

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Los Angeles County Firefighters Local 1014 - Community Issues			Date of This Filing 09/25/2024	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (310)639-1014	I.D. NUMBER (if applicable) 1338370	Report No. 404316-LA		E-Filed 09/25/2024 13:20:00 Filing ID: 212158390	For Official Use Only
STREET ADDRESS					
CITY El Monte	STATE CA	ZIP CODE 91731	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages 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)
09/24/2024	Yes on E, Coalition of Firefighters and Paramedics, Sponsored by LA County Fire Fighters, IAFF Local 1014 (ID# 1424050) Los Angeles, CA 90017	Los Angeles County Fire District Initiative E Los Angeles County	4,000,000.00	11/05/2024
Made by Sponsors General Fund				

Reason for Amendment: _____