

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment,		<b>Date of This Filing</b> 01/27/2020	RECEIVED BY <b>LOS ANGELES COUNTY CALIFORNIA FORM 497</b> 2020 JAN 27 PM 1:19 PROPOSITION B UNIT For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1403015	<b>Report No.</b> 181	
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b> Oakland, CA 94607	<b>STATE</b>	<b>ZIP CODE</b>	

## 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
2020-01-27	Angie Mött Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer Sony Pictures Television	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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LOS ANGELES COUNTY

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**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: \_\_\_\_\_

FORM	REFERENCE	NOTES
CA 497	TEXT -316088	Conduit Contribution Received via: ActBlue California