

**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.

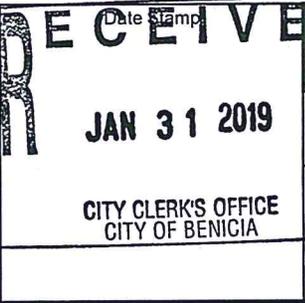
**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

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

Date of election if applicable:  
(Month, Day, Year)  
11/06/2018



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
<u>BENICIA</u>	<u>CA</u>	<u>94510</u>	

OPTIONAL: FAX / E-MAIL ADDRESS  
\_\_\_\_\_

**Treasurer** (If recipient committee)

NAME OF TREASURER  
JASON D. KAUNE

MAILING ADDRESS  
\_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN RAFAEL</u>	<u>CA</u>	<u>94904</u>	

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	
<u>LIONEL LARGAESPADA</u>	<u>City Council Member: CITY OF BENICIA</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
			<input type="checkbox"/>	<input type="checkbox"/>

**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)

# Supplemental Independent Expenditure Report

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

Report covers period from <u>11/07/2018</u> through <u>12/31/2018</u>	<b>CALIFORNIA FORM 465</b>
	Page <u>2</u> of <u>3</u>
	I.D. NUMBER (If recipient com.) 1412994

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)

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	<u>0.00</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.)	<b>TOTAL</b>	\$ <u>0.00</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 1/29/2019  
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

**Additional Comments  
For Form 465**

ADDITIONAL COMMENTS

**CALIFORNIA  
FORM 465**

Page 3 of 3

**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