

497 Contribution Report

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

6E24

NAME OF FILER **DANIEL FONG**

AREA CODE/PHONE NUMBER **323 791 1111** I.D. NUMBER (if applicable)

STREET ADDRESS

CITY **SAN MARINO** STATE **CA** ZIP CODE **91108**

Date of This Filing **9/26/2024**

Report No. **1**

Amendment to Report No. (explain below)

No. of Pages **2**

RECEIVED BY **LOS ANGELES COUNTY** Date Stamp **2024 SEP 26 PM 4:06**

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

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M191674

CAMPAIGN FINANCE

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9/26/2024	Yes on G - Communities United Action Fund, a committee supporting LA County Measure G ID # 9434889 1474811	Measure G Los Angeles County	\$700,000	11/5/2024

Reason for Amendment: _____

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497 CONTRIBUTION REPORT

NAME OF FILER DANIEL FONG		Date of This Filing 9/26/2024	REC'D (Date Stamp) LOS ANGELES COUNTY	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 323-791-1111	I.D. NUMBER (if applicable)	Report No. 1	2024 SEP 26 PM 4:06	
STREET ADDRESS 1095 OLD MILL ROAD		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CAMPAIGN FINANCE	
CITY SAN MARINO	STATE CA	ZIP CODE 91108	No. of Pages 2	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
		<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 _____% Provide interest rate
		<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 _____% Provide interest rate
		<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 _____% Provide interest rate

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