

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY

497 CONTRIBUTION REPORT

| | | | |
|--|--|---|--|
| NAME OF FILER Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, | | Date of This Filing 01/24/2020 | RECEIVED BY LOS ANGELES CO 2020 JAN 27 AM PROPOSITION B UNIT 1/24/20 12:52 CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) 1403015 | Report No. 170 | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | |
| CITY Oakland, CA 94607 | STATE | ZIP CODE | |
| | | No. of Pages 3 | |

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 |
|---------------|--|---|--|---|
| 2020-01-23 | John Garvey Los Angeles, CA 91436 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Agent CAA | 1,000.00 <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

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NAME OF FILER
Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment,

AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable)
1403015

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____
Oakland, CA 94607

Date of This Filing 01/24/2020

Report No. 170

Amendment to Report No. _____
(explain below)

No. of Pages 3

LOS ANGELES COUNTY

2020 JAN 27 AM 8:50

PROPOSITION B UNIT

1/24/20 12:52

CALIFORNIA FORM 497

For Official Use Only

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|--|------------------------|----------------------------------|
| | | | | |

Reason for Amendment: _____