Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| CAMPAIGN FINANCE DISCLOSURE SECTION | | Date of | | REDAISSAND BY CALIFORNIA 497 | | |
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| CITY | | STATE ZIP CODE | (explain below) No. of Pages | 1 | , | |
| 1. Contribution(s | s) Received | | | , | | |
| DATE RECEIVED | FULL NAI | ME, STREET ADDRESS AND ZIP CODE OF CONTRIBL (IF COMMITTEE. ALSO ENTER LD. NUMBER) | TOR | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
| 11/01/2014 Jol | hn Morris | | | IND COM OTH PTY SCC | Attorney County of Los Angeles | 12,500.00 Check if Loan % Provide interest rate |
| | | | | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC | | Check if Loan Check if Loan % Provide interest rate |
| | | | · | IND COM OTH PTY SCC | | ☐ Check if Loan% Provide interest rate |
| Reason for Amendmen | nt: | | | | *Contributor Codes IND – Individual COM – Recipient Committee (o OTH – Other (e.g., business e PTY – Political Party SCC – Small Contributor Comm | ntity) |