

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER: WEST COVINA TAXPAYERS FOR PUBLIC SAFETY
 AREA CODE/PHONE NUMBER: (310) 817-6679
 STREET ADDRESS: 111 N. La Brea Ave., Suite 408
 CITY: Inglewood
 STATE: CA ZIP CODE: 90301

DATE OF THIS FILING: 07/22/2019
 REPORT NO.: 1
 AMENDMENT TO REPORT NO.:
 NO. OF PAGES: 1



CALIFORNIA 497 FORM
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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
07/23/2019	West Covina Police Association PAC 1444 W Garvey Ave West Covina, CA 91790 Committee ID # 1280884	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15,000.00 <input type="checkbox"/> Check if Loan Provide interest rate _____ %
07/23/2019	West Covina Police Association PAC 1444 W Garvey Ave West Covina, CA 91790 Committee ID # 1280884	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00 <input type="checkbox"/> Check if Loan Provide interest rate _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan Provide interest rate _____ %

*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

Reason for Amendment: _____