

**Recipient Committee
Campaign Statement
Cover Page**

10/31/19

0319-1

COVER PAGE

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CAMPAIGN FINANCE

CALIFORNIA FORM **460**

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For Official Use Only
G11204

Statement covers period
from 07/01/2019
through 09/30/2019

Date of election if applicable:
(Month, Day, Year)
03/03/2020

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)
 General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)
 Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain Below)

Quarterly Statement
 Special Odd-Year Report

3. Committee Information I.D. NUMBER **1403015**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Reform LA Jails; A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides Advocacy

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Oakland, CA 94607

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

Oakland, CA 94607

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Christman Bowers

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Oakland, CA 94607

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ DATE _____

Executed on _____ DATE _____

Executed on _____ DATE _____

Executed on _____ DATE _____

By _____
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent



**Recipient Committee
Campaign Statement
Cover Page - Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) _____

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP _____

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
Reform Jails and Community Reinvestment

BALLOT NO. OR LETTER	JURISDICTION County of Los Angeles	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	---------------------------------------	--

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT _____

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	07/01/2019	
through	09/30/2019	Page <u>3</u> of <u>36</u>
NAME OF FILER		I.D. NUMBER
Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides		1403015

SEE INSTRUCTIONS ON REVERSE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 903,003.26	\$ 1,398,389.26
2. Loans Received Schedule B, Line 3	.00	.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 903,003.26	\$ 1,398,389.26
4. Nonmonetary Contributions Schedule C, Line 3	.00	.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 903,003.26	\$ 1,398,389.26

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$.00	\$.00
21. Expenditures Made	\$.00	\$.00

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ 332,281.96	\$ 742,560.66
7. Loans Made Schedule H, Line 3	.00	.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 332,281.96	\$ 742,560.66
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	49,540.13	49,540.13
10. Nonmonetary Adjustment Schedule C, Line 3	.00	.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 381,822.09	\$ 792,100.79

**Expenditures Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

*Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 85,835.20
13. Cash Receipts Column A, Line 3 above	903,003.26
14. Miscellaneous Increases to Cash Schedule I, Line 4	.00
15. Cash Payments Column A, Line 8 above	332,281.96
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 656,556.50
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED Schedule B, Line 2	\$.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 49,540.13

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides	
I.D. NUMBER 1403015	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/09/2019	Jill Aguilar Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	100.00 **INTERMEDIARY** ActiBlue California Somerville, MA 02144	100.00	100.00 P-2020
07/06/2019	LaToya Baldwin Clark Culver City, CA 90232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Ucla	100.00 **INTERMEDIARY** ActiBlue California Somerville, MA 02144	100.00	100.00 P-2020
07/11/2019	Reegie Bunch Los Angeles, CA 90037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Non Profit Dignity and Power Now	25.00 **INTERMEDIARY** ActiBlue California Somerville, MA 02144	100.00	100.00 P-2020
08/11/2019	Reegie Bunch Los Angeles, CA 90037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Non Profit Dignity and Power Now	25.00 **INTERMEDIARY** ActiBlue California Somerville, MA 02144	100.00	100.00 P-2020
08/08/2019	Debbie DePuy Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	100.00 **INTERMEDIARY** ActiBlue California Somerville, MA 02144	100.00	100.00 P-2020

SUBTOTAL \$ 350.00

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

I.D. NUMBER

1403015

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/08/2019	Jay Faires Los Angeles, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneur Mammoth Ventures	100.00 **INTERMEDIARY** ActBlue California Somerville, MA 02144	800.00	900.00 P-2020
08/08/2019	Jay Faires Los Angeles, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneur Mammoth Ventures	100.00 **INTERMEDIARY** ActBlue California Somerville, MA 02144	800.00	900.00 P-2020
09/12/2019	Jay Faires Los Angeles, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneur Mammoth Ventures	100.00 **INTERMEDIARY** ActBlue California Somerville, MA 02144	100.00	100.00 P-2020
08/30/2019	Harness Inc Marina del Rey, CA 90292	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	150.00 P-2020
07/06/2019	Bobby Jablonski Los Angeles, CA 90042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Other Other	100.00 **INTERMEDIARY** ActBlue California Somerville, MA 02144	100.00	100.00 P-2020

SUBTOTAL \$ 550.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

I.D. NUMBER

1403015

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/26/2019	Hana Kawano Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	25.00	125.00	125.00 P-2020
				INTERMEDIARY ActBlue California Somerville, MA 02144		
08/17/2019	Hana Kawano Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	100.00	125.00	125.00 P-2020
08/15/2019	Jeffrey Korchek Los Angeles, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Sony Pictures Animation	250.00	250.00	250.00 P-2020
				INTERMEDIARY ActBlue California Somerville, MA 02144		
07/22/2019	Open Philanthropy Action Fund, Supporting the Reform Jails San Francisco, CA 94105 ID: 1415551	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750,000.00	1,241,000.00	2,041,000.00 P-2020
07/17/2019	Jennifer Rees Mountain View, CA 94041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager Rees Properties, Inc.	30.00	240.00	270.00 P-2020
				INTERMEDIARY ActBlue California Somerville, MA 02144		

