

# 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  
AREA CODE/PHONE NUMBER  
[REDACTED] I.D. NUMBER (if applicable)

STREET ADDRESS  
[REDACTED]

CITY  
Hanford  
STATE  
CA  
ZIP CODE  
93230

Date of  
This Filing 10/12/2024  
Report No. 2  
**OCT 14 REC'D**

Date Stamp  
**CALIFORNIA FORM 497**  
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## 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, (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
			<input type="checkbox"/> IND	<input type="checkbox"/> COM	
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	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> Check if Loan <hr/> <small>Provide interest rate</small>	1,000 <hr/> <small>Provide interest rate</small>
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	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> Check if Loan <hr/> <small>Provide interest rate</small>	1,000 <hr/> <small>Provide interest rate</small>

\*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