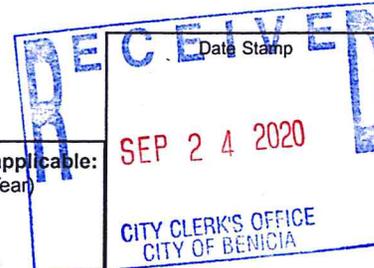


**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COPY



COVER PAGE

**CALIFORNIA
FORM 460**

| | | | |
|---|---|--|---|
| Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u> | Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u> | Date Stamp SEP 24 2020 CITY CLERK'S OFFICE CITY OF BENICIA | Page <u>1</u> of <u>10</u> For Official Use Only |
|---|---|--|---|

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall (Also Complete Part 5) | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored (Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee | <input checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7) |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) <input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> 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, SUPPORTING CHRISTINA STRAWBRIDGE FOR BENICIA MAYOR 2020... (SEE ATTACHED)

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 |
| SAN RAFAEL | CA | 94901 | |

OPTIONAL: FAX / E-MAIL ADDRESS

WWW.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

MICHAEL A. COLUMBO

MAILING ADDRESS

| | | | |
|------------|-------|----------|-----------------|
| 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 09/23/2020
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By _____
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
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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 CHRISTINA STRAWBRIDGE | OFFICE SOUGHT OR HELD Mayor CITY OF BENICIA | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|--|--|--|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | | |
|--|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2020 | |
| through | 09/19/2020 | Page <u>3</u> of <u>10</u> |
| NAME OF FILER WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES, SUPPORTING CHRISTINA STRAWBRIDGE FOR BENICIA MAYOR 2020... (SEE ATTACHED) | | I.D. NUMBER 1412994 |

SEE INSTRUCTIONS ON REVERSE

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 |

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 | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ 27,400.50 | \$ 35,488.60 |
| 7. Loans Made Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 27,400.50 | \$ 35,488.60 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 29,491.40 | 30,291.90 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 56,891.90 | \$ 65,780.50 |

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 |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|---------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 240,023.44 |
| 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 | 27,400.50 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 212,622.94 |
| <i>If this is a termination statement, Line 16 must be zero.</i> | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ 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).

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

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 | \$ 30,291.90 |

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>10</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES, SUPPORTING CHRISTINA STRAWBRIDGE FOR BENICIA MAYOR 2020... (SEE ATTACHED)

I.D. NUMBER
1412994

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 09/11/2020 | CHRISTINA STRAWBRIDGE Mayor CITY OF BENICIA | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | LIVE CALLS & DATA | 20,000.00 | 27,000.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 09/18/2020 | CHRISTINA STRAWBRIDGE Mayor CITY OF BENICIA | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | LIVE CALLS | 7,000.00 | 27,000.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | 27,000.00 | | |

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 27,000.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 27,000.00

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | | |
|-------------------------|------------|----------------------------|---------|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 07/01/2020 | Page | 5 of 10 |
| through | 09/19/2020 | I.D. NUMBER | 1412994 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES, SUPPORTING CHRISTINA STRAWBRIDGE FOR BENICIA MAYOR 2020... (SEE ATTACHED)

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 |
|---|---------|---------------------------------|-------------|
| NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 L STREET, SUITE 1200 Sacramento, CA 95814 | PRO | | 800.50 |
| EMC RESEARCH 88 E. BROAD STREET, SUITE 2025 Columbus, OH 43215 | | SCIENTIFIC POLL; SEE SCHEDULE G | 26,600.00 |
| | | | |

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

SUBTOTAL \$ 27,400.50

Schedule E Summary

| | |
|--|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 27,400.50 |
| 2. Unitemized payments made this period of under \$100 | \$ 0.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 27,400.50 |

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>10</u> |
| | I.D. NUMBER 1412994 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES, SUPPORTING CHRISTINA STRAWBRIDGE FOR BENICIA MAYOR 2020... (SEE ATTACHED)

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 |
| LT 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 | PRO | 800.50 | 0.00 | 800.50 | 0.00 |
| NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 L STREET, SUITE 1200 Sacramento, CA 95814 | PRO | 0.00 | 1,628.40 | 0.00 | 1,628.40 |
| NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 L STREET, SUITE 1200 Sacramento, CA 95814 | PRO | 0.00 | 1,663.50 | 0.00 | 1,663.50 |
| SUBTOTALS \$ | | 800.50\$ | 3,291.90\$ | 800.50\$ | 3,291.90 |

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

Schedule F Summary

- 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 \$** 30,291.90
- 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 \$** 800.50
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 29,491.40
May be a negative number

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

SCHEDULE F (CONT.)

