

# 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 10/21/2018 through 10/28/2018	Date Stamp <b>OCT 31 2018</b> CITY CLERK'S OFFICE CITY OF BENICIA	<b>CALIFORNIA FORM 465</b>
Date of election if applicable: (Month, Day, Year) 11/06/2018	Page 1 of 3 For Official Use Only	

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)

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

CHECK ONE

NAME OF CANDIDATE CHRISTINA STRAWBRIDGE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member: CITY OF BENICIA	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>
			OPPOSE <input type="checkbox"/>

## 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)
10/21/2018	WINNING CONNECTIONS 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003	ROBOCALLS	750.00	20,878.35
10/25/2018	FIREFIIGHTERS PRINT & DESIGN 1780 CREEKSIDE OAKS DR Sacramento, CA 95833	WALKING CARDS	292.28	20,878.35
10/23/2018	DIGITAL TURF, LLC 27 CLEAR BROOK CROSSING KENNEBUNK, ME 04043	MAILER	3,000.00	20,878.35

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>10/21/2018</u> through <u>10/28/2018</u>	<b>CALIFORNIA FORM 465</b>
	Page <u>2</u> of <u>3</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 (If recipient com.) 1412994
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## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.) .....	\$ <u>4,042.28</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>4,042.28</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 10/30/2018  
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

**Additional Comments  
For Form 465**

ADDITIONAL COMMENTS

**CALIFORNIA  
FORM 465**

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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)~~

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

I.D. NUMBER

1412994