

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER SARAH BOYLE FOR MERCED CITY COUNCIL DISTRICT FIVE 2024		Date of This Filing 10/07/2024	Date Stamp	CALIFORNIA FORM 497 For Official Use Only CITY OF MERCED OCT7'24AM11:00
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1467738	Report No. 9		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/06/2024	MERCED CITY FIRE FIGHTERS PAC PO BOX 2480 MERCED, CA 95334	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,138.65 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/06/2024	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 684 PAC 555 EAST OCEAN BLVD., SUITE 420 LONG BEACH, CA 90802	<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

Reason for Amendment: _____

* 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