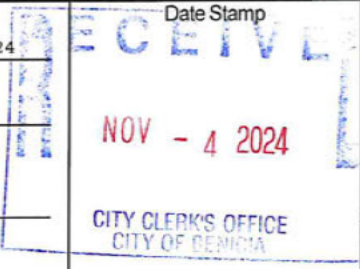


496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

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

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED _____				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Road Repairs and Storm Drains			
OFFICE SOUGHT OR HELD _____	DISTRICT NO. _____	SUPPORT _____	OPPOSE _____	BALLOT NO./LETTER F	JURISDICTION City of Benicia	SUPPORT X	OPPOSE _____

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/29/2024	Digital Ads Cumulative to date total \$2450.82	2,000.00

Reason for Amendment: _____