

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	I.D. NUMBER (if applicable) 1419281 STATE CA ZIP CODE 90301	Date of This Filing 09/04/2019 Report No. 3 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1	Date Stamp 2019 SEP -4 PM 1: CITY OF WEST COVINA CITY CLERK'S OFFICE
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CALIFORNIA FORM 497
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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
09/04/2019	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		20,000.00 <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
		<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: _____