

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <u>Exemption for Daly City Council 2024</u>		Date of This Filing <u>08/30/2024</u>	Date Stamp RECEIVED: AUG 30 2024 PM12:08 CITY OF DALY CITY CITY CLERK	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <u>(415)</u>	I.D. NUMBER (if applicable) <u>146928</u>	Report No. <u>2</u>		
STREET ADDRESS <u>Daly City</u>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Daly City</u>	STATE <u>CA</u>	ZIP CODE <u>94015</u>	No. of Pages <u>2</u>	

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
08/30/2024	San Mateo County Firefighters Political Activity Res Committee Redwood City CA 94063 PPPC# 1261372	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000 <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