

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Kings County Firefighters Association		Date of This Filing <u>04/22/2022</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (559) 802-7775	I.D. NUMBER (if applicable)	Report No. <u>6954640-MD</u>		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Armona	STATE CA	ZIP CODE 93202	No. of Pages <u>1</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD				Kings County Fire and Emergency Services Initiative			
DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE	
			F	Kings County	X		

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
04/22/2022	Lawn Signs (Estimated Cost) Cumulative to date total \$10363.65	4,033.63
04/22/2022	Signs (Estimated Cost) Cumulative to date total \$10363.65	2,210.02

Reason for Amendment: _____