

497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497 For Official Use Only		Date Stamp RECEIVED NOV 05 2016 City Clerk's Office City of Los Alamitos
NAME OF FILER Josh Wilson For Los Alamitos City Council		Date of This Filing 11/5/2016
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1380173	Report No. 2
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below)
CITY Los Alamitos	STATE Ca	No. of Pages 1
	ZIP CODE 90720	

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
11/5/2016	Orange County Professional Firefighters Association [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000 <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 _____%

****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: _____

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