

# 497 Contribution Report

Amounts may be rounded to whole dollars.

**NAME OF FILER**  
Campaign to Move LA, in Support of Transportation Ballot Measure M with Major Funding by Aaron Sosnick & Jacobs Engineering Group, Inc. with

**AREA CODE/PHONE NUMBER**

**I.D. NUMBER (if applicable)**

1386140

**STREET ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**Date of This Filing** 10/17/2016

**Report No.** 19873

**Amendment to Report No.**  
(explain below)

**No. of Pages** 1

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497 CONTRIBUTION REPORT  
**CALIFORNIA FORM 497**  
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## 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
10/14/2016	Kimley-Horn and Associates, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/14/2016	Mott MacDonald	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00 <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

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