

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Re-elect Jaron Brandon District 5 Supervisor 2024			Date of This Filing <u>03/04/2024</u>	Date Stamp Filed MAR 04 2024	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 	I.D. NUMBER (if applicable) 1461079		Report No. <u>2</u>		
STREET ADDRESS 			☐ Amendment to Report No. _____ (explain below)		
CITY Columbia	STATE CA	ZIP CODE 95310	No. of Pages <u>1</u> By <u>[Signature]</u> Volunteer County Clerk Deputy		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/01/2024	Northern California District Council of Laborers PAC ID# 1243030 [REDACTED] Pleasanton, CA 94588	☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC		1,000 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

Reason for Amendment: _____

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee