

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		REPORT NO. 5		CITY OF MERCED ONLY NOV 04 22 PM 4:36	
STREET ADDRESS PO Box 2480		<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY Merced		STATE CA		NO. OF PAGES 1	
ZIP CODE 95344					

CALIFORNIA FORM 496

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Ronnie DeAnda for City Council				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council		DISTRICT NO. 2		SUPPORT		OPPOSE	
		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 _____