

497 Contribution Report

Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER West Covina Police Officers Association PAC Sponsored by West Covina Police Officers Association		Date of This Filing 06/28/2019	DATE 28
AREA CODE/PHONE NUMBER (626) 939-8568	I.D. NUMBER (if applicable) 1280884	Report No. 61819	CALIFORNIA 497 FORM For Official Use Only
STREET ADDRESS 1444 West Garvey Avenue West Covina CA 91790		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
		No. of Pages 1	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
06/18/2019	WEST COVINA TAXPAYERS FOR PUBLIC SAFETY (ID# 1419281) 111 N. La Brea Ave., Suite 408 Inglewood, CA 90301		5,000.00	

Reason for Amendment: _____

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FPPC Form 497 (Feb/2019)
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