497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Greg Hostetler and Affiliated Entities		10/31/2024		For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No. 246001-11		
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)		
CITY / STATE / ZIP CODE		No. of Pages 1		
Los Banos / CA / 93635				

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/30/2024	Recall Jones and Begonia 2024; Committee to Renew Los Banos Sacramento, CA 95815	Recall Jones and Begonia 2024; Committee to Renew Los Banos Local City of Los Banos	10,000.00	11/05/2024

Reason for Amendment: _____