

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Firefighters and Neighbors for Safer Communities - 2024 LA County Fire District Initiative, Sponsored by the Los Angeles County Fire Fighters, IAFF Local 1014		Date of This Filing 11/5/2024	RECEIVED BY LOS ANGELES CO 2024 NOV -8 AM 9:22 PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1424050	Report No. 110524A		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90017	No. of Pages 1	

1. Contributions 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
09/24/2024	Los Angeles County Firefighters Local 1014-Community Issues [REDACTED] El Monte, CA 91731-3002 ID: 1338370	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/18/2024	Southern California Edison [REDACTED] Rosemead, CA 91770-3714	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$35,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

*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

Reason for Amendment: _____