

**497 Contribution Report**

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

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER <b>Lodi Professional Firefighters</b>		Date of This Filing <b>11/1/10.</b>	Date Stamp <b>2010 NOV -1 PM 1:3</b>	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(209) 609-5667</b>	I.D. NUMBER (if applicable) <b>96-2479</b>	Report No. _____	CITY CLERK CITY OF LODI	
STREET ADDRESS <b>P.O. Box 1841</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Lodi</b>	STATE <b>CA</b>	ZIP CODE <b>95240</b>	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)
<b>10/22/10.</b>	<b>Larry Hansen For City Council 2928 Applewood dr. Lodi CA 95242.</b>	<b>City Council</b>	<b>\$ 1,000</b>	<b>11/2/10.</b>

Reason for Amendment: \_\_\_\_\_