

497 Contribution Report

Amounts may be rounded to whole dollars

NAME OF FILER <b>DOB FOR CITY COUNCIL DISTRICT 2</b>		DATE OF FILING <b>10/14/20</b>	<b>RECEIVED</b> CALIFORNIA FORM <b>497</b> OCT 15 2020 City Clerk's Office City of Los Alamitos
REPORT NUMBER <b>1432883</b>		REPORT NO. <b>1</b>	
CITY AND COUNTY <b>LOS ALAMITOS CA 90720</b>		AMOUNT TO REPORT \$ _____	NO. OF PAGES <b>1</b>

1. Contribution(s) Received

DATE RECEIVED	FULL NAME OF CONTRIBUTOR (PLEASE PRINT OR TYPE)	CONTRIBUTOR TYPE	AMOUNT RECEIVED
10/13/20	IAFF LOCAL 3631 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC	\$2,500 <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash _____
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash _____
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash _____

Contribution Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g. business entity)  
 PTY - Political Party  
 SCC - Special Contributor Committee

Report for Amendment \_\_\_\_\_

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