

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

RECEIVED

<b>NAME OF FILER</b>	WEST COVINA TAXPAYERS FOR PUBLIC SAFETY	Date of This Filing	06/28/2019	Date Stamp <b>2019 JUL -1 PM 2</b>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 1		CALIFORNIA <b>497</b> FORM For Official Use Only CITY OF WEST COVINA CITY CLERK'S OFFICE
(310) 817-6679	1419281	<input type="checkbox"/> Amendment to Report No. (explain below)		
STREET ADDRESS	STATE	No. of Pages	1	
111 N. La Brea Ave., Suite 408	CA			
CITY	ZIP CODE			
Inglewood	90301			

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
06/28/2019	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		5,000.00
		<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: \_\_\_\_\_