Page:001

ID:CAMPAIGN FINANCE

FEB-11-2020 05:26PM From:2134526575

Late Contrib	ution Report		Amounts may	ype or print in ini y be rounded to v	k. vhole dollars.	RECEIVED BY LATE CO	ONTRIBUTION REPO
NAME OF FILER Firefighters and Neighbor Sponsored by Los Angele	rs for Safer Communities - Yes as County Fire Fighters, IAFF L	on Measure FD, ocal 1014		Date of This Filing _	02/11/2020		orna 40
AREA CODE/PHONE NUMBER (# applicable))	Paner No. 021120A		2020 FEB 12 AM 8: 56 For	Official Use Only
213) 452-6565		Report N			PROPOSITION B UNIT		
STREET ADDRESS				Amendme		A SOLLIOIS DISSIL	
πY		STATE	ZIP CODE	(explain below)		140	
os Angeles		CA	90017	No. of Pages	-2	1/2	
.ate Contribut	tion(s) Received						
DATE RECEIVED	FULL NAME	E, MAILING ADDRESS AN (IF COMMITTEE, ALS	ND ZIP CODE OF CONTRIBU O ENTER LD, NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF EUSINESS)	AMOUNT RECEIVED
02/10/2020	Committee for Stronge	r and Safer Neighbo	rhoods - Supervisor Ja	nice Hahn Ballo		ttee	164120.8
1					☐ OTH		
	Los Angeles ID: 1399573		CA 90017-5864		PTY		
02/10/2020	Los Angeles County Fi	refighters Local 101		n Project	□ IND ⊠ COM □ OTH		1000000.00
	El Monte ID: 1279076		CA 91731-3002		☐ PTY		
1	ID:				IND COM OTH PTY	-	
						-	,
*Contributor Codes				1			
	nmittee (other than PTY or S	PTY - Politica SCC) SCC - Small	al Party Contributor Committee	1			
OTH - Other							
				-		•	
eason for Amendment	t:						
	-						

Pate Stamp FPPC Toll-Free Helpline: 866/ASK-FPPC

Pase: 002

ID: CAMPAIGN FINANCE

FEB-11-2020 05:26PM From:2134526575

Late Contribution Report				pe or print in ink. be rounded to whole dollars.	RE	RECEIVED BY LATE CONTRIBUTION REPOR			
STREET ADDRESS	Neighbors for Safer Com Fire Fighters, IAFF Local E NUMBER	munities - Yes on Mea 1014 I.D. NUMBER (rapplicable 1424050	asure FD, Sponsored by o) ZIP CODE	Date of This Filing Report No Amendment to Report No (explain below) No. of Pages	2020 FE	GELES COUN GEB 12 AM 8: 50 OSITION B UNIT	For Official Use Only		
DATE MADE	FULL NAME, MAIL	LING ADDRESS AND ZIP C		CANDIDATE AND OFF OR MEASURE AND JURISDI	FICE .	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)		
1	ID:				Ballot: Dist: Ballot:				
	ID:			·	Ballot:				
	ID:			1	Ballot: Dist:				
Reason for Amendm	nent:					•			

FPPC Form 497(June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC