497 Contribution Rep	ort
----------------------	-----

Amounts may be rounded to whole dollars.

CONTRIB	

NAME OF FILER West Covina Police Officers Police Officers Association	Association PAC Sponsored by West Covina	Date of This Filing 01/31/2020 CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	1.D. NUMBER (if applicable) 1280884	Report No. 13120 FEB -4 AM II: 17 For Official Use Only
STREET ADDRESS		Amendment CITY OF WEST COVINA CLERK'S OFFICE
CITY	STATE ZIP CODE	(explain below)
West Covina	CA 91790	No. of Pages1

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTERLD. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/30/2020	PUBLIC SAFETY COMMITTEE FOR YES ON MEASURE WC, SPONSORED BY WEST COVINA FIREFIGHTERS ASSOCIATION LOCAL 3226 (ID# 1424529) Los Angeles, CA 90017	Proposed Transactions (Sales) and Use Tax WC City of West Covina	20,000.00	03/03/2020
				3.7
- 00				
				W-11

672 6679	Reason for Amendment:	4	 	
0	netfile.com			

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