

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<p><b>NAME OF FILER</b>                  WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES, SUPPORTING CHRISTINA STRAWBRIDGE FOR BENICIA MAYOR 2020 (SEE ATTACHED)</p> <p><b>AREA CODE/PHONE NUMBER</b>                  [REDACTED]</p> <p><b>I.D. NUMBER (if applicable)</b>                  1412994</p> <p><b>STREET ADDRESS</b>                  [REDACTED]</p> <p><b>CITY</b> [REDACTED]      <b>STATE</b> [REDACTED]      <b>ZIP CODE</b> [REDACTED]</p>	<p><b>Date of This Filing</b> 10/16/2020</p> <p><b>Report No.</b> LCR #2133</p> <p><input type="checkbox"/> <b>Amendment to Report No.</b> _____                  (explain below)</p> <p><b>No. of Pages</b> 2</p>	<p><b>Date Stamp</b></p> <div style="border: 2px solid blue; padding: 5px; text-align: center;"> <p style="font-size: 2em; color: blue; margin: 0;">RECEIVED</p> <p style="color: red; margin: 0;">OCT 19 2020</p> <p style="font-size: 0.8em; margin: 0;">CITY MANAGER'S OFFICE CITY OF BENICIA</p> </div>	<p><b>CALIFORNIA FORM 497</b></p> <p style="font-size: 0.8em;">For Official Use Only</p>
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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/15/2020	INTERNATIONAL BROTHERHOOD OF BOILERMAKERS, IRON SHIP BUILDERS, BLACKSMITHS, FORGERS & HELPERS LOCAL 549 PAC 555 CAPITOL MALL, SUITE 400 Sacramento, CA 95814 Committee ID # 962367	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

\*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

Reason for Amendment: \_\_\_\_\_

**Additional Comments**  
**Form 497 Contribution Report**

ADDITIONAL COMMENTS

**CALIFORNIA**  
**FORM** **497**

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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)  
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 TOP CONTRIBUTOR VALERO