497 Contribution Report

Amounts may be rounded to whole dollars.

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PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER	Date of This Filing	Date Stamp	CALIFORNIA FORM 497
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~~	09/17/2024		For Official Use Only
AREA CODE/PHONE NUMBER: (916)442-2952 — I.D. NUMBER (if applicable): 1470215	Report No. 42889		
STREET ADDRESS	☐ 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
09/16/2024	San Bernardino County Sheriff's County Employees' Benefit Association Local PAC Sacramento, CA 95814 Committee ID # 1272515	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		50,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____