

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY

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. 5

Amendment to Report No. _____ (explain below)

No. of Pages 1

Date Stamp 2018 NOV -2 AM 10:07

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
11/01/2018	ASSOCIATION FOR LOS ANGELES DEPUTY SHERIFFS STATE PAC Monterey Park, CA 91755 Committee ID # 1359227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500,000.00 <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