497 Contribution Report

Amounts may be rounded to whole dollars.

FILED THIS DATE IN THE OFFICE OF THE CITY CLERK OF THE CITY OF LA PALMA

Date Stamp Sept. 26, 2024

Kimberly Kennedy, CMC City Clerk

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER
Vikesh Patel For La Palma City Council 2024 District 3

AREA CODE/PHONE NUMBER
562-365-4134

I.D. NUMBER *(if applicable)*
1470137

STREET ADDRESS
5241 Glenwood Cir

CITY
La Palma

STATE
CA

ZIP CODE
90623

Date of This Filing 8-27-24 Date

Report No. 1

☐ Amendment to Report No. _____ (explain below)

No. of Pages _____

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
8-27-2024	ORANGE COUNTY PROFESSIONAL FIREFIGHTERS ASSOCIATION IAFF LOCAL 3631 1342 Bell Avenue, Suite 3A, Tustin, CA 92780	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		$5500 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ 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: _____

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STREET ADDRESS
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CA

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Date of This Filing 9-17-24

Report No. 1

☐ Amendment to Report No. _____ (explain below)

No. of Pages _____

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)
9-17-24	Yes on Measure W 5021 Shirley Drive La Palma, CA 90623	Yes on Measure W La Palma	$5500	

Reason for Amendment: _____