

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|                                                                                                                                                                                                         |                                               |                              |                                                                                  |                                                                                       |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>NAME OF FILER</b><br>Public Safety Professionals United for a Safer Los Angeles County<br>Opposing Gascon for District Attorney 2020 sponsored by Los Angeles<br><del>Police Protective League</del> |                                               |                              | <b>Date of This Filing</b> <u>02/10/2020</u>                                     | RECEIVED BY<br><b>LOS ANGELES COUNTY</b><br>2020 FEB 11 AM 8:54<br>PROPOSITION B UNIT | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br><br>(916) 442-2952                                                                                                                                                     | <b>I.D. NUMBER (if applicable)</b><br>1421772 |                              | <b>Report No.</b> <u>31271</u>                                                   |                                                                                       |                                                     |
| <b>STREET ADDRESS</b><br><br>_____                                                                                                                                                                      |                                               |                              | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                                                                                       |                                                     |
| <b>CITY</b><br><br>Los Angeles                                                                                                                                                                          | <b>STATE</b><br><br>CA                        | <b>ZIP CODE</b><br><br>90017 | <b>No. of Pages</b> <u>1</u>                                                     |                                                                                       |                                                     |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)              | CONTRIBUTOR CODE *                                                                                                                                                      | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED                                                                            |
|---------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 02/07/2020    | Riverside Sheriffs' Association Public Education Fund<br><br>Los Angeles, CA 90017<br>Committee ID # 1286381 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 25,000.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
|               |                                                                                                              | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               | <input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate                  |
|               |                                                                                                              | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               | <input type="checkbox"/> Check if Loan<br>_____%<br>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: \_\_\_\_\_