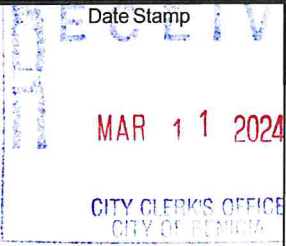


497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER City of Benicia Police Officers Association PAC			Date of This Filing <u>03/11/2024</u>	Date Stamp 	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1387527		Report No. <u>031124</u>		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Benicia	STATE CA	ZIP CODE 94510	No. of Pages <u>1</u>		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
02/14/2024	Committee to Protect Benicia - Yes on B (ID# 1465312) 1700 Tribute Rd., Suite 201 Sacramento, CA 95815	Benicia Public Safety and Essential Services Measure Measure: B City of Benicia	1,000.00	03/05/2024

Reason for Amendment: _____