SUBTOTAL \$ 750,405.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

I.D. NUMBER

1403015

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/17/2019	Jennifer Rees Mountain View, CA 94041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager Rees Properties, Inc.	30.00	240.00	270.00 P-2020
				INTERMEDIARY ActBlue California Somerville, MA 02144		
07/25/2019	Nicole Shanahan Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneur Nicole Shanahan	150,000.00	150,000.00	175,000.00 P-2020
07/05/2019	Carlin Wing Los Angeles, CA 90029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Scripps College	100.00	100.00	100.00 P-2020
				INTERMEDIARY ActBlue California Somerville, MA 02144		
08/21/2019	Janet Yang Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist Heritage Clinic	100.00	450.00	450.00 P-2020
				INTERMEDIARY ActBlue California Somerville, MA 02144		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			.00	

SUBTOTAL \$ 150,230.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

I.D. NUMBER

1403015

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			.00	

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$	<u>901,535.00</u>
2. Amount received this period - unitemized monetary contributions of less than \$100	\$	<u>1,468.26</u>
3. Total monetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	<u>903,003.26</u>

* 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

SUBTOTAL \$.00

Schedule B- Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

I.D. NUMBER

1403015

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD **	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**

* IND COM OTH PTY SCC

Schedule B Summary

1. Loans received this period ----- \$.00
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period ----- \$.00
(Total Column (c) plus loans under \$100 paid or forgiven)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ----- **NET \$** .00
Enter the net here and on the Summary Page, Column A, Line 2 (May be a negative number)

*** 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

SUBTOTALS \$	\$	\$	\$	\$
---------------------	-----------	-----------	-----------	-----------

*Amounts forgiven or paid by another party also must be reported on Schedule A
** If required.

(Enter (e) on
Schedule E, Line 3) **FPPC Form 460 (Jan/2016)**
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B - Part 2
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

I.D. NUMBER

1403015

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR DATE \$ PER ELECTION (IF REQUIRED)	

SUBTOTAL \$

Enter on Summary
Page, Line 17 only.

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides	I.D. NUMBER 1403015
---	-------------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) ----- \$.00

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 ----- \$.00

3. Total nonmonetary contributions received this period.
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ----- **TOTAL \$** .00

* 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

SUBTOTAL \$

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures, and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from	07/01/2019	
through	09/30/2019	Page 12 of 36

NAME OF FILER Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides	I.D. NUMBER 1403015
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SCHEDULE D SUMMARY

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	-----	\$	_____	.00
2. Unitemized contributions and independent expenditures made this period of under \$100	-----	\$	_____	.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	-----	TOTAL \$	_____	.00

SUBTOTAL \$ _____

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
50+1 Strategies, LLC Oakland, CA 94612	CNS		30,000.00
ActBlue Technical Services Somerville, MA 02144	OFC		4.35
ActBlue Technical Services Somerville, MA 02144	OFC		9.29
ActBlue Technical Services Somerville, MA 02144	OFC		27.51

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 30,041.15

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

I.D. NUMBER

1403015

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ActBlue Technical Services Somerville, MA 02144	OFC		0.40
ActBlue Technical Services Somerville, MA 02144	OFC		15.42
ActBlue Technical Services Somerville, MA 02144	OFC		5.34
ActBlue Technical Services Somerville, MA 02144	OFC		1.39

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 22.55

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

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I.D. NUMBER

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|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ActBlue Technical Services Somerville, MA 02144	OFC		2.18
ActBlue Technical Services Somerville, MA 02144	OFC		6.33
ActBlue Technical Services Somerville, MA 02144	OFC		3.37
ActBlue Technical Services Somerville, MA 02144	OFC		12.06

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 23.94

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460 Page <u>16</u> of <u>36</u>
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|---|---|---|
| CMP campaign paraphernalia/misc. | MTG meetings and appearances | RAD radio airtime and production costs |
| CNS campaign consultants | OFC office expenses | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | PET petition circulating | SAL campaign workers' salaries |
| CVC civic donations | PHO phone banks | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | POL polling and survey research | TRC candidate travel, lodging, and meals |
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| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRT print ads | VOT voter registration |
| LIT campaign literature and mailings | | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ActBlue Technical Services Somerville, MA 02144	OFC		69.13
Mariela Alburges Brooklyn, NY 11226	CNS		1,000.00
Bowers Consulting Firm Oakland, CA 94607	CNS	C. Bowers, Committee Treasurer, Business Owner	19,500.00
Bowers Consulting Firm Oakland, CA 94607	CNS	C. Bowers, Committee Treasurer, Business Owner	45.17

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 20,614.30

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bowers Consulting Firm Oakland, CA 94607	CNS	C. Bowers, Committee Treasurer, Business Owner	5,100.04
Bowers Consulting Firm Oakland, CA 94607	CNS	C. Bowers, Committee Treasurer, Business Owner	19,668.53
Jasmyne Cannick Los Angeles, CA 90043	CNS		5,083.07
Jasmyne Cannick Los Angeles, CA 90043	CNS		5,000.00
SUBTOTAL \$			34,851.64

