



Attachment to Working Families for a Strong Benicia Form 496

The information contained herein, as well as on the attached Form 496 and any additional attachments thereto, is provided pursuant to Section 1.40.041 of the Benicia Municipal Code.

The expenditure(s) identified on the attached Form 496 were not made at the behest of any candidate or ballot measure proponent who benefited from the expenditure(s).

I certify under penalty of perjury under the laws of the State of California that I have used all reasonable diligence in preparing and/or reviewing the attached Form 496, and to the best of my knowledge the information contained therein is true and correct.



Jason D. Kaune, Treasurer
9/19/20
Date



Paul Adler, Responsible Officer
9/19/20
Date

Strawbridge
Emailed on 9/19/2020

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

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) AREA CODE/PHONE NUMBER (415) 389-6800		I.D. NUMBER (if applicable) 1412994	Date of This Filing 09/19/2020 Report No. 9.19.20 CS <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 2	Date Stamp RECEIVED SEP 21 2020 CITY CLERK'S OFFICE CITY OF BENICIA	CALIFORNIA FORM 496 For Official Use Only
STREET ADDRESS 3150 BAYSHORE ROAD					
CITY BENICIA	STATE CA	ZIP CODE 94510			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED CHRISTINA STRAWBRIDGE				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Mayor CITY OF BENICIA	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/18/2020	LIVE CALLS Cumulative to date total \$27000.00; WINNING CONNECTIONS, 317 PENNSYLVANIA AVENUE, 2ND FLOOR, WASHINGTON, DC 20003	7,000.00

Reason for Amendment: _____

**Additional Comments
For Form 496**

ADDITIONAL COMMENTS	
CALIFORNIA FORM	496
Page <u> 2 </u> of <u> 2 </u>	
I.D. NUMBER	1412994

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)~~
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