

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Date Stamp  
**RECEIVED**  
**OCT 31 2018**  
CITY CLERK'S OFFICE  
CITY OF BENICIA

**CALIFORNIA FORM 460**

Page 1 of 8

For Official Use Only

<p style="text-align: center;"><b>Statement covers period</b></p> <p>from <u>10/21/2018</u></p> <p>through <u>10/28/2018</u></p>	<p style="text-align: center;"><b>Date of election if applicable:</b> (Month, Day, Year)</p> <p style="text-align: center;"><u>11/06/2018</u></p>
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SEE INSTRUCTIONS ON REVERSE

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

<input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <i>(Also Complete Part 5)</i>  <input type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i>  <input checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i>
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**2. Type of Statement:**

<input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i> <input type="checkbox"/> Amendment (Explain below)	<input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495
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**3. Committee Information**

<p>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)</p> <p>STREET ADDRESS (NO P.O. BOX)</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE          BENICIA CA 94510</p> <p>MAILING ADDRESS ND STREET OR P.O. BOX</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE          SAN RAFAEL CA 94901</p> <p>OPTIONAL: FAX / E-MAIL ADDRESS          30VLAW.COM</p>	<p>I.D. NUMBER 1412994</p>
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**Treasurer(s)**

NAME OF TREASURER  
JASON D. KAUNE

MAILING ADDRESS  
2

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 <u>10/30/2018</u> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**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
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**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 CHRISTINA STRAWBRIDGE	OFFICE SOUGHT OR HELD City Council Member	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE LIONEL LARGAESPADA	OFFICE SOUGHT OR HELD City Council Member	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE KARI BIRDSEYE	OFFICE SOUGHT OR HELD City Council Member	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/21/2018  
through 10/28/2018

SUMMARY PAGE  
**CALIFORNIA FORM 460**

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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	\$ <u>25,000.00</u>	\$ <u>165,800.00</u>
2. Loans Received ..... Schedule B, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>25,000.00</u>	\$ <u>165,800.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0.00</u>	<u>14,200.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>25,000.00</u>	\$ <u>180,000.00</u>

## 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

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ <u>0.00</u>	\$ <u>45,241.20</u>
7. Loans Made ..... Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>0.00</u>	\$ <u>45,241.20</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>8,373.30</u>	<u>9,162.05</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>0.00</u>	<u>14,200.00</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>8,373.30</u>	\$ <u>68,603.25</u>

## 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
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>95,558.80</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>25,000.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0.00</u>
15. Cash Payments ..... Column A, Line 8 above	<u>0.00</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>120,558.80</u>

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).

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0.00</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>9,162.05</u>

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/21/2018</u> through <u>10/28/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>8</u>

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
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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)
10/26/2018	BUILDING CALIFORNIA TOGETHER PAC (ID# 1404097) 1127 - 11TH STREET, SUITE 609 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00	25,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				25,000.00		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$	<u>25,000.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$	<u>0.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$</b>	<u>25,000.00</u>

\*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**

SCHEDULE D

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>10/21/2018</u> through <u>10/28/2018</u>	<b>CALIFORNIA FORM 460</b>
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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)
10/21/2018	CHRISTINA STRAWBRIDGE City Council Member CITY OF BENICIA ORIGINAL PAYEE: WINNING CONNECTIONS, 317 PENNSYLVANIA AVE., SE 2ND FLOOR, WASHINGTON, D.C. 20003	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	ROBOCALLS	750.00	20,878.35	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/21/2018	LIONEL LARGAESPADA City Council Member CITY OF BENICIA ORIGINAL PAYEE: WINNING CONNECTIONS, 317 PENNSYLVANIA AVE., SE 2ND FLOOR, WASHINGTON, D.C. 20003	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	ROBOCALLS	750.00	29,167.08	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/23/2018	CHRISTINA STRAWBRIDGE City Council Member CITY OF BENICIA ORIGINAL PAYEE: DIGITAL TURF LLC, 27 CLEAR BROOK CROSSING, KENNEBUNK, ME 04043	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	MAILER	3,000.00	20,878.35	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>				4,500.00		

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 10,084.55
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 10,084.55

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

SCHEDULE D (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>10/21/2018</u> through <u>10/28/2018</u>	<b>CALIFORNIA FORM 460</b>
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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
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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)
10/23/2018	KARI BIRDSEYE City Council Member CITY OF BENICIA ORIGINAL PAYEE: DIGITAL TURF LLC, 27 CLEAR BROOK CROSSING, KENNEBUNK, ME 04043	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	MAILER	2,000.00	18,836.06	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/23/2018	LIONEL LARGAESPADA City Council Member CITY OF BENICIA ORIGINAL PAYEE: DIGITAL TURF LLC, 27 CLEAR BROOK CROSSING, KENNEBUNK, ME 04043	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	MAILER	3,000.00	29,167.08	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/25/2018	CHRISTINA STRAWBRIDGE City Council Member CITY OF BENICIA ORIGINAL PAYEE: FIREFIGHTERS PRINT & DESIGN, 3150 BAY SHORE ROAD, BENICIA, CA 94510	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	WALKING CARDS	292.28	20,878.35	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/25/2018	LIONEL LARGAESPADA City Council Member CITY OF BENICIA ORIGINAL PAYEE: FIREFIGHTERS PRINT & DESIGN, 3150 BAY SHORE ROAD, BENICIA, CA 94510	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	WALKING CARDS	292.27	29,167.08	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>				5,584.55		

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
through	10/28/2018	Page <u>7</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR, INDUSTRIAL SERVICES COMPANIES, PUBLIC SAFETY AND LOCAL LEADERS... (SEE ATTACHMENT)		1412994

SEE INSTRUCTIONS ON REVERSE

**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 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	788.75	0.00	0.00	788.75	
FIREFIIGHTERS PRINT & DESIGN 1780 CREEKSIDE OAKS DR Sacramento, CA 95833	IND WALKING PIECE SUPPORTING LIONEL LARGAESPADA AND CHRISTINA STRAWBRIDGE, BENICIA CITY COUNCIL; NOT YET ALLOCATED	0.00	584.55	0.00	584.55	
WINNING CONNECTIONS 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003	IND EST. COST OF LIVE CALLS SUPPORTING LIONEL LARGAESPADA AND CHRISTINA STRAWBRIDGE, OPPOSING KARI BIRDSEYE, BENICIA CITY COUNCIL; NOT YET ALLOCATED	0.00	7,788.75	0.00	7,788.75	
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>		<b>SUBTOTALS \$</b>	<b>788.75 \$</b>	<b>8,373.30 \$</b>	<b>0.00 \$</b>	<b>9,162.05</b>

**Schedule F Summary**

- 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 \$** 8,373.30
- 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
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 8,373.30  
May be a negative number

**Additional Comments  
For Form 460**

<b>ADDITIONAL COMMENTS</b>	
<b>CALIFORNIA FORM</b>	<b>460</b>
Page <u>  8  </u> of <u>  8  </u>	
<b>I.D. NUMBER</b>	1412994

**NAME OF FILER**  
WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR, INDUSTRIAL SERVICES COMPANIES, PUBLIC SAFETY AND LOCAL LEADERS... (SEE ATTACHMENT)

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