

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY

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** 10/19/2020

LOS ANGELES COUNTY

**CALIFORNIA FORM 497**

**AREA CODE/PHONE NUMBER**  
(916) 442-7757

**I.D. NUMBER (if applicable)**  
1432592

**Report No.** 297602-09

2020 OCT 20 AM 8:14

For Official Use Only

**STREET ADDRESS**

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

PROPOSITION B UNIT

**CITY** Los Angeles **STATE** CA **ZIP CODE** 90006

**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
10/19/2020	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