Recipient Committee Campaign Statement Cover Page

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CALIFORNIA FORM **460**

Page 1 of 13

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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 9/23/2018
through 10/22/2018

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

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1339457

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Christina Strawbridge for City Council 2018

STREET ADDRESS (NO P.O. BOX):

CITY: Benicia | STATE: CA | ZIP CODE: 94510 | AREA CODE/PHONE:

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:

CITY: Benicia | STATE: CA | ZIP CODE: 94510 | AREA CODE/PHONE: 9

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Scott Strawbridge

MAILING ADDRESS:

CITY: Benicia | STATE: CA | ZIP CODE: 94510 | AREA CODE/PHONE:

NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS:

CITY | STATE | ZIP CODE | AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS

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 and in the attached schedules 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 10/25/2018 (Date) By _____ Signature of Treasurer or Assistant Treasurer

Executed on 10/25/2018 (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Christina Strawbridge

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Benicia City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	Benicia	CA	94510

Related Committees Not Included in this Statement: ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 9/23/2018 through 10/22/2018

CALIFORNIA FORM 460

Page 3 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Christina Strawbridge

I.D. NUMBER: 1339457

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 5812.00	$ 18221.99
2. Loans Received	*Schedule B, Line 3*	4000.00	4000.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 9812.00	$ 22221.99
4. Nonmonetary Contributions	*Schedule C, Line 3*	500.00	1575.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 10312.00	$ 23796.99

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 10333.12	$ 24354.27
7. Loans Made	*Schedule H, Line 3*		
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 10333.12	$ 24354.27
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*		
10. Nonmonetary Adjustment	*Schedule C, Line 3*		
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 10333.12	$ 24354.27

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 5984.22
13. Cash Receipts	*Column A, Line 3 above*	9812.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	
15. Cash Payments	*Column A, Line 8 above*	10333.12
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 5463.10

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — *See instructions on reverse* — $

19. Outstanding Debts — *Add Line 2 + Line 9 in Column B above* — $

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made***
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 9/23/2018
through 10/22/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christina Strawbridge

I.D. NUMBER
1339457

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/05/2018	John Bethards 4001 Industrial Way Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	(Self) Schoenstein & Co. Pipe Organ Builders	$500.00	$500.00	
10/05/2018	Richard Bortolazzo 1356 West K Street Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Broker Coldwell Banker	$300.00	$550.00	
10/05/2018	Shari Bortolazzo 1326 West K Street Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate	$300.00	$550.00	
10/05/2018	John McGuire 552 Watson Ct. Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Self Employed	$100.00	$100.00	
10/05/2018	Solano County Orderly Growth Committee 827 Coventry Lane Fairfield, CA 94533	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	PAC #831689	$250.00	$250.00	
			SUBTOTAL $	$1450		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 4821
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 991
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 5812

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 9/23/2018
through 10/22/2018

CALIFORNIA FORM 460

NAME OF FILER: Christina Strawbridge

I.D. NUMBER: 1339457

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2018	Terry Curtola 50 La Cresenda Street Vallejo, CA 94590	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100.00	$100.00	
10/18/2018	Deborh Sue Munday 457 Samuel Ct. Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate	$250.00	$250.00	
10/18/2018	Jim Ponder 4563 East 2nd Street Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Ponder Environmental	$540.00	$540.00	
10/05/2018	Greg Richey 4702 East 2nd Street Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Signal Solutions	$100.00	$100.00	
10/18/2018	Alan Schwartzman 107 West F Street Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self American Pacific Mortgage	$201.00	$300.00	
			SUBTOTAL $	$1191.00		

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IND – Individual
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SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 9/23/2018
through 10/22/2018

CALIFORNIA FORM 460

NAME OF FILER: Christina Strawbridge

I.D. NUMBER: 1339457

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2018	California Real Estate PAC 525 S Virgil Ave. Los Angeles, CA 90020	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	PAC #890106	$580.00	$580.00	
10/18/2018	Dirk Fulton 768 West H Street Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed Attorney	$250.00	$349.00	
10/18/2018	Terry Scott 1525 East 3rd Street Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100.00	$100.00	
10/18/2018	Ronald Tosch 118 West K Street Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dentist	$100.00	$100.00	
10/11/2018	Donald Zampa 594 Willow Court Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Ironworker	$250.00	$250.00	
			SUBTOTAL $	1280.00		

