

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2018 MAY 10 PM 4:37
CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

NAME OF FILER
MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018

Date of This Filing 05/10/2018

CALIFORNIA FORM 497

AREA CODE/PHONE NUMBER
(213) 489-4792

I.D. NUMBER (if applicable)
1400771

Report No. 1

For Official Use Only

STREET ADDRESS

Amendment to Report No.
(explain below)

CITY STATE ZIP CODE
LONG BEACH CA 90802

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
05/10/2018	Latinos Progresivos PAC Los Angeles, CA 90037 Committee ID # 1402904	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		30,000.00 <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