

497 Contribution Report

Amounts may be rounded to whole dollars.

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PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER Working Families, First Responders, and Small Businesses for a Safer LA County Supporting Hochman for District Attorney 2024 sponsored by Association for Los Angeles Deputy Sheriffs			Date of This Filing 08/30/2024	Date Stamp 2024 AUG 30 PM 4:38	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-2952	I.D. NUMBER (if applicable) 1470215		Report No. 42594		
STREET ADDRESS Monterey Park			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Monterey Park	STATE CA	ZIP CODE 91755	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
08/29/2024	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

*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: _____
