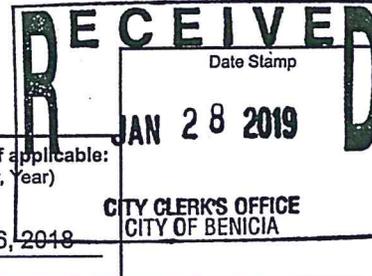


**Recipient Committee
Campaign Statement – Short Form**

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.



SHORT FORM

CALIFORNIA FORM **450**

Page 1 of 3

For Official Use Only

Statement covers period
from July 1, 2018
through December 31, 2018

Date of election if applicable:
(Month, Day, Year)
November 6, 2018

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Quarterly Statement
- Special Odd-year Report
- Amendment (Explain) _____
(Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER
1396779

COMMITTEE NAME
Progressive Democrats of Benicia

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

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kathy Kerridge

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Benicia CA 94510

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

kkerridge@sbcglobal.net

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 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 January 28, 2019
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF 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

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>July 1, 2018</u> through <u>December 31, 2018</u>	CALIFORNIA FORM 450
	Page <u>2</u> of <u>3</u>
NAME OF COMMITTEE	I.D. NUMBER
Progressive Democrats of Benicia	1396779

NAME OF COMMITTEE

Progressive Democrats of Benicia

Expenditures Made

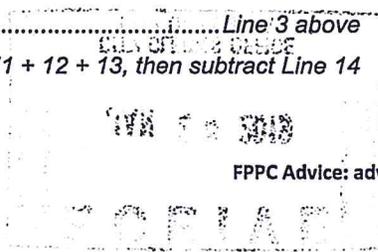
1. Expenditures of \$100 or more made this period	\$	<u>350.00</u>
2. Expenditures under \$100 made this period (Not itemized.).....		<u>50.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$	<u>400.00</u>
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>		<u> </u>
5. Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>1,183.60</u>
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$	<u>1,583.60</u>

Contributions Received

7. Monetary contributions received this period.....	\$	<u>428.00</u>
8. Non-monetary contributions received this period.....		<u> </u>
9. Total contributions received from previous statement..... <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>1,910.00</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$	<u>2,338.00</u>

Current Cash Statement

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$	<u>1,263.94</u>
12. Cash receipts this period..... <i>Line 7 above</i>		<u>428.00</u>
13. Miscellaneous increases to cash	\$	<u> </u>
14. Cash expenditures this period..... <i>Line 3 above</i>		<u>400.00</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	<u>1,291.94</u>



**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

Statement covers period
from July 1, 2018
through December 31, 2018

SHORT FORM

CALIFORNIA FORM 450

Page 3 of 3

I.D. NUMBER
1396779

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Progressive Democrats of Benicia

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
10-6-18	Kari Birdseye 841 Clifton Ct. Benicia, CA 94510	campaign contribution	Kari Birdseye Benicia city council candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$350	Calendar Year \$ <u>350</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL				\$ 350	

* Required only for payments which are contributions or independent expenditures.