

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

AREA CODE/PHONE NUMBER
[REDACTED]

I.D. NUMBER (if applicable)
1454547

STREET ADDRESS
[REDACTED]

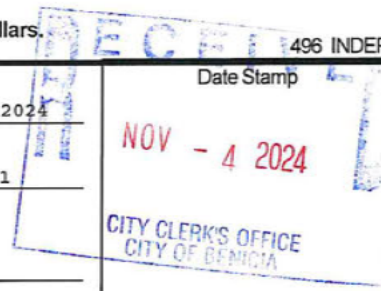
CITY Napa **STATE** CA **ZIP CODE** 94558

Date of This Filing 11/01/2024

Report No. MeasureH1

Amendment to Report No. _____
(explain below)

No. of Pages 1



CALIFORNIA FORM 496

For Official Use Only

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
				Local Funding			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
				H	City of Benicia	X	

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 \$2225.40	2,000.00

Reason for Amendment: _____