497 Contribution Report Amounts may be rounded to whole dollars. RECEIVED NAME OF FILER Open Philanthropy Action Fund, Supporting the Reform Jails and Community Reinvestment Initiative (nonprofit 501(c)(4)) Date of **CALIFORNIA** 2/11/2020 This Filing . **FORM** AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 2020-1 For Official Use Only Report No. (650) 804-7100 1415551 PROPOSITION B UNIT STREET ADDRESS ☐ Amendment

STATE

CA

ZIP CODE

94301

to Report No. (explain below)

No. of Pages -

2. Contribution(s) Made

Reason for Amendment:

CITY

Palo Alto

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION 300,000 | DATE OF ELECTION (IF APPLICABLE) 3/3/2020 |
|--------------|---|---|---------------------------------|--|
| 2/11/2020 | Yes on R, Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment Oakland, CA 94607 ID #1403015 | Measure R, Los Angeles County Sheriff Civilian Oversight Commission Ordinance Los Angeles County | | |
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| Comr | nunity Reinvestment Ir | und, Supporting the Reform Jails and initiative (nonprofit 501(c)(4)) | Date of This Filing | 2/11/2020 | Date Stamp CALIFORNIA 497 | | |
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| STREET ADDRESS | | | ☐ Amendmer to Report No. | | 2020 FEB 12 AMII: 28 PROPOSITION BUNIT | | |
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| 1. Contribution(s | s) Received | | | | | | |
| DATE RECEIVED | FULL NAM | E, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | TRIBUTOR | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS) | AMOUNT RECEIVED | |
| | | | | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC | | Check if Loan Provide interest rate | |
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| | | | | IND COM OTH PTY SCC | | Check if Loan Check if Loan Provide interest rate | |
| Reason for Amendm | nent: | | | | * Contributor Codes IND - Individual COM - Recipient Committee (oth OTH - Other (e.g., business enti PTY - Political Party SCC - Small Contributor Commit | ity) | |

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