

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER West Covina Police Officers Association PAC Sponsored by West Covina Police Officers Association		Date of This Filing <u>09/06/2018</u>	Date Stamp 2018 SEP -6 PM 3: 4 CITY OF WEST COVINA CITY CLERK'S OFFICE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1280884	Report No. <u>2</u>		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY West Covina	STATE CA	ZIP CODE 91790	No. of Pages <u>1</u>	

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)
08/21/2018	SUSAN RUBIO FOR SENATE 2018 (ID# 1392890) [REDACTED]	Susan Rubio State Senator: Senate District 22	1,000.00	

Reason for Amendment: _____
