

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY

497 CONTRIBUTION REPORT

NAME OF FILER
Yes on J: Re-Imagine L.A. County, A Coalition of Nonprofit Organizations and Justice Advocates

AREA CODE/PHONE NUMBER (213) 808-6271

I.D. NUMBER (if applicable) Pending

STREET ADDRESS

CITY Los Angeles **STATE** CA **ZIP CODE** 90015

Date of This Filing 10/05/2020

Report No. 815883-IM

Amendment to Report No. _____
(explain below)

No. of Pages 1

LOS ANGELES COUNTY
2020 OCT -6 AM 11:20
PROPOSITION B UNIT

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 |
|---------------|--|---|--|--|
| 10/02/2020 | Thomas Safran Los Angeles, CA 90049 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chief Executive Officer Thomas Safran & Associates | 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 |
| | | <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 |

*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: _____