

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Josh Wilson For Los Alamitos City Council 2016 AREA CODE/PHONE NUMBER [REDACTED] STREET ADDRESS [REDACTED] CITY Los Alamitos	Date Stamp <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> NOV 07 2016 City Clerk's Office City of Los Alamitos	CALIFORNIA FORM 497 For Official Use Only
DATE OF THIS FILING 11/5/2016 REPORT NO. 3 (Amendment to Report No. 2 explain below) NO. OF PAGES 1		
I.D. NUMBER (if applicable) 1380173 STATE CA 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		\$1,000.00 <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: Correction to "Name Of Filer"