Amounts may be rounded
to whole dollars.

| | |
|---|----------------------------|
| Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>7</u> of <u>10</u> |
| NAME OF FILER WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES, SUPPORTING CHRISTINA STRAWBRIDGE FOR BENICIA MAYOR 2020... (SEE ATTACHED) | |
| 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) |

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

| 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 |
|--|---|---|---------------------------------------|---|--|
| WINNING CONNECTIONS, INC. 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003 | IND LIVE CALLS & DATA/SUPPORT/C. STRAWBRIDGE, MAYOR - CITY OF BENICIA; SEE SCHEDULE G | 0.00 | 20,000.00 | 0.00 | 20,000.00 |
| WINNING CONNECTIONS, INC. 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003 | IND LIVE CALLS/SUPPORT/C. STRAWBRIDGE, MAYOR - CITY OF BENICIA; SEE SCHEDULE G | 0.00 | 7,000.00 | 0.00 | 7,000.00 |
| | | | | | |
| | | | | | |
| SUBTOTALS \$ | | 0.00\$ | 27,000.00\$ | 0.00 \$ | 27,000.00 |

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

SCHEDULE G

Amounts may be rounded to whole dollars.

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2020 | |
| through | 09/19/2020 | Page <u>8</u> of <u>10</u> |
| NAME OF FILER | | I.D. NUMBER |
| WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES, SUPPORTING CHRISTINA STRAWBRIDGE FOR BENICIA MAYOR 2020... (SEE ATTACHED) | | 1412994 |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR | | |
| EMC RESEARCH | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES, SUPPORTING CHRISTINA STRAWBRIDGE FOR BENICIA MAYOR 2020... (SEE ATTACHED)

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 EMC RESEARCH

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) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| AMERICAN DIRECTIONS GROUP 1015 15TH STREET NW, SUITE 600 Washington, DC 20005 | | TELEPHONE INTERVIEWS | 7,343.64 |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets. TOTAL* \$ 7,343.64

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

SCHEDULE G

Amounts may be rounded to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>9</u> of <u>10</u> |
| | I.D. NUMBER 1412994 |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|--|
| NAME OF FILER WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES, SUPPORTING CHRISTINA STRAWBRIDGE FOR BENICIA MAYOR 2020... (SEE ATTACHED) | |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR WINNING CONNECTIONS, INC. | |

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) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|-------------------------|-------------|
| ECCO GROUP USA, LLC 1809 NW 142ND TERRACE Hollywood, FL 33028 | | CALL CENTER | 7,984.48 |
| SIGNIA MARKETING 6521 W. 91ST AVENUE Westminster, CO 80031 | | CALL CENTER | 13,484.47 |
| TARGET SMART COMMUNICATIONS, LLC 1155 15TH STREET, NW Washington, DC 20005 | | VOTER DATA & CALL LISTS | 1,031.05 |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 22,500.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Additional Comments
For Form 460**

| | |
|--|-------------------------------|
| ADDITIONAL COMMENTS | |
| CALIFORNIA FORM | 460 |
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| NAME OF FILER WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES, SUPPORTING CHRISTINA STRAWBRIDGE FOR BENICIA MAYOR 2020... (SEE ATTACHED) | I.D. NUMBER 1412994 |

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WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES, SUPPORTING CHRISTINA STRAWBRIDGE FOR BENICIA MAYOR 2020... (SEE ATTACHED)

FULL COMMITTEE NAME: WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES, SUPPORTING CHRISTINA STRAWBRIDGE FOR BENICIA MAYOR 2020, COMMITTEE MAJOR FUNDING BY VALERO