460 Pre Elect. #1

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

CALIFORNIA FORM **460**

Date Stamp: RECEIVED OCT 25 2018 CITY CLERK'S OFFICE CITY OF BENICIA

Page 1 of 15

For Official Use Only

Statement covers period from 01/01/2018 through 10/20/2018

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

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [ ] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored *(Also Complete Part 6)*
- [x] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1412994

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
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	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	

OPTIONAL: FAX / E-MAIL ADDRESS
(415)388-6874 / FORM410@NMGOVLAW.COM

Treasurer(s)

NAME OF TREASURER: JASON D. KAUNE

MAILING ADDRESS: --

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

NAME OF ASSISTANT TREASURER, IF ANY: AMY FRENZEN

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10/24/2018 (Date) By _____ (Signature of 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)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
CHRISTINA STRAWBRIDGE	City Council Member	☒ SUPPORT ☐ OPPOSE
LIONEL LARGAESPADA	City Council Member	☒ SUPPORT ☐ OPPOSE
KARI BIRDSEYE	City Council Member	☐ SUPPORT ☒ OPPOSE
		☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period
from 01/01/2018
through 10/20/2018

Page 3 of 15

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
1412994

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 140,800.00	$ 140,800.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 140,800.00	$ 140,800.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	14,200.00	14,200.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 155,000.00	$ 155,000.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 45,241.20	$ 45,241.20
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 45,241.20	$ 45,241.20
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	788.75	788.75
10. Nonmonetary Adjustment	*Schedule C, Line 3*	14,200.00	14,200.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 60,229.95	$ 60,229.95

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$
___/___/___	$

*Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0.00
13. Cash Receipts	*Column A, Line 3 above*	140,800.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	45,241.20
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 95,558.80

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 788.75

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2018
through 10/20/2018

SCHEDULE A
CALIFORNIA FORM 460

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
1412994

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2018	HEAT & FROST INSULATORS AND ALLIED WORKERS LOCAL UNION 16 PAC (ID# 1250907) 3801 PARK ROAD Benicia, CA 94510	☐IND ☒COM ☐OTH ☐PTY ☐SCC		20,000.00	20,000.00	
10/10/2018	INTERNATIONAL BROTHERHOOD OF BOILERMAKERS, IRON SHIP BUILDERS, BLACKSMITHS, FORGERS & HELPERS LOCAL 549 PAC (ID# 962367) 555 CAPITOL MALL, SUITE 400 Sacramento, CA 95814	☐IND ☒COM ☐OTH ☐PTY ☐SCC		30,000.00	30,000.00	
10/11/2018	STATE BUILDING AND CONSTRUCTION TRADES COUNCIL OF CALIFORNIA INDEPENDENT EXPENDITURE PAC (ID# 1377164) 555 CAPITOL MALL, SUITE 400 Sacramento, CA 95814	☐IND ☒COM ☐OTH ☐PTY ☐SCC		30,000.00	30,000.00	
10/15/2018	CALIFORNIA STATE PIPE TRADES COUNCIL POLITICAL ACTION COMMITTEE (ID# 743895) 1121 L STREET, SUITE 207 Sacramento, CA 95814	☐IND ☒COM ☐OTH ☐PTY ☐SCC		30,000.00	30,000.00	
10/16/2018	DISTRICT COUNCIL OF IRON WORKERS POLITICAL ACTION LEAGUE (ID# 831693) 1660 SAN PABLO AVE, SUITE C Pinole, CA 94564	☐IND ☒COM ☐OTH ☐PTY ☐SCC		30,000.00	30,000.00	
			SUBTOTAL $	140,000.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 140,800.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 140,800.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2018
through 10/20/2018

CALIFORNIA FORM 460

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

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2018	ALFRED CONHAGEN, INC. OF CALIFORNIA 3900 OREGON STREET Benicia, CA 94510	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		800.00	800.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	800.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM 460

