

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Union City Police Officer's Association Issues PAC, Yes on Measure U			Date of This Filing <u>02/18/2020</u>	Date Stamp RECEIVED FEB 18 2020 CITY OF UNION CITY CITY CLERK'S OFFICE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)	I.D. NUMBER (if applicable) 1422187	Report No. <u>3/3/20-3</u>			
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	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>
02/18/2020	Yes for Union City Public Safety Measure U (ID# 1422280) Union City, CA 94587	Extension Of An Existing Voter-Approved Local Public Safety Services Tax Ordinance City of Union City; Measure U	1,000.00	03/03/2020

Reason for Amendment: _____