

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 8/21/24	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 862148	Report No. 24-1	RECEIVED: AUG 21 2024 PM03:29 CITY OF DALY CITY CITY CLERK	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY Daly City	STATE CA	ZIP CODE 94015		

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)
8/21/24	Teresa Proano [REDACTED] Daly City, Ca. 94015 1469059	Teresa Proano Daly City Council	\$2000	11/5/24
8/21/24	Theresa Faapuua For City Council 2024 [REDACTED] Daly City, Ca. 94015 1469284	Theresa Faapuua Daly City Council	\$2000	11/5/24

Reason for Amendment: _____