Statement covers period from 01/01/2018 through 10/20/2018

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: 1412994

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2018	VALERO SERVICES, INC. AND AFFILIATED ENTITIES 3400 EAST SECOND ST. Benicia, CA 94510 (DISCLOSED PURSUANT TO FPPC CAMPAIGN MANUAL 2 (8/18), CH. 3.14-15.)	☐IND ☐COM ☒OTH ☐PTY ☐SCC		USE OF POLL	14,200.00	14,200.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 14,200.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 14,200.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 14,200.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D

CALIFORNIA FORM 460

Statement covers period from 01/01/2018 through 10/20/2018

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: 1412994

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2018	CHRISTINA STRAWBRIDGE City Council Member CITY OF BENICIA RECEIVED FROM: VALERO SERVICES, INC. AND ITS AFFILAITED ENTITIES, 3400 EAST SECOND ST., BENICIA, CA 94510 [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	USE OF POLL	4,733.34	16,836.07	
10/10/2018	CHRISTINA STRAWBRIDGE City Council Member CITY OF BENICIA ORIGINAL PAYEE: WINNING CONNECTIONS, 317 PENNSYLVANIA AVE., SE 2ND FLOOR, WASHINGTON, D.C. 20003 [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	LIVE CALLS	5,413.73	16,836.07	
10/10/2018	KARI BIRDSEYE City Council Member CITY OF BENICIA RECEIVED FROM: VALERO SERVICES, INC. AND ITS AFFILAITED ENTITIES, 3400 EAST SECOND ST., BENICIA, CA 94510 [ ] Support [X] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	USE OF POLL	4,733.33	16,836.06	
			SUBTOTAL $	14,880.40		

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... $ 58,796.94
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL $ 58,796.94

Schedule D
(Continuation Sheet)
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 01/01/2018
through 10/20/2018

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

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2018	KARI BIRDSEYE City Council Member CITY OF BENICIA ORIGINAL PAYEE: WINNING CONNECTIONS, 317 PENNSYLVANIA AVE., SE 2ND FLOOR, WASHINGTON, D.C. 20003 ☐ Support ☒ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	LIVE CALLS	5,413.73	16,836.06	
10/10/2018	LIONEL LARGAESPADA City Council Member CITY OF BENICIA RECEIVED FROM: VALERO SERVICES, INC. AND ITS AFFILAITED ENTITIES, 3400 EAST SECOND ST., BENICIA, CA 94510 ☒ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	USE OF POLL	4,733.33	25,124.81	
10/10/2018	LIONEL LARGAESPADA City Council Member CITY OF BENICIA ORIGINAL PAYEE: WINNING CONNECTIONS, 317 PENNSYLVANIA AVE., SE 2ND FLOOR, WASHINGTON, D.C. 20003 ☒ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	LIVE CALLS	5,413.73	25,124.81	
10/11/2018	KARI BIRDSEYE City Council Member CITY OF BENICIA ORIGINAL PAYEE: DIGITAL TURF LLC, 27 CLEAR BROOK CROSSING, KENNEBUNK, ME 04043 ☐ Support ☒ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	DIGITAL MEDIA BUY	4,689.00	16,836.06	
			SUBTOTAL $	20,249.79		

Schedule D
(Continuation Sheet)
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 01/01/2018
through 10/20/2018

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

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2018	KARI BIRDSEYE City Council Member CITY OF BENICIA ORIGINAL PAYEE: DIGITAL TURF LLC, 27 CLEAR BROOK CROSSING, KENNEBUNK, ME 04043 ☐ Support ☒ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	DIGITAL AD PRODUCTION	2,000.00	16,836.06	
10/13/2018	CHRISTINA STRAWBRIDGE City Council Member CITY OF BENICIA ORIGINAL PAYEE: DIGITAL TURF LLC, 27 CLEAR BROOK CROSSING, KENNEBUNK, ME 04043 ☒ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	DIGITAL MEDIA BUY	4,689.00	16,836.07	
10/13/2018	CHRISTINA STRAWBRIDGE City Council Member CITY OF BENICIA ORIGINAL PAYEE: DIGITAL TURF LLC, 27 CLEAR BROOK CROSSING, KENNEBUNK, ME 04043 ☒ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	DIGITAL AD PRODUCTION	2,000.00	16,836.07	
10/13/2018	LIONEL LARGAESPADA City Council Member CITY OF BENICIA ORIGINAL PAYEE: DIGITAL TURF LLC, 27 CLEAR BROOK CROSSING, KENNEBUNK, ME 04043 ☒ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☒ Independent Expenditure	DIGITAL AD PRODUCTION	2,000.00	25,124.81	
			SUBTOTAL $	10,689.00		

