497 Contribution Report Amounts may be rounded to whole dollars. PECEIVED BY 497 CONTRIBUTION REPORT NAME OF FILER Date of CALIFORNIA No on Measure J - Protect Essential Workers. Sponsored by labor groups This Filing ___ 10/28/2020 representing emergency response workers and other essential workers. **FORM** AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) For Official Use Only Report No. 297602-12 (916) 442-7757 1432592 PROPOSITION B UNIT STREET ADDRESS ☐ Amendment to Report No. (explain below) CITY STATE ZIP CODE No. of Pages Los Angeles CA 90006 1. Contribution(s) Received IF AN INDIVIDUAL, DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR **AMOUNT** ENTER OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) 10/15/2020 Association for Los Angeles Deputy Sheriffs PIC 6,903.60 -IND Monterey Park, CA 91755 X COM Committee ID # 1358163 OTH ☐ Check if Loan PTY In-kind contribution for professional services. SCC Provide interest rate III IND COM OTH ☐ Check if Loan PTY SCC Provide interest rate-IND COM OTH ☐ Check if Loan PTY SCC Provide interest rate *Contributor Codes IND-Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party Reason for Amendment:

SCC - Small Contributor Committee