

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER Public Safety Professionals United for a Safer Los Angeles County Opposing Gascon for District Attorney 2020 sponsored by Los Angeles Police Protective League			Date of This Filing 02/28/2020 Report No. 32013 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	Date Stamp 2020 MAR -2 PM 5:24 PROPOSITION B UNIT <i>E-mail 2/28/2020</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 442-2952	I.D. NUMBER (if applicable) 1421772				
STREET ADDRESS _____					
CITY Los Angeles	STATE CA	ZIP CODE 90017			

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
02/27/2020	San Bernardino County Sheriff's Employees' Benefit Association Local PAC San Bernardino, CA 92408 Committee ID # 1272515	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50,000.00 <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