

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER Yes on J: Re-Imagine L.A. County, A Coalition of Nonprofit Organizations and Justice Advocates		Date of This Filing 10/08/2020	Date Stamp 2020 OCT -8 PM 4: 29	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 808-6271	I.D. NUMBER (if applicable) 1432447	Report No. 816037-IM PROPOSITION B UNIT		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90015		No. of Pages 2

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
10/07/2020	Advancement Project CA Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/07/2020	Kristine Delson Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Animation Sony Corporation	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/07/2020	Clark Z. Branson Pasadena, CA 91106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	1,051.84 <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: _____

OCT/08/2020/THU 03:37 PM Deane & Company FAX No. 19163331344 P. 001

R=95% Page: 001 ID: CAMPAIGN FINANCE OCT-08-2020 03:06PM From: 19163331344

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AREA CODE/PHONE NUMBER (213)808-6271	I.D. NUMBER (if applicable) 1432447	Report No. 816037-1M PROPOSITION B UNIT
STREET ADDRESS 		
CITY Los Angeles	STATE CA	ZIP CODE 90015
<input type="checkbox"/> Amendment to Report No. _____ (explain below)		No. of Pages 2

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
10/07/2020	Paula Litt Alhambra, CA 91801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/07/2020	Jane Schmitz Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker n/a	1,051.84 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/07/2020	St. Joseph Center Venice, CA 90291	<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

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FPPC Form 497 (Feb/2019)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov

P. 002

FAX No. 19163331344

Deane & Company

OCT/08/2020/THU 03:38 PM