

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Committee to Elect Tony Beall - Mayor 2024		Date of This Filing <u>09/05/2024</u>	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER <u>(949) 433-5821</u>	I.D. NUMBER (If applicable) <u>1266026</u>	Report No. <u>2</u>		For Official Use Only
STREET ADDRESS [REDACTED]		CITY <u>Rancho Santa Margarita</u> STATE <u>CA</u> ZIP CODE <u>92688</u>		
		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages <u>1</u>	DATE RECEIVED <u>09/05/2024</u> 24 SEP 5 PM 2023

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
09/05/2024	Orange County Professional Firefighters Association ID #950925 [REDACTED] Tustin, CA 92780	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00 <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
		<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