

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Yes on R, Reform LA Jails, A Committee Supporting Jail Reform and Community

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

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____
Oakland, CA 94607

Date of This Filing 02/27/2020

Report No. 292

Amendment to Report No. _____
(explain below)

No. of Pages 2

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497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

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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
2020-02-27	Patty Quillin Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Meadow Fund	140,000.00 <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 Yes on R, Reform LA Jails, A Committee Supporting Jail Reform and Community		Date of This Filing 02/27/2020	Date Stamp <div style="border: 2px solid black; padding: 5px; text-align: center;"> CALIFORNIA FORM 497 For Official Use Only </div>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1403015	Report No. 292	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Oakland, CA 94607	STATE	ZIP CODE	

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: _____