

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY LOS ANGELES COUNTY *Email*
497 CONTRIBUTION REPORT

NAME OF FILER
No on Measure J - Protect Essential Workers. Sponsored by labor groups representing emergency response workers and other essential workers.

Date of This Filing 08/28/2020

Date Stamp
2020 AUG 28 PM 4:4

CALIFORNIA FORM **497**

AREA CODE/PHONE NUMBER
(916)442-7757

I.D. NUMBER (if applicable)
Applied for

Report No. 297602-01

CAMPAIGN FINANCE

For Official Use Only

STREET ADDRESS

Amendment to Report No.
(explain below)

No. of Pages 1

CITY STATE ZIP CODE
Los Angeles CA 90006

RECEIVED BY LOS ANGELES COUNTY
2020 SEP -9 PM 4:2
PROPOSITION B UNIT

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
08/27/2020	Association for Los Angeles Deputy Sheriffs PIC Monterey Park, CA 91755 Committee ID # 1358163	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		650,000.00 <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