

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER VICTORIA GARCIA FOR CITY COUNCIL 2024		Date of This Filing 10/10/2024 01:06	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1465667	Report No. 95	OCT 10 2024	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		CITY CLERK DEPARTMENT CITY OF SAN FERNANDO
CITY	STATE	ZIP CODE	No. of Pages 2	
SAN FERNANDO, CA 91340				

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
2024-08-22	SAN FERNANDO POLICE OFFICERS ASSOCIATION PAC (S.F.P.O.A.) 910 1ST STREET SAN FERNANDO, CA 91340 ID: 981582	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate
2024-10-09	SAN FERNANDO POLICE OFFICERS ASSOCIATION PAC (S.F.P.O.A.) 910 1ST STREET SAN FERNANDO, CA 91340 ID: 981582	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 <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

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NAME OF FILER VICTORIA GARCIA FOR CITY COUNCIL 2024		Date of This Filing 10/10/2024 01:06	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (610) 200 7000	I.D. NUMBER (if applicable) 1465667	Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below) _____ No. of Pages 2		
STREET ADDRESS _____				
CITY SAN FERNANDO, CA 91340	STATE			

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: _____