497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing: 8/20/2024	Date Stamp	CALIFORNIA FORM 497
Daisy Macias				For Official Use Only
AREA CODE/PHONE NUMBER: [redacted]	I.D. NUMBER *(if applicable)*: pending 1473607	Report No.: 2		
STREET ADDRESS: [redacted]		☐ Amendment to Report No. _____ (explain below)		
CITY: Ontario	STATE: CA / ZIP CODE: 91764	No. of Pages: 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
8/20/24	Ontario Police Officers Association, INC. [redacted] Ontario, CA 91761	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		30,000,00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% 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: _____