

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

NAME OF FILER West Covina Firefighters Association Local 3226		Date of This Filing 1/29/2020	Date Stamp JAN 29 2020	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable)	Report No. 012920A	CITY OF WEST COVINA CITY CLERK'S OFFICE	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Hermosa Beach	STATE CA	ZIP CODE 90254	No. of Pages 1	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1/28/2020	Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations [REDACTED] Los Angeles, CA 90017 FPPC ID# 1424529	Measure WC Proposed Transactions (Sales) and Use Tax City of West Covina	\$40,000.00	3/3/2020

Reason for Amendment: _____

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov