

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

SEP 30 2024 EM
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 09/30/2024 2024 SEP 30 PM 5:03 Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 442-2952	I.D. NUMBER (if applicable) 1470215	Report No. 43207 PROPOSITION B UNIT		
STREET ADDRESS _____			<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 <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
09/27/2024	San Francisco Police Officers Association PAC San Francisco, CA 94103 Committee ID # 1315969	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <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