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I.D. NUMBER (if applicable)			Date of This Filling 11/07/2022 7 27 NOV Date Starter 8: 35 CALIFORNIA FORM		
AREA CODE/PHONE NUMBER (310) 817-6679 STREET ADDRESS 1.D. NUMBER (if applicable) 1397275		Report No. 1172022 FORM Amendment to Report No			
					STATE ZIP CODE CA 90301
			#	-	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER LD. NUMBER)	NTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
Hawthorne Police Officers Association PAC Inglewood, CA 90301 Committee ID # 1320711		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	f	1,500.0	
		IND COM OTH PTY SCC		Check if Loan ** Provide interest rate	
		IND COM OTH PTY SCC		Check if Loan	
	CA 90301 PCEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER LD. NUMBER) TIME Police Officers Association PAC cod, CA 90301	STATE ZIP CODE CA 90301 CA 90301 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) True Police Officers Association PAC cod, CA 90301	STATE ZIP CODE CA 90301 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER) CONTRIBUTOR CODE * TO Report No	STATE ZIP CODE CA 90301 Beceived FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER) TO Report No. (explain below) No. of Pages1 FAN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) TO Report No. (explain below) No. of Pages1 IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) TO REPORT NO. (explain below) No. of Pages1 IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) TO REPORT NO. (explain below) No. of Pages1 IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) TO REPORT NO. (explain below) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) TO REPORT NO. (IF COMMITTEE, ALSO ENTER LD, NUMBER) IND COMMITTEE, ALSO ENTER NAME OF BUSINESS) TO REPORT NO. (IF COMMITTEE, ALSO ENTER LD, NUMBER) IND COMMITTEE, ALSO ENTER COCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) TO REPORT NO. (IF COMMITTEE, ALSO ENTER LD, NUMBER) TO REPORT NO. (IF COMMITTEE, ALSO ENTER LD, NUMBER) TO REPORT NO. (IF COMMITTEE, ALSO ENTER LD, NUMBER) TO REPORT NO. (IF COMMITTEE, ALSO ENTER LD, NUMBER) TO REPORT NO. (IF COMMITTEE, ALSO ENTER LD, NUMBER) TO REPORT NO. (IF COMMITTEE, ALSO ENTER LD, NUMBER) TO REPORT NO. (IF COMMITTEE, ALSO ENTER LD, NUMBER) TO REPORT NO. (IF COMMITTEE, ALSO ENTER LD, NUMBER) TO REPORT NO. (IF COMMITTEE, ALSO ENTER LD, NUMBER) TO REPORT NO. (IF COMMITTEE, ALSO ENTER LD, NUMBER) TO REPORT NO. (IF COMMITTEE, ALSO ENTER LD, NUMBER) TO REPORT NO. (IF COMMITTEE, ALSO ENTER LD, NUMBER) (IF COMM	