

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 10 / 10 / 2018	Date of termination ____ / ____ / ____

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
NOV 05 2019

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information	I.D. Number (if applicable) 1412994	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
BENICIA CA 94510 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
MARIN CITY OF BENICIA

NAME OF TREASURER
JASON D. KAUNE

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94904 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
GREG Y. GONZALEZ

STREET ADDRESS (NO P.O. BOX)
2 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94901 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
PAUL ADLER

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
BENICIA CA 94510 [REDACTED]

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing 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 10/21/2019 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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

I.D. NUMBER

1412994

2a. Additional Officers / Assistant Treasurers

NAME

BOB JENNINGS

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
SACRAMENTO CA 95814 ()

NAME

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME WORKING FAMILIES FOR A STRONG BENICIA, A COALITION OF LABOR AND INDUSTRIAL SERVICES COMPANIES	I.D. NUMBER 1412994
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION BANK OF MARIN	AREA CODE/PHONE (415) 927-8902	BANK ACCOUNT NUMBER 01-343714
ADDRESS 504 TAMALPAIS DRIVE	CITY CORTE MADERA	STATE ZIP CODE CA 94925

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

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COMMITTEE NAME

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

I.D. NUMBER

1412994

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

MAKE INDEPENDENT EXPENDITURES SUPPORTING/OPPOSING LOCAL CANDIDATES

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

STATE BUILDING & CONSTRUCTION TRADES COUNCIL OF CALIFORNIA

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

LABOR ORGANIZATION

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

SACRAMENTO

CA

95814

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

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

I.D. NUMBER

1412994

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR BOILERMAKERS LOCAL 549	INDUSTRY GROUP OR AFFILIATION OF SPONSOR LABOR ORGANIZATION
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MAILING ADDRESS [REDACTED]	NO. AND STREET	CITY PITTSBURG	STATE CA	ZIP CODE 94565	[REDACTED]
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NAME OF SPONSOR LOCAL 16 HEAT AND FROST INSULATORS	INDUSTRY GROUP OR AFFILIATION OF SPONSOR LABOR ORGANIZATION
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MAILING ADDRESS [REDACTED]	NO. AND STREET	CITY BENICIA	STATE CA	ZIP CODE 94510	[REDACTED]
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NAME OF SPONSOR YANDELL TRUCKAWAY, INC.	INDUSTRY GROUP OR AFFILIATION OF SPONSOR INDUSTRIAL SERVICES
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MAILING ADDRESS [REDACTED]	NO. AND STREET	CITY BENICIA	STATE CA	ZIP CODE 94510	[REDACTED]
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NAME OF SPONSOR VALERO SERVICES, INC.	INDUSTRY GROUP OR AFFILIATION OF SPONSOR INDUSTRIAL SERVICES
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MAILING ADDRESS [REDACTED]	NO. AND STREET	CITY SACRAMENTO	STATE CA	ZIP CODE 95814	[REDACTED]
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NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
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MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
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NAME OF SPONSOR	
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MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
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