

# Supplemental Independent Expenditure Report

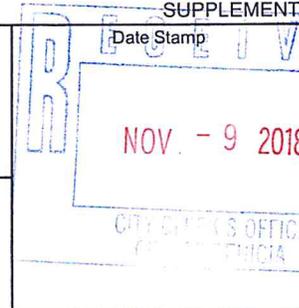
(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period  
from 10/29/2018  
through 11/06/2018  
Date of election if applicable:  
(Month, Day, Year)  
11/06/2018



**CALIFORNIA FORM 465**  
Page 1 of 3  
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**Amendment** (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
1412994

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

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_  
\_\_\_\_\_  
31: \_\_\_\_\_ )  
CITY STATE ZIP CODE AREA CODE/PHONE  
BENICIA CA 94510

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

## Treasurer (If recipient committee)

NAME OF TREASURER  
JASON D. KAUNE

MAILING ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE  
SAN RAFAEL CA 94904

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

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE	
		SUPPORT	OPPOSE
<u>CHRISTINA STRAWBRIDGE</u>	<u>City Council Member: CITY OF BENICIA</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	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)
10/29/2018	WINNING CONNECTIONS 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003	ESTIMATED COST OF LIVE CALLS	2,596.25	53,076.75
11/01/2018	WINNING CONNECTIONS 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003	LIVE CALLS	820.60	53,076.75
11/03/2018	FIREFIGHTERS PRINT & DESIGN 1780 CREEKSIDE OAKS DR Sacramento, CA 95833	DOOR HANGERS	435.70	53,076.75

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Date of election if applicable: (Month, Day, Year) <u>11/06/2018</u>		
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For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 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.

## 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)
11/03/2018	DIGITAL TURF, LLC 27 CLEAR BROOK CROSSING KENNEBUNK, ME 04043	CANVASSING	19,095.85	53,076.75
10/29/2018	POLITICAL DATA INC. 12501 IMPERIAL HIGHWAY, SUITE 200 Norwalk, CA 90650	DATA	1,145.95 MEMO Subpayment made through: DIGITAL TURF, LLC	
11/05/2018	WINNING CONNECTIONS 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003	LIVE CALLS	1,750.00	53,076.75
11/05/2018	WINNING CONNECTIONS 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003	ROBOCALLS	750.00	53,076.75
10/30/2018	DIGITAL TURF, LLC 27 CLEAR BROOK CROSSING KENNEBUNK, ME 04043	MAILER	2,750.00	53,076.75

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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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 (If recipient com.) 1412994
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## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>28,198.40</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.) <b>TOTAL</b>	\$ <u>28,198.40</u>

## 5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER  
BENICIA CITY CLERK  
ADDRESS (NO. AND STREET)  
250 EAST L STREET  
CITY STATE ZIP CODE  
BENICIA CA 94510

2) NAME OF FILING OFFICER  
ADDRESS (NO. AND STREET)  
CITY STATE ZIP CODE

3) NAME OF FILING OFFICER  
ADDRESS (NO. AND STREET)  
CITY STATE ZIP CODE

4) NAME OF FILING OFFICER  
ADDRESS (NO. AND STREET)  
CITY STATE ZIP CODE

## 6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/08/2018  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By   
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT