

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER Los Angeles County Firefighters Local 1014 - IAFF Organized, Ready & Committed in Emergencies: F.O.R.C.E Fund Committee			Date of This Filing <u>03/05/2024</u>	Date Stamp 2024 MAR -6 AM 9:2 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 639-1014	I.D. NUMBER (if applicable) 1279318		Report No. <u>365819-IA</u>		
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY El Monte	STATE CA	ZIP CODE 91731		No. of Pages <u>1</u>	

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)
03/04/2024	Working Families and First Responders for Kathryn Barger for Supervisor 2024 (ID# 1462438) Los Angeles, CA 90017		20,000.00	03/05/2024

Reason for Amendment: _____