

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER
 Families & Communities Supporting Jackie Lacey for District Attorney
 2020, sponsored by law enforcement organizations

AREA CODE/PHONE NUMBER: (916) 928-3777
 I.D. NUMBER (if applicable): 1423324

STREET ADDRESS

CITY: Sacramento STATE: CA ZIP CODE: 95834

Date of This Filing: 10/17/2020

Report No. 34428

Amendment to Report No. _____
 (explain below)

No. of Pages: 1

RECEIVED BY
 LOS ANGELES COUNTY DISTRICT ATTORNEY
 2020 OCT 19 AM 8:05
 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
09/23/2020	Ontario Police Officers Association PAC Ontario, CA 91701 Committee ID # 821587	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <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

*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

Reason for Amendment _____