

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>International Association of Fire Fighters</b>		Date of This Filing <u>10/12/16</u>	Date Stamp <b>CITY OF DALY CITY CITY CLERK</b>	<b>CALIFORNIA FORM 497</b> <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER <u>202/737-8484</u>	I.D. NUMBER (if applicable)	Report No. <u>101216</u>	<b>2016 OCT 12 P 3:26</b>	
STREET ADDRESS <u>1750 New York Avenue</u>		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	<b>RECEIVED</b>	
CITY <u>Washington</u>	STATE <u>DC</u>	ZIP CODE <u>20006</u>		No. of Pages <u>2</u>

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10/12/2016	Daly City Fire Fighters in Support of Measure V 333 Park Plaza Drive #206 Daly City, CA 94015 <small>(committee ID number not yet assigned)</small>	Measure V, City of Daly City	10000.00	11/8/2016

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