

# 497 Contribution Report

Amounts may be rounded to whole dollars.

PE24-4

497 CONTRIBUTION REPORT

**NAME OF FILER**  
Los Angeles County Firefighters Local 1014 County PAC

**AREA CODE/PHONE NUMBER** (310) 639-1014

**I.D. NUMBER (if applicable)** 1306668

**STREET ADDRESS**

**CITY** El Monte

**STATE** CA

**ZIP CODE** 91731

**Date of This Filing** 03/28/2024

**Report No.** 544982-LA

**Amendment to Report No.** 544982-LA  
(explain below)

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**CALIFORNIA FORM 497**

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## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: Remove Contribution; Not Received by Recipient