**497 Contribution Report**

Amounts may be rounded to whole dollars.

**NAME OF FILER**
WEST COVINA TAXPAYERS FOR PUBLIC SAFETY

**AREA CODE/PHONE NUMBER**
(310) 817-6679

**I.D. NUMBER (If applicable)**
1412281

**STREET ADDRESS**
111 N. La Brea Ave., Suite 408

**CITY**
Inglewood

**STATE**
CA

**ZIP CODE**
90301

**Date of This Filing** 06/28/2019

**Report No.**

**Amendment to Report No.**

**No. of Pages** 1

---

1. **Contribution(s) Received**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
</table>
| 06/28/2019    | West Covina Police Association PAC  
1444 W Garvey Ave  
West Covina, CA 91790  
Committee ID # 1280884 | □ IND  
☐ COM  
☐ OTH  
☐ PTY  
☐ SCC | | 5,000.00 |

**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