through 12/31/2018

Date of election if applicable: (Month, Day, Year)

11/06/2018

Date Stamp

RECEIVED JAN 31 2019 CITY CLERK'S OFFICE CITY OF BENICIA

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM **465**

Page 1 of 3

For Official Use Only

## 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

2 250

| 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

| NAME OF CANDIDATE | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE | | SUPPORT | OPPOSE |
|---|---|---|---|---|
| KARI BIRDSEYE | City Council Member: CITY OF BENICIA | | | X |
| **NAME OF BALLOT MEASURE** | **BALLOT NO./LETTER** | **JURISDICTION** | **SUPPORT** | **OPPOSE** |
| | | | | |

## 3. Independent Expenditures Made

*Attach additional information on appropriately labeled continuation sheets.*

| DATE | | DESCRIPTION OF EXPENDITURE | AMOUNT | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM **465**

Report covers period
from 11/07/2018
through 12/31/2018



SEE INSTRUCTIONS ON REVERSE

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

## 4. Summary

1. Total independent expenditures of $100 or more made this period. (Part 3.) ..... $ 0.00
2. Total independent expenditures under $100 made this period. (Not itemized.) ..... $ 0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.) ..... TOTAL $ 0.00

## 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 1/29/2019 (DATE) By _____ (SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (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)

# Additional Comments
# For Form 465

ADDITIONAL COMMENTS

CALIFORNIA 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