

P. 001/001

497 Contribution Report

Amount(s) may be rounded to whole dollars.

RECEIVED 497 CONTRIBUTION REPORT

NAME OF FILER Los Angeles County Firefighters Local 1014 Legislative Fund Committee		Date of This Filing <u>10/26/2022</u>	Date Stamp: ANGEL 2022 OCT 26 CAMPAIGN FINANCE CALIFORNIA FORM 497 <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER (310) 639-1014	I.D. NUMBER (if applicable) 742008	Report No. <u>776040-JM</u>	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	
CITY El Monte	STATE CA	ZIP CODE 91731	
		No. of Pages <u>1</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10/25/2022	Pilar Schiavo for Assembly 2022 (ID# 1438397) Sacramento, CA 95815	Pilar Schiavo State Assembly Person Assembly District District 40	9,700.00	11/08/2022

Reason for Amendment: _____

FAX No.

OCT/26/2022/WED 11:20 AM