

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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PROPOSITION B UNIT

497 CONTRIBUTION REPORT

**CALIFORNIA FORM 497**

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**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

**AREA CODE/PHONE NUMBER** (916) 442-2952      **I.D. NUMBER (if applicable)** 1470215

**STREET ADDRESS**

**CITY** Monterey Park      **STATE** CA      **ZIP CODE** 91755

**Date of This Filing** 09/23/2024

**Report No.** 43002

**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
09/20/2024	Los Angeles Police Protective League PAC Los Angeles, CA 90017 Committee ID # 743579	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		10,000.00  <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: \_\_\_\_\_