#### Amounts may be rounded to whole dollars.

	Amounts may be	rounded to whole dollars.		497 CONTRIBUTI	
NAME OF FILER		Date of	Date Stamp	CALIFORNIA	107
Committee for a Safer Merced		This Filing 12/13/2023 12:33		FORM	497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 12			
209-656-1542	1458901			For Official Use	Only
STREET ADDRESS		Amendment to Report No.			
9460 Tegner Road		(explain below)		DEC18'2	Зри2:00
CITY STATE ZIP	CODE				
Hilmar, CA 95324		No. of Pages 4		CITY OF #E	KVED

#### 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
2023-12-12	Jim Cunningham			1,000.00
2023-12-12	Fluetsch & Busby Rentals 2.0, L.P. P.O Box 780 Merced, CA 95341 Resp. Officer Doug R. Fluetsch			1,000.00
2023-12-12	Doug R. Fluetsch P.O Box 780 Merced, CA 95341		Insurance Agent Fluetsch & Busby Insurance, Inc.	1,000.00
2023-12-12	G Street Mini Storage 531 West 26th Street Merced, CA 95340			1,500.00

* Contributor Codes
IND – Individua!

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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Reason for Amendment:

Amounts may be rounded to whole dollars.

	Amounts may be	rounded to whole dollars.		497 CONTRIBUTION REPORT
NAME OF FILER		Date of	Date Stamp	CALIFORNIA 107
Committee for a Safer Merced		This Filing 12/13/2023 12:33		FORM 49/
AREA CODE/PHONE NUMBER	1.D. NUMBER (if applicable)	Report No. 12		
209-656-1542	1458901			For Official Use Only
STREET ADDRESS		to Report No.		
9460 Tegner Road		(explain below)		
CITY STATE 2	P CODE	· · · /		
Hilmar, CA 95324		No. of Pages 4		

# 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
2023-12-12	Raghupriya Lakireddy			1,000.00
2023-12-12	Larson Family LP P.O. Box 2124 Merced , CA 95344 Resp. Officer			1,000.00
2023-12-12	Merced Booster Club 67 West Alexander Avenue Merced, CA 95348			5,000.00
2023-12-12	Merced Hotel & Lodging Association 730 Motel Drive Merced, CA 95341			1,000.00

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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	Amounts may be	rounded to whole dollars.		497 CONTRIBUTION REPORT
NAME OF FILER		Date of	Date Stamp	CALIFORNIA 107
Committee for a Safer Merced		This Filing 12/13/2023 12:33		FORM 49/
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 12		
209-656-1542	1458901	1		For Official Use Only
STREET ADDRESS		Amendment to Report No.		
9460 Tegner Road		(explain below)		
CITY STATE ZIP	CODE	No. of Pages <sup>4</sup>		
Hilmar, CA 95324		NO. 01 Fages		

# 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
2022-12-12	VOJE, LLC P.O. Box 67 Planada, CA 95365 Resp. Officer			1,500.00

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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# FPPC Form 497 (Feb/2019) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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		Amounts may i	e rounded to whole dollars.		497 CONTRIBUTION REPORT
NAME OF FILER			Date of	Date Stamp	CALIFORNIA 107
Committee for a Safer Merced			This Filing 12/13/2023 12:33		FORM 49/
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable)	Report No.		
209-656-1542		1458901	hepoit No		For Official Use Only
STREET ADDRESS			to Report No.		
9460 Tegner Road			(explain below)		
СІТҮ	STATE ZI	CODE	No. of Pages 4		
Hilmar, CA 95324			No. of Pagea		

# 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:

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