

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Daly City Police Officers Association PAC			Date of This Filing <u>2/5/25</u> <b>RECEIVED FEB 05 2025 AM 09:48</b> CITY OF DALY CITY CITY CLERK		<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 862148		Report No. <u>25-1</u>		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Daly City	STATE CA	ZIP CODE 94015	No. of Pages <u>1</u>		

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
2/5/25	Daly City Fire Association [REDACTED] Daly City, Ca. 94015	Daly City Fire Association PAC Fund	3665.13	

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