

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Merced City Firefighters Political Action Committee		Date of This Filing 11/04/2022		Date Stamp	
AREA CODE/PHONE NUMBER 2092616107		I.D. NUMBER (if applicable) 891177		Report No. 5	
STREET ADDRESS POBox2480		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		No. of Pages 1	
CITY Merced	STATE CA	ZIP CODE 95314	<div style="text-align: right;"> CALIFORNIA FORM 496 For Official Use Only CITY OF MERCED NOV4:22PM4:35 </div>		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
Delay Shelton for City Council Office Sought or Held City Council				BALLOT NO./LETTER JURISDICTION SUPPORT OPPOSE			
	DISTRICT NO.	SUPPORT	OPOSE				
	6	X					

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
11/03/2022	Automate Mailing	\$1147.00

Reason for Amendment _____