

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

CALIFORNIA FORM 460



Statement covers period  
 from 10/29/2018  
 through 11/06/2018

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

Page 1 of 16  
 For Official Use Only

SEE INSTRUCTIONS ON REVERSE

**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)*

Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:**

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  
RM410@NMGVLAW.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 11/08/2018 By [Signature]  
 Date Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Date 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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
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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
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NAME OF OFFICEHOLDER OR CANDIDATE LIONEL LARGAESPADA	OFFICE SOUGHT OR HELD City Council Member	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE KARI BIRDSEYE	OFFICE SOUGHT OR HELD City Council Member	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

SUMMARY PAGE

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/29/2018	
through	11/06/2018	Page <u>3</u> of <u>16</u>
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

SEE INSTRUCTIONS ON REVERSE

**Contributions Received**

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 0.00	\$ 165,800.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0.00	\$ 165,800.00
4. Nonmonetary Contributions	Schedule C, Line 3	17,900.00	32,100.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 17,900.00	\$ 197,900.00

**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**

		Column A	Column B
6. Payments Made	Schedule E, Line 4	\$ 45,461.81	\$ 90,703.01
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 45,461.81	\$ 90,703.01
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	15,371.40	24,533.45
10. Nonmonetary Adjustment	Schedule C, Line 3	17,900.00	32,100.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 78,733.21	\$ 147,336.46

**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	\$ 120,558.80
13. Cash Receipts	Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	45,461.81
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 75,096.99

*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	\$ 0.00
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**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	\$ 24,533.45

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

from 10/29/2018

through 11/06/2018

**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

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)
11/02/2018	INTERNATIONAL BROTHERHOOD OF BOILERMAKERS LOCAL 92 PAC (ID# 1363067) 555 CAPITOL MALL, SUITE 400 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15,000.00	15,000.00	
11/02/2018	INTERNATIONAL BROTHERHOOD OF BOILERMAKERS, IRON SHIP BUILDERS, BLACKSMITHS, FORGERS & HELPERS LOCAL 549 PAC (ID# 962367) 555 CAPITOL MALL, SUITE 400 Sacramento, CA 95814 REVERSAL OF ENFORCEABLE PLEDGE (NEVER RECEIVED)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-15,000.00	15,000.00	
		<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				
<b>SUBTOTAL \$</b>				0.00		

**Schedule A Summary**

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

\*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 C  
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from <u>10/29/2018</u> through <u>11/06/2018</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1412994

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

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)
10/31/2018	IRON WORKERS LOCAL #378 31120 BAYSHORE ROAD Benicia, CA 94510	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		USE OF SPACE (10/21-10/31)	200.00	400.00	
10/31/2018	STATE BUILDING AND CONSTRUCTION TRADES COUNCIL OF CALIFORNIA 555 CAPITOL MALL, SUITE 400 SACRAMENTO, CA 95814  ESTIMATED NON-MONETARY CONTRIBUTION FOR THE PERIOD 10/21-10/31	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		ESTIMATED COST OF EMPLOYEE TIME AND EXPENSES (10/21-10/31)	7,812.50	12,500.00	
11/04/2018	STATE BUILDING AND CONSTRUCTION TRADES COUNCIL OF CALIFORNIA 555 CAPITOL MALL, SUITE 400 SACRAMENTO, CA 95814  ESTIMATED NON-MONETARY CONTRIBUTION FOR THE PERIOD 11/1-11/6	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		ESTIMATED COST OF EMPLOYEE TIME AND EXPENSES (11/1-11/6)	4,687.50	12,500.00	
11/05/2018	VALERO SERVICES, INC. AND AFFILIATED ENTITIES 3400 EAST SECOND ST. Benicia, CA 94510  NON-MONETARY CONTRIBUTION	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Paid By Third Party	5,000.00	49,297.94	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 17,700.00**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... \$ 17,900.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0.00
- 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 \$ 17,900.00**

\*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 C (Continuation Sheet)  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C (CONT.)

