

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Merced City Firefighters Political Action Committee		Date of This Filing 01/31/2024	Date Stamp	<b>CALIFORNIA FORM 496</b> For Official Use Only  JAN31'24PM2:34 CITY OF MERCED
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 891177	Report No. _____		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY [REDACTED]	STATE	ZIP CODE	No. of Pages 1	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Committee for a Safer Merced			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
						X	

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
08/01/2023	Monetary contribution	20,000.00

Reason for Amendment \_\_\_\_\_