

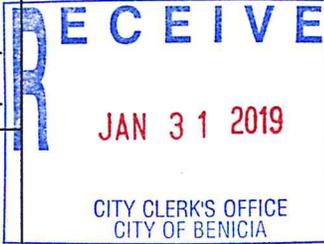
Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to whole dollars.

Amendment (Explain Below)

Report covers period		Date Stamp	CALIFORNIA FORM 465 Page <u>1</u> of <u>3</u> For Official Use Only
from	11/07/2018		
through	12/31/2018		
Date of election if applicable: (Month, Day, Year)			
11/06/2018			

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)

_____ ROAD

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

NAME OF CANDIDATE
CHRISTINA STRAWBRIDGE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE
City Council Member: CITY OF BENICIA

CHECK ONE

SUPPORT	OPPOSE
<input checked="" type="checkbox"/>	<input type="checkbox"/>

NAME OF BALLOT MEASURE

BALLOT NO./LETTER JURISDICTION

SUPPORT	OPPOSE
<input type="checkbox"/>	<input type="checkbox"/>

3. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)

Supplemental Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>11/07/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 465
	Page <u>2</u> of <u>3</u>
I.D. NUMBER (If recipient com.) 1412994	

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>0.00</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.)	TOTAL \$	<u>0.00</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 1/29/2019
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)

I.D. NUMBER

1412994

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