

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2020 FEB 11 PM 2:51
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER Families & Communities Supporting Jackie Lacey for District Attorney 2020, Sponsored by Peace Officers Research Association of California			Date of This Filing 02/11/2020	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 928-3777	I.D. NUMBER (if applicable) 1423324	Report No. 31297		
STREET ADDRESS _____				
CITY Sacramento	STATE CA	ZIP CODE 95834		
<input type="checkbox"/> Amendment to Report No. _____ (explain below)			No. of Pages 1	

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
02/10/2020	California Association of Highway Patrolmen PAC Sacramento, CA 95818 Committee ID # 802001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		25,000.00 <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