Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

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CITY OF BENICIA

COVER PAGE

CALIFORNIA FORM **460**

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For Official Use Only

Statement covers period
from 01/01/2019
through 06/30/2019

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

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

- ☐ 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:

- ☐ Preelection Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1412994

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
BENICIA	CA	94510	800

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
0

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	

OPTIONAL: FAX / E-MAIL ADDRESS
/ FORM410@NMGOVLAW.COM

Treasurer(s)

NAME OF TREASURER
JASON D. KAUNE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94904	)

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS
0

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	

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 07/31/2019 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on _____ (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

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

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

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

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Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 01/01/2019
through 06/30/2019

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES

I.D. NUMBER
1412994

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 0.00	$ 0.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 0.00	$ 0.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 0.00	$ 0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 0.00	$ 0.00
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 0.00	$ 0.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-27,608.90	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ -27,608.90	$ 0.00

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 48,161.54
13. Cash Receipts	Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	0.00
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 48,161.54

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 0.00

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.

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Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period
from 01/01/2019
through 06/30/2019

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES

I.D. NUMBER

1412994

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)
01/31/2019	VALERO SERVICES, INC. AND AFFILIATED ENTITIES 3400 EAST SECOND ST. Benicia, CA 94510	☐IND ☐COM ☒OTH ☐PTY ☐SCC		PAYMENT OF PAC ADMINISTRATIVE SERVICES BY SPONSOR	2,320.50 Memo	37,352.69	
02/28/2019	VALERO SERVICES, INC. AND AFFILIATED ENTITIES 3400 EAST SECOND ST. Benicia, CA 94510	☐IND ☐COM ☒OTH ☐PTY ☐SCC		PAYMENT OF PAC ADMINISTRATIVE SERVICES BY SPONSOR	602.29 Memo	37,352.69	
03/31/2019	VALERO SERVICES, INC. AND AFFILIATED ENTITIES 3400 EAST SECOND ST. Benicia, CA 94510	☐IND ☐COM ☒OTH ☐PTY ☐SCC		PAYMENT OF PAC ADMINISTRATIVE SERVICES BY SPONSOR	2,332.50 Memo	37,352.69	
04/30/2019	VALERO SERVICES, INC. AND AFFILIATED ENTITIES 3400 EAST SECOND ST. Benicia, CA 94510	☐IND ☐COM ☒OTH ☐PTY ☐SCC		PAYMENT OF PAC ADMINISTRATIVE SERVICES BY SPONSOR	1,477.00 Memo	37,352.69	

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 0.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 0.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0.00
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 $** 0.00

*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 C (Continuation Sheet)
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C (CONT.)

Statement covers period
from 01/01/2019
through 06/30/2019

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES

I.D. NUMBER

1412994

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)
05/16/2019	VALERO SERVICES, INC. AND AFFILIATED ENTITIES 3400 EAST SECOND ST. Benicia, CA 94510	☐IND ☐COM ☒OTH ☐PTY ☐SCC		PAYMENT OF PAC ADMINISTRATIVE SERVICES BY SPONSOR	23,780.23 Memo	37,352.69	
05/16/2019	VALERO SERVICES, INC. AND AFFILIATED ENTITIES 3400 EAST SECOND ST. Benicia, CA 94510	☐IND ☐COM ☒OTH ☐PTY ☐SCC		PAYMENT OF PAC ADMINISTRATIVE SERVICES BY SPONSOR	3,828.67 Memo	37,352.69	
05/31/2019	VALERO SERVICES, INC. AND AFFILIATED ENTITIES 3400 EAST SECOND ST. Benicia, CA 94510	☐IND ☐COM ☒OTH ☐PTY ☐SCC		PAYMENT OF PAC ADMINISTRATIVE SERVICES BY SPONSOR	2,436.50 Memo	37,352.69	
06/30/2019	VALERO SERVICES, INC. AND AFFILIATED ENTITIES 3400 EAST SECOND ST. Benicia, CA 94510	☐IND ☐COM ☒OTH ☐PTY ☐SCC		PAYMENT OF PAC ADMINISTRATIVE SERVICES BY SPONSOR	575.00 Memo	37,352.69	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0.00

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Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

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from 01/01/2019
through 06/30/2019

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I.D. NUMBER
1412994

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 L STREET, SUITE 1200 Sacramento, CA 95814 SEE SCHEDULE C	PRO	23,780.23	-23,780.23	0.00	0.00
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 L STREET, SUITE 1200 Sacramento, CA 95814 SEE SCHEDULE C	PRO	3,828.67	-3,828.67	0.00	0.00
*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**	**SUBTOTALS $**	27,608.90$	-27,608.90$	0.00$	0.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** -27,608.90
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 0.00
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** -27,608.90
   May be a negative number