

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Teresa Proano for Council 2024		Date of This Filing <u>08/21/2024</u>	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (650) 123-1234		I.D. NUMBER (<i>if applicable</i>) 1469059	Report No. <u>PRO-1</u>	For Official Use Only
STREET ADDRESS		RECEIVED: AUG 21 2024 AM11:34 CITY OF DALY CITY CITY CLERK		
CITY Burlingame		STATE CA	ZIP CODE 94010	No. of Pages <u>1</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
08/21/2024	San Mateo County Firefighters Redwood City, CA 94063 Committee ID # 1261372	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan <hr/> <hr/>
		<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 <hr/> <hr/>
		<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 <hr/> <hr/>

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