Statement covers period from <u>10/29/2018</u> through <u>11/06/2018</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER 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)

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)
11/05/2018	VALERO SERVICES, INC. AND AFFILIATED ENTITIES 3400 EAST SECOND ST. Benicia, CA 94510  PAYMENT OF PAC ADMINISTRATIVE AND LEGAL SERVICES BY SPONSOR (\$30097.94)	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PAYMENT OF PAC ADMINISTRATIVE AND LEGAL SERVICES BY SPONSOR	30,097.94 Memo	49,297.94	
11/06/2018	IRON WORKERS LOCAL #378 31120 BAYSHORE ROAD Benicia, CA 94510	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		USE OF SPACE (11/1-11/6)	200.00	400.00	
		<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					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 200.00**

**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>10/29/2018</u> through <u>11/06/2018</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)
10/29/2018	CHRISTINA STRAWBRIDGE City Council Member CITY OF BENICIA ORIGINAL PAYEE: WINNING CONNECTIONS, 317 PENNSYLVANIA AVE., SE 2ND FLOOR, WASHINGTON, D.C. 20003  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	ESTIMATED COST OF LIVE CALLS	2,596.25	53,076.75	
10/29/2018	KARI BIRDSEYE City Council Member CITY OF BENICIA ORIGINAL PAYEE: WINNING CONNECTIONS, 317 PENNSYLVANIA AVE., SE 2ND FLOOR, WASHINGTON, D.C. 20003  <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	ESTIMATED COST OF LIVE CALLS	2,596.25	21,432.31	
10/29/2018	LIONEL LARGAESPADA City Council Member CITY OF BENICIA ORIGINAL PAYEE: WINNING CONNECTIONS, 317 PENNSYLVANIA AVE., SE 2ND FLOOR, WASHINGTON, D.C. 20003  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	ESTIMATED COST OF LIVE CALLS	2,596.25	63,006.69	
<b>SUBTOTAL \$</b>				<b>7,788.75</b>		

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 60,634.26
- 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 \$** 60,634.26

**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>10/29/2018</u> through <u>11/06/2018</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)
10/30/2018	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	2,750.00	53,076.75	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/30/2018	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	2,750.00	63,006.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/01/2018	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	LIVE CALLS	820.60	53,076.75	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/01/2018	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	LIVE CALLS	2,461.80	63,006.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL \$ 8,782.40**

**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		<b>CALIFORNIA FORM 460</b>
from	10/29/2018	
through	11/06/2018	Page <u>9</u> of <u>16</u>

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)
11/03/2018	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	DOOR HANGERS	435.70	53,076.75	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/03/2018	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	CANVASSING	19,095.85	53,076.75	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/03/2018	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	DOOR HANGERS	435.71	63,006.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/03/2018	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	CANVASSING	19,095.85	63,006.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL \$ 39,063.11**

**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>10/29/2018</u> through <u>11/06/2018</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)
11/05/2018	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	LIVE CALLS	1,750.00	53,076.75	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/05/2018	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	53,076.75	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/05/2018	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	LIVE CALLS	1,750.00	63,006.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/05/2018	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	63,006.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL \$ 5,000.00**

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period from 10/29/2018 through 11/06/2018	<b>CALIFORNIA FORM 460</b>
	Page 11 of 16

