496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER	Date of This Filing	Date Stamp	CALIFORNIA FORM 496
Napa-Solano County Labor & Working Families Political Action Committee, Sponsored by Labor Organizations	11/01/2024		For Official Use Only
AREA CODE/PHONE NUMBER [redacted] / I.D. NUMBER (if applicable) 1454547	Report No. Macenski1		
STREET ADDRESS [redacted]	☐ Amendment to Report No. _____ (explain below)		
CITY: Napa / STATE: CA / ZIP CODE: 94558	No. of Pages 1		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			
Trevor Macenski			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE
City Council Member City of Benicia		X	

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/24/2024	Mailer Cumulative to date total $2704.90	2,704.90

Reason for Amendment: _____