

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY
Date Stamp

497 CONTRIBUTION REPORT

NAME OF FILER
Public Safety Professionals United for a Safer Los Angeles County
Opposing Gascon for District Attorney 2020 sponsored by Los Angeles
~~Police Protective League~~

AREA CODE/PHONE NUMBER (916) 442-2952

I.D. NUMBER (if applicable) 1421772

STREET ADDRESS

CITY Los Angeles **STATE** CA **ZIP CODE** 90017

Date of This Filing 02/24/2020

Report No. 31758

Amendment to Report No. _____
(explain below)

No. of Pages 1

2020 FEB 26 PM 5:30
PROPOSITION B UNIT

CALIFORNIA FORM 497

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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
02/21/2020	San Francisco Police Officers Association Independent Expenditure Committee Sacramento, CA 95814 Committee ID # 1318539	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100,000.00 <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

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