

497 Contribution Report

Amounts may be rounded to whole dollars.

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PROPOSITION B UNIT

CALIFORNIA FORM **497**

For Official Use Only

NAME OF FILER
Firefighters and Neighbors for Safer Communities - Yes on Measure FD, Sponsored by
Los Angeles County Fire Fighters, IAFF Local 1014

Date of This Filing 1/23/2020

AREA CODE/PHONE NUMBER
(213) 452-6565

I.D. NUMBER (if applicable)
1424050

Report No. 1

STREET ADDRESS

Amendment to Report No. (explain below)

CITY STATE ZIP CODE
Los Angeles CA 90017

No. of Pages 1

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
1/22/2020	Los Angeles County Firefighters Local 1014 Community Issues PAC Fund El Monte, CA 91731 ID# 1338370	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> 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

FPPC Form 497 (Feb/2019)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov