

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Community Safety Partnership Sponsored by ASSOCIATION FOR LOS ANGELES DEPUTY SHERIFFS			Date of This Filing <u>08/29/2024</u>	Date Stamp <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: auto;"> E-Filed 08/29/2024 16:31:00 Filing ID: 212014601 </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 489-4792	I.D. NUMBER (if applicable) 1445792		Report No. <u>2</u>		
STREET ADDRESS MONTERREY PARK			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY MONTERREY PARK	STATE CA	ZIP CODE 91755	No. of Pages <u>1</u>		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
08/28/2024	California's Best (ID# 1442900) Norwalk, CA 90650		50,000.00	

Reason for Amendment: _____