

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER No on Measure J - Protect Essential Workers. Sponsored by labor groups representing emergency response workers and other essential workers.		Date of This Filing 10/08/2020 Report No. 297602-05 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	RECEIVED BY LOS ANGELES COUNTY 2020 OCT -9 AM 10:13 PROPOSITION B UNIT <small>Date Stamp</small>
AREA CODE/PHONE NUMBER (916) 442-7757	I.D. NUMBER (if applicable) 1432592	CALIFORNIA FORM 497 For Official Use Only	
STREET ADDRESS _____			
CITY Los Angeles	STATE CA	ZIP CODE 90006	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/08/2020	Association for Los Angeles Deputy Sheriffs PIC Monterey Park, CA 91755 Committee ID # 1358163	<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