

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Merced City Firefighters Political Action Committee		Date of This Filing <u>11/28/2022</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only NOV 28 2022 4:145 CITY OF MERCED
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 891177	Report No. <u>7</u>		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	No. of Pages <u>1</u>	

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 X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
11/21/2022	D2 Mailers- Firefighters Print and Design	1124.62

Reason for Amendment _____