

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER
 NEIGHBORHOOD SAFETY COALITION (SPONSORED BY ASSOCIATION FOR LOS ANGELES DEPUTY SHERIFFS) A COMMITTEE TO SUPPORT ALEX VILLANUEVA FOR LA COUNTY

AREA CODE/PHONE NUMBER (213) 489-4792 **I.D. NUMBER (if applicable)** 1412957

STREET ADDRESS

CITY LONG BEACH **STATE** CA **ZIP CODE** 90802

Date of This Filing 11/01/2018

Report No. 2

Amendment to Report No. _____
(explain below)

No. of Pages 1

RECEIVED BY
 LOS ANGELES COUNTY
 2018 NOV -1 AM 11:10
 CAMPAIGN FINANCE

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
10/31/2018	Service Employees International Union Local 721, CTW, CLC Los Angeles, CA 90017 Committee ID # 1296889	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50,000.00 <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

***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: _____