

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)
Report #465 1
SEE INSTRUCTIONS ON REVERSE

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

Amendment (Explain Below)

COPY

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from 01/01/2020 through 09/19/2020	Date Stamp SEP 24 2020 CITY CLERK'S OFFICE CITY OF BENICIA	CALIFORNIA FORM 465
Date of election if applicable (Month, Day, Year) 11/03/2020	Page 1 of 4	For Official Use Only

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 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	

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

CHECK ONE

NAME OF CANDIDATE CHRISTINA STRAWBRIDGE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Mayor: CITY OF BENICIA	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>
			OPPOSE <input type="checkbox"/>

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

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
09/11/2020	WINNING CONNECTIONS, INC. 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003	LIVE CALLS & DATA	20,000.00	27,000.00
09/19/2020	TARGET SMART COMMUNICATIONS, LLC 1155 15TH STREET, NW Washington, DC 20005	VOTER DATA & CALL LISTS	1,031.05	
			MEMO Subpayment made through: WINNING CONNECTIONS, INC.	
09/19/2020	SIGNIA MARKETING 6521 W. 91ST AVENUE Westminster, CO 80031	CALL CENTER	13,484.47	
			MEMO Subpayment made through: WINNING CONNECTIONS, INC.	

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

Report covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	Date Stamp	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u>		

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

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
09/19/2020	ECCO GROUP USA, LLC 1809 NW 142ND TERRACE Hollywood, FL 33028	CALL CENTER	7,984.48 MEMO Subpayment made through: WINNING CONNECTIONS, INC.	
09/18/2020	WINNING CONNECTIONS, INC. 317 PENNSYLVANIA AVE., SE 2ND FLOOR Washington, DC 20003	LIVE CALLS	7,000.00	27,000.00

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	01/01/2020	
through	09/19/2020	Page <u>3</u> of <u>4</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 (If recipient com.) 1412994

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	27,000.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL	\$ 27,000.00

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 09/23/2020
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	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
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	