

497 Contribution Report

Amounts may be rounded to whole dollars.

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

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 Activities Committee Redwood City CA 94063	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC FPPC# 1261372		\$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