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Amounts may be rounded to whole dollars.

497 Contribution Report

NAME OF FILER
West Covina Police Officers Association PAC Sponsored by West Covina Police Officers Association

AREA CODE/PHONE NUMBER
(626) 939-8568

STREET ADDRESS
1444 West Garvey Avenue
West Covina CA 91790

I.D. NUMBER (if applicable)
1280884

STATE CA ZIP CODE 91790

CITY West Covina

Date of This Filing 07/22/2019

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Amendment to Report No. (explain below)

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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)
07/22/2019	WEST COVINA TAXPAYERS FOR PUBLIC SAFETY (ID# 1419281) 111 N. La Brea Ave., Suite 408 Inglewood, CA 90301		10,000.00	

Reason for Amendment: _____

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