

497 Contribution Report

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			Date of This Filing <u>10/08/2019</u>	Date Stamp 2019 OCT 17 PM 3:21 CITY OF WEST COVINA CITY CLERK'S OFFICE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (626) 939-8568	I.D. NUMBER (# applicable) 1280884		Report No. <u>10819</u>		
STREET ADDRESS 1444 West Garvey Avenue			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY West Covina	STATE CA	ZIP CODE 91790	No. of Pages <u>1</u>		

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)
10/04/2019	WEST COVINA TAXPAYERS FOR PUBLIC SAFETY (ID# 1419281) 111 N. La Brea Ave., Suite 408 Inglewood, CA 90301		13,000.00	
<i>Non-Monetary Contribution</i>				

Reason for Amendment: _____