

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY
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PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations			Date of This Filing 11/04/2022	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (510) 423-4300	I.D. NUMBER (if applicable) 1453614		Report No. 110422	
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Oakland	STATE CA	ZIP CODE 94607	No. of Pages 1	

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
11/03/2022	American Civil Liberties Union Foundation of Southern California Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,115.52 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/04/2022	Dignity and Power Now In Action Los Angeles, CA 90007	<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
		<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: _____