497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER			Date of This Filing 8/28/24	Date Stamp	CALIFORNIA FORM 497
Daisy Macias					For Official Use Only
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER *(if applicable)* 1473607		Report No. 3		
STREET ADDRESS [redacted]			☐ Amendment to Report No. _____ (explain below)		CITY CLERK'S OFFICE RCVD AUG28'24PM12:0
CITY Ontario	STATE CA	ZIP CODE 91764	No. of Pages 1		

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
8/27/24	Firefighters for Responsible Government-Ontario Professional Firefighters Association IAFF Local 1430 ID#390060-All Purpose Account 555 East Ocean Blvd Suite 420 Long Beach, CA 90802	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		30,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____