

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations			Date of This Filing <u>10/27/2022</u>	RECEIVED BY LOS ANGELES COUNTY 2022 OCT 28 AM 8:01 10/27/22 EM PROPOSITION 8 UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (510) 423-4300	I.D. NUMBER (if applicable) 1453614		Report No. <u>102722</u>		
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oakland	STATE CA	ZIP CODE 94607	No. of Pages <u>1</u>		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/26/2022	Mary Quinn Delaney Oakland, CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	15,000.00 <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

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