

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Progressive Democrats of Benicia			Date of This Filing <u>07/29/2024</u>	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold;">CALIFORNIA FORM 497</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> For Official Use Only JUL 30 2024 CITY CLERK'S OFFICE CITY OF BENICIA </div>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1396779		Report No. <u>1</u>		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Benicia	STATE CA	ZIP CODE 94510	No. of Page <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>
2/28/2024	Committee to Protect Benicia - Yes on B ID#1465312 [REDACTED] Sacramento CA 95815		1,000.00	03/05/2024

Reason for Amendment: _____