

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER NORTH STATE BUILDS JOBS PAC		Date of This Filing 10/15/2020	Date Stamp	<b>CALIFORNIA FORM 496</b> <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1430191	Report No. 0001		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY REDDING	STATE CA	ZIP CODE 96001	No. of Pages 1	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED KAMI DENLAY				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD COUNCILMEMBER, CITY OF CHICO	DISTRICT NO. 3	SUPPORT	OPPOSE X	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/14/2020	CONTRIBUTION TO GOLDEN STATE LEADERSHIP FUND, FPPC #1281772	\$25,000

Reason for Amendment \_\_\_\_\_