

497 Contribution Report

Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT
CALIFORNIA FORM 497
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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 10/14/2020
AREA CODE/PHONE NUMBER (916) 442-7757	I.D. NUMBER (if applicable) 1432592		Report No. 297602-07
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Los Angeles	STATE CA	ZIP CODE 90006	No. of Pages 1

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
10/14/2020	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		340,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate.
10/14/2020	California Association of Professional Employees PAC (CAPE PAC) Long Beach, CA 90802 Committee ID # 761351	<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.
		<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