

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Daly City Police Officers Association PAC			<b>Date of This Filing</b> 8/21/24	<b>Date Stamp</b>	<div style="background-color: black; color: white; padding: 5px; font-weight: bold;">CALIFORNIA FORM 497</div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> <div style="background-color: black; width: 100px; height: 20px;"></div>	<b>I.D. NUMBER (if applicable)</b> 862148	<b>Report No.</b> 24-1		<div style="color: red; font-weight: bold; text-align: center;">RECEIVED:</div> <div style="color: red; font-weight: bold; text-align: center;">AUG 21 2024 PM03:29</div>	
<b>STREET ADDRESS</b> <div style="background-color: black; width: 150px; height: 30px;"></div>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>		<div style="color: red; font-weight: bold; text-align: center;">CITY OF DALY CITY</div> <div style="color: red; font-weight: bold; text-align: center;">CITY CLERK</div>	
<b>CITY</b> Daly City	<b>STATE</b> CA	<b>ZIP CODE</b> 94015	<b>No. of Pages</b> 1		

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

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