

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| NAME OF FILER Yes on Measure A for Sheriff Accountability, Sponsored by Civil and Human Rights Organizations | | | Date of This Filing 10/03/2022 | RECEIVED BY LOS ANGELES COUNTY 2022 OCT -4 AM 8:07 PROPOSITION B UNIT <i>Rem</i> | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (510) 423-4300 | I.D. NUMBER (if applicable) 1453614 | | Report No. 100322 | | |
| 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 |
|---------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 09/30/2022 | American Civil Liberties Union 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 | | 1,629.23 <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 |
| | | <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: _____