

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]
1. ID. NUMBER (if applicable)
1476486

STREET ADDRESS
[REDACTED]

CITY
Hanford
STATE
CA
ZIP CODE
93230

□ Amendment
to Report No. _____
(Explain below)

No. of Pages
1

RECEIVED
CITY OF HANFORD
OCT 28 REC'D

CITY CLERK

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 ID. NUMBER)	CONTRIBUTOR CODE*	ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/25/2024	PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA POLITICAL ISSUES COMMITTEE (PORAC PIC) 911908	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000 □ 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		 □ 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		 □ Check if Loan Provide interest rate %

*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

Reason for Amendment: _____