

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Citizens, Firefighters and Police Officers for a Safer Hanford, Yes on Measure H		Date of This Filing 10/12/2024	Date Stamp <b>RECEIVED</b> CITY OF HANFORD OCT 14 REC'D CITY CLERK	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	ID. NUMBER (if applicable)	Report No. 2	For Official Use Only	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Hanford	STATE CA	No. of Pages 1		
ZIP CODE 93230				

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/28/2024	Hanford Police Officer Association	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000 <input type="checkbox"/> Check if Loan Provide interest rate _____%
10/12/2024	Hanford Professional Firefighters	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000 <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