

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

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

Date of This Filing 11/05/2018

Date Stamp

CALIFORNIA FORM **497**

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

Report No. LCR #1202

STREET ADDRESS

1412994

Amendment to Report No. _____
 (explain below)

CITY

STATE

ZIP CODE

BENICIA

CA

94510

No. of Pages 2

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 NOV - 5 2018
 CITY CLERK'S OFFICE
 CITY OF BENICIA

Nov-05-18 05:07pm Form-NMPC-MARIN

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
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 10/21-30/31	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		7,812.50 <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
	TO: <u>City of Benicia</u> FAX: <u>(707) 747-8120</u>	<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

4154542379

T-774

P. 001/002

F-823

Reason for Amendment: _____

7382.16 km APF

*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

Additional Comments
Form 497 Contribution Report

ADDITIONAL COMMENTS

CALIFORNIA
FORM 497

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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

Nov-05-18 05:07pm From-NMPGL MARIN

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