

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

NAME OF FILER Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations		Date of This Filing 3/3/2020	Date Stamp 2020 MAR -3 PM 5:21	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1424529	Report No. 030320A	For Official Use Only	
STREET ADDRESS 777 S. Figueroa St., Suite 4050		<input type="checkbox"/> Amendment to Report No. (explain below)	CITY CLERK'S OFFICE	
CITY Los Angeles	STATE CA	ZIP CODE 90017	No. of Pages 1	

1. Contributions 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
03/02/2020	West Covina Police Officers Association PAC PO Box 236 West Covina, CA 91793-0236 ID: 1280884	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*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

FPPC Form 497 (Jul/2016)
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