Schedule D
(Continuation Sheet)
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 460

Statement covers period
from 01/01/2018
through 10/20/2018

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

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/2018	LIONEL LARGAESPADA City Council Member CITY OF BENICIA ORIGINAL PAYEE: DIGITAL TURF LLC, 27 CLEAR BROOK CROSSING, KENNEBUNK, ME 04043 [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	DIGITAL MEDIA BUY	4,689.00	25,124.81	
10/16/2018	LIONEL LARGAESPADA City Council Member CITY OF BENICIA ORIGINAL PAYEE: WINNING CONNECTIONS, 317 PENNSYLVANIA AVE., SE 2ND FLOOR, WASHINGTON, D.C. 20003 [X] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [X] Independent Expenditure	LIVE CALLS	8,288.75	25,124.81	
	[ ] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure				
	[ ] Support [ ] Oppose	[ ] Monetary Contribution [ ] Nonmonetary Contribution [ ] Independent Expenditure				
			SUBTOTAL $	12,977.75		

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2018 through 10/20/2018

CALIFORNIA FORM 460

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

1412994

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
DIGITAL TURF, LLC 27 CLEAR BROOK CROSSING KENNEBUNK, ME 04043	IND	DIGITAL AD BUY AND PRODUCTION SUPPORTING CHRISTINA STRAWBRIDGE AND LIONEL LARGAESPADA, OPPOSING KARI BIRDSEYE, BENICIA CITY COUNCIL; SEE SCH G	20,000.00
WINNING CONNECTIONS 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003	IND	LIVE CALLS SUPPORTING LIONEL LARGAESPADA, BENICIA CITY COUNCIL	8,288.75
WINNING CONNECTIONS 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003	IND	LIVE CALLS SUPPORTING STRAWBRIDGE, LARGAESPADA; OPPOSING BIRDSEYE, BENICIA CITY COUNCIL	16,241.20

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

SUBTOTAL $ 44,529.95

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 45,241.20
2. Unitemized payments made this period of under $100 ..... $ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 45,241.20

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2018 through 10/20/2018

CALIFORNIA FORM 460

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 1412994

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
WINNING CONNECTIONS 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003	IND	ROBOCALLS SUPPORTING LIONEL LARGAESPADA AND CHRISTINA STRAWBRIDGE, BENICIA CITY COUNCIL	711.25

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 711.25

www.netfile.com

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2018
through 10/20/2018

CALIFORNIA FORM 460

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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
1412994

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
WINNING CONNECTIONS 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003 ROBOCALLS BEGAN 10/20/18, OUTSIDE OF 2ND PRE-ELECTION PERIOD	IND ROBOCALLS SUPPORTING LIONEL LARGAESPADA AND CHRISTINA STRAWBRIDGE, BENICIA CITY COUNCIL	0.00	788.75	0.00	788.75
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS $	0.00$	788.75$	0.00$	788.75

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 788.75
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 0.00
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 788.75
   May be a negative number

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

CALIFORNIA FORM 460

Statement covers period
from 01/01/2018
through 10/20/2018

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
1412994

NAME OF AGENT OR INDEPENDENT CONTRACTOR
DIGITAL TURF, LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
CONVERSANT 100 MONTGOMERY STREET, 15TH FLOOR San Francisco, CA 94104		DIGITAL MEDIA BUY	7,000.00
FACEBOOK 1 HACKER WAY Menlo Park, CA 94025		DIGITAL MEDIA BUY	7,000.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 14,000.00

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.*

Additional Comments
For Form 460

ADDITIONAL COMMENTS

CALIFORNIA FORM 460

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