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
FIREFIGHTERS PRINT & DESIGN 1780 CREEKSIDE OAKS DR Sacramento, CA 95833	IND	WALKING PIECE SUPPORTING LIONEL LARGAESPADA AND CHRISTINA STRAWBRIDGE, BENICIA CITY COUNCIL; NOT YET ALLOCATED	584.55
FIREFIGHTERS PRINT & DESIGN 1780 CREEKSIDE OAKS DR Sacramento, CA 95833	IND	DOOR HANGERS SUPPORTING LIONEL LARGAESPADA AND CHRISTINA STRAWBRIDGE, BENICIA CITY COUNCIL	522.85
DIGITAL TURF, LLC 27 CLEAR BROOK CROSSING KENNEBUNK, ME 04043	IND	CANVASSING AND MAILERS SUPPORTING LIONEL LARGAESPADA AND CHRISTINA STRAWBRIDGE, OPPOSING KARI BIRDSEYE, BENICIA CITY COUNCIL; SEE SCH G	32,145.95

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

**SUBTOTAL \$ 33,253.35**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 45,461.81
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.)	<b>TOTAL \$ 45,461.81</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>10/29/2018</u> through <u>11/06/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>16</u>
	I.D. NUMBER 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)

**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
FIREFIGHTERS PRINT & DESIGN 1780 CREEKSIDE OAKS DR Sacramento, CA 95833	IND		DOOR HANGERS SUPPORTING LIONEL LARGAESPADA AND CHRISTINA STRAWBRIDGE, BENICIA CITY COUNCIL	348.56
WINNING CONNECTIONS 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003	IND		ROBOCALLS SUPPORTING LIONEL LARGAESPADA AND CHRISTINA STRAWBRIDGE, BENICIA CITY COUNCIL	788.75
WINNING CONNECTIONS 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003	IND		LIVE CALLS SUPPORTING CHRISTINA STRAWBRIDGE, BENICIA CITY COUNCIL	3,282.40
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	7,788.75

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

**SUBTOTAL \$** 12,208.46

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

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>10/29/2018</u> through <u>11/06/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>13</u> of <u>16</u>
I.D. NUMBER 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)

**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	788.75	0.00	
FIREFIGHTERS PRINT & DESIGN 1780 CREEKSIDE OAKS DR Sacramento, CA 95833	IND WALKING PIECE SUPPORTING LIONEL LARGAESPADA AND CHRISTINA STRAWBRIDGE, BENICIA CITY COUNCIL; NOT YET ALLOCATED	584.55	0.00	584.55	0.00	
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	7,788.75	0.00	7,788.75	0.00	
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>		<b>SUBTOTALS \$</b>	<b>9,162.05\$</b>	<b>0.00\$</b>	<b>9,162.05\$</b>	<b>0.00</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 \$** 24,533.45
- 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 \$** 9,162.05
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 15,371.40  
May be a negative number

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

SCHEDULE F (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>10/29/2018</u> through <u>11/06/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>14</u> of <u>16</u>

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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**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)           |

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

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	IND LIVE CALLS SUPPORTING LIONEL LARGAESPADA AND CHRISTINA STRAWBRIDGE, BENICIA CITY COUNCIL	0.00	3,500.00	0.00	3,500.00
WINNING CONNECTIONS 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003	IND ROBO CALLS SUPPORTING LIONEL LARGAESPADA AND CHRISTINA STRAWBRIDGE, BENICIA CITY COUNCIL	0.00	1,500.00	0.00	1,500.00
DIGITAL TURF, LLC 27 CLEAR BROOK CROSSING KENNEBUNK, ME 04043	IND CANVASSING AND MAILER SUPPORTING LIONEL LARGAESPADA AND CHRISTINA STRAWBRIDGE; PENDING SCH G	0.00	19,533.45	0.00	19,533.45
<b>SUBTOTALS \$</b>		0.00 \$	24,533.45 \$	0.00 \$	24,533.45

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

Amounts may be rounded to whole dollars.

Statement covers period  
from 10/29/2018  
through 11/06/2018

SCHEDULE G  
**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

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.

- |   |   |   |
|---|---|---|
| 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)           |

\* 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
POLITICAL DATA INC. 12501 IMPERIAL HIGHWAY, SUITE 200 Norwalk, CA 90650		DATA		1,145.95

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 1,145.95**

\* 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**

Page 16 of 16

**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