

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
 Public Safety Committee for Yes on Measure WG - sponsored by Public Safety Organizations
AREA CODE/PHONE NUMBER
 (213) 452-6565
STREET ADDRESS
 Los Angeles
CITY
 Los Angeles
STATE
 CA
ZIP CODE
 90017
I.D. NUMBER (if applicable)
 1424529
Date of This Filing
 1/29/2020
Report No.
 012920A
 Amendment to Report No. (explain below)
 No. of Pages 1

CALIFORNIA FORM 497

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RECEIVED
 2020 JAN 29 PM 5:40
 CITY OF WEST COVINA
 CITY CLERK'S OFFICE

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
1/28/2020	West Covina Firefighters Association Local 3226 [REDACTED] Hermosa Beach, CA 90254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$40,000.00 <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: _____