

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR, INDUSTRIAL SERVICES COMPANIES, PUBLIC SAFETY AND LOCAL LEADERS... (SEE ATTACHMENT)			<b>Date of This Filing</b> 10/29/2018	Date Stamp OCT 29 2018 CITY CLERK'S OFFICE CITY OF BENICIA	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1412994		<b>Report No. LCR #</b> 1125		
<b>STREET ADDRESS</b>			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
<b>CITY</b> BENICIA	<b>STATE</b> CA	<b>ZIP CODE</b> 94510	<b>No. of Pages</b> 2		

## 1. Contribution(s) Received

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
10/26/2018	BUILDING CALIFORNIA TOGETHER PAC 1127 - 11TH STREET, SUITE 609 Sacramento, CA 95814 Committee ID # 1404097	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

\*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

Reason for Amendment: DRS 7382.16  
707-747-8120 1924 JW M

Oct-29-18 04:09pm F rom-NMPL MARIN 4154542379 T-762 P-001/002 F-903

**Additional Comments  
Form 497 Contribution Report**

**ADDITIONAL COMMENTS  
CALIFORNIA  
FORM 497**

**NAME OF FILER**

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

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**I.D. NUMBER**

**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 BIRDSEY FOR BENICIA CITY COUNCIL 2018**

Oct-29-18

04:10pm

From-NMPL MARIN

4154542379

T-762

P.002/002

F-803