

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

Amendment (Explain Below)

Report covers period
from 10/22/2006
through 11/02/2006
Date of election if applicable:
(Month, Day, Year)
11/07/2006

Date Stamp
CITY OF BRENTWOOD
NOV 3 2006
CITY CLERK

CALIFORNIA FORM 465

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For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1290630

Treasurer (If recipient committee)

NAME OF TREASURER

Mr. Thomas W. Hiltachk

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA, 95814 (916) 442-7757

COMMITTEE/FILER'S NAME

East Bay Business Coalition, sponsored by Attorneys, Engineers, Taxpayers and Homebuilders

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Concord CA, 94520

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE Chris Becnel	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member City of Brentwood	SUPPORT X	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT 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)
10/27/2006	Print Pro San Lorenzo, CA 94580	Graphic Design, Printing, Mailhouse Services, Postage	3,333.33	14,825.00
10/27/2006	Postmaster Oakland, CA 94615		1,305.00 MEMO Subpayment made through: Print Pro	
10/27/2006	K/P Corporation San Leandro, CA 94578	Mailhouse services	2,525.00 MEMO Subpayment made through: Print Pro	

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

Report covers period from <u>10/22/2006</u> through <u>11/02/2006</u>	Date Stamp	CALIFORNIA FORM 465 Page <u>2</u> of <u>3</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>11/07/2006</u>		

IV 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)
10/27/2006	Somerset Printing [REDACTED] Burlingame, CA 94010	Printing Services	3,980.00 MEMO Subpayment made through: Print Pro	
10/27/2006	Daniel Ziegler Design [REDACTED] Emeryville, CA 94608	Graphic Design	700.00 MEMO Subpayment made through: Print Pro	
10/31/2006	Statewide Information Systems [REDACTED] Sacramento, CA 95816	LIT-Campaign Literature and Mailings	75.00	14,825.00

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from	10/22/2006	
through	11/02/2006	Page <u>3</u> of <u>3</u>
NAME OF FILER East Bay Business Coalition, sponsored by Attorneys, Engineers, Taxpayers and Homebuilders		I.D. NUMBER (if recipient com.) 1290630

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	3,408.33
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 \$	3,408.33

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
County of Contra Costa

ADDRESS _____ (NO. AND STREET)

CITY _____ STATE _____ ZIP CODE _____
Martinez, CA 94553

3) NAME OF FILING OFFICER

ADDRESS _____ (NO. AND STREET)

CITY _____ STATE _____ ZIP CODE _____

2) NAME OF FILING OFFICER
City Clerk, City of Brentwood

ADDRESS _____ (NO. AND STREET)

CITY _____ STATE _____ ZIP CODE _____
Brentwood, CA 94513

4) NAME OF FILING OFFICER

ADDRESS _____ (NO. AND STREET)

CITY _____ STATE _____ ZIP CODE _____

6. Verification

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 11/02/06
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

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SUPPLEMENTAL INDEPENDANT EXPENDITURE

**CALIFORNIA
FORM 465**

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V. Additional Comments

Subpayments reflect total amount paid for 3 candidates for these Independent Expenditures