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IND – Individual
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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 9/23/2018
through 10/22/2018

CALIFORNIA FORM 460

NAME OF FILER
Christina Strawbridge

I.D. NUMBER
1339457

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/2018	Erin Gizzi 300 Semple Crossing Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Special Ed Paraeducator Martinez Unified District	$400.00	$400.00	
9/23/2018	Gustavo Espinosa 507 San Marco St. Fairfield, CA 94533	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Student	$100.00	$100.00	
9/26/2018	Leon Wright 666 Belvedere Dr. Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100.00	$100.00	
10/01/2018	Erin Hannigan 451 Trotter Dr. Vallejo, CA 94591	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Solano County District Supervisor	$200.00	$200.00	
10/03/2018	Jerry and Maryellen Hayes 150 West G Street Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100.00	$100.00	
			SUBTOTAL $	$900.00		

*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

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 9/23/2018 through 10/22/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Christina Strawbridge

I.D. NUMBER: 1339457

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Christina Strawbridge 332 West K Street Benicia, CA 94510 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Christina S	$	$ 4000.00	☑ PAID $ 0 ☐ FORGIVEN $	$ 4000.00 DATE DUE	% RATE $	$ $4000 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
	SUBTOTALS	$	$	$	$	$ (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ $4000.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ $4000.00
   Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM 460

Statement covers period
from 9/23/2018
through 10/22/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Christina Strawbridge

I.D. NUMBER: 1339457

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/2018	Mary Hand 196 W. Tennys Dr. Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Mango Consulting	Ski Package	$400.00	$400.00	
10/18/18	Joann Boccolini 306 Drake Ct. Benicia, CA 94510	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Interior Designer	Meet and Greet Reception	$100.00	$100.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** $500.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ $500.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ _____
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** $500.00

*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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 9/23/2018
through 10/22/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Christina Strawbridge

I.D. NUMBER: 1339457

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Assistance Plus 2320 Courage Dr. #101 Fairfield, CA 94533	POS	Direct Mail	$3579.56
Polygon Publishing 771 West H Street Benicia, CA 94510	PRT	Advertising	$1175.00
Margaret Bowles 375 West J. Street Benicia, CA 94510	PRT	Graphic Design	$130.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ $4884.56

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 10333.12
2. Unitemized payments made this period of under $100 ..... $ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 10333.12

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 9/23/2018 through 10/22/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Christina Strawbridge

I.D. NUMBER: 1339457

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
IPI 471 Lovell's Way Sacramento, CA 95818	TEL	Media Buy	$3000.00
PS Printing 2861 Mandela Pkwy Oakland, CA 94608	PRT	Campaign flyers	$349.29
USPS 290 East L Street Benicia, CA 94510	POS	Stamps	$50.00
Labor Breakfast 445 Nebraska St. Vallejo, CA 94590	MTG	Labor Day Breakfast	$64.08
Facebook	WEB	On line advertising	$50.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ $3513.37

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 9/23/2018 through 10/22/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

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I.D. NUMBER: 1339457

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Safeway Store 0774 Solano Square Benicia, CA 94510	MTG	Food for meet and greet	$95.46
Mailchimp.com	WEB	Advertising	$150.00
Mary Hand Mango Consulting 196 W. Tenny's Dr. Benicia, CA 94510	CNS	Campaign Consulting	$500.00
International Association of Heat and Frost Insulators 3801 Park Rd Benicia, CA 94510	RFD	Returned Contribution	$580.00
California Pipe Trades 1121 L Street #207 Sacramento, CA 95814	RFD	Returned Contribution	$250.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ $1575.46

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

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CALIFORNIA FORM 460

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I.D. NUMBER: 1339457

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
United Association Local Union 343 401 Nebraska St. Vallejo, CA 94590	RFD	Refund	$250.00
Starfish Recording 322 Starfish Dr. Vallejo, CA 94591	TEL	Ad Voice Recording	$45.00
Raise the Money	OFC	Transfer Fees Online fundraising	$64.73

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 359.73