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

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| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jasmyne Cannick Los Angeles, CA 90043	CNS		5,000.00
Carol Bullard, Asha Bandele Inc. Brooklyn, NY 11213	CNS		14,000.00
Carol Bullard, Asha Bandele Inc. Brooklyn, NY 11213	CNS		15,796.50
Carol Bullard, Asha Bandele Inc. Brooklyn, NY 11213	CNS		25,898.49

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 60,694.99

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER

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|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Carol Bullard, Asha Bandle Inc. Brooklyn, NY 11213	CNS		770.14
Carol Bullard, Asha Bandle Inc. Brooklyn, NY 11213	CNS		14,179.54
FYI Brand Group Los Angeles, CA 90066	CNS		5,000.00
FYI Brand Group Los Angeles, CA 90066	CNS		5,037.95

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 24,987.63

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Integrated Solutions: Political San Diego, CA 92116	OFC		1,354.84
Janaya & Patrisse Consulting Hawthorne, CA 90250	CNS	P. Cullors, Principal Officer, Business Owner	12,000.00
Janaya & Patrisse Consulting Hawthorne, CA 90250	CNS	P. Cullors, Principal Officer, Business Owner	8,000.00
Janaya & Patrisse Consulting Hawthorne, CA 90250	CNS	P. Cullors, Principal Officer, Business Owner	20,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 41,354.84

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
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Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

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| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Janaya & Patrisse Consulting Hawthorne, CA 90250	CNS	P. Cullors, Principal Officer, Business Owner	20,000.00
Lynne Lyman Los Angeles, CA 91405	CNS		5,000.00
Lynne Lyman Los Angeles, CA 91405	CNS		1,000.00
Lynne Lyman Los Angeles, CA 91405	CNS		12,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 38,500.00

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER

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| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL tv. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lynne Lyman Los Angeles, CA 91405	CNS		12,500.00
Malibu Conference Center Malibu, CA 90265	MTG		676.98
D'Zhane Parker Los Angeles, CA 90008	CNS		4,000.00
D'Zhane Parker Los Angeles, CA 90008	CNS		433.69

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 17,610.67

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
D'Zhane Parker Los Angeles, CA 90008	CNS		4,000.00
Perkins Coie LLP Washington, DC 20005	PRO		4,115.10
Perkins Coie LLP Washington, DC 20005	PRO		6,039.90
Giovani Solis Los Angeles, CA 91406	MTG		1,850.00

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SUBTOTAL \$ 16,005.00

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
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| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Giovani Solis Los Angeles, CA 91406	MTG		750.00
Strumwasser & Woocher LLP Los Angeles, CA 90024	PRO		10,000.00
The Amplifiers Roswell, GA 30076	CNS		4,500.00
The Amplifiers Roswell, GA 30076	CNS		5,302.25

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 20,552.25

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460 Page <u>25</u> of <u>36</u>
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| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
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| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Amplifiers Roswell, GA 30076	CNS		4,500.00
Trap Heals LLC Los Angeles, CA 90018	CNS		7,500.00
Trap Heals LLC Los Angeles, CA 90018	CNS		7,500.00
Trap Heals LLC Los Angeles, CA 90018	CNS		7,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 27,000.00

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

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| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	-----	\$ 332,258.96
2. Unitemized payments made this period of under \$100	-----	\$ 23.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	-----	\$.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	-----	TOTAL \$ 332,281.96
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTAL \$.00

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460 Page <u>27</u> of <u>36</u>
NAME OF FILER Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides	
I.D. NUMBER 1403015	

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
MobilizeAmerica New York, NY 10003	CNS	.00	5,500.00	.00	5,500.00
Perkins Coie LLP Washington, DC 20005	PRO	.00	135.90	.00	135.90
Perkins Coie LLP Washington, DC 20005	PRO	.00	9,264.60	.00	9,264.60
Strumwasser & Woocher LLP Los Angeles, CA 90024	PRO	.00	44,639.63	10,000.00	34,639.63

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$ \$ \$ \$

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460 Page <u>28</u> of <u>36</u>
I.D. NUMBER 1403015	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
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| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

SCHEDULE F SUMMARY

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ----- **INCURRED TOTALS \$** 59,540.13
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ----- **PAID TOTALS \$** 10,000.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ----- **NET \$** 49,540.13

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS	\$	\$	\$	\$
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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2019	
through	09/30/2019	Page <u>29</u> of <u>36</u>
NAME OF FILER		I.D. NUMBER
Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides		1403015
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
Carol Bullard, Asha Bandele Inc.		

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
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| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Calamigos Guest Ranch And Beach Club Malibu, CA 90265	MTG		10,179.05

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

TOTAL * \$ 10,179.05

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
	Page <u>30</u> of <u>36</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

I.D. NUMBER

1403015

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bowers Consulting Firm

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- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Enterprise Rent-a-car Clayton, MO 63105		Transportation	448.52
Enterprise Rent-a-car Clayton, MO 63105		Transportation	182.63
Getty Images Seattle, WA 98104	LIT		1,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

TOTAL *\$ 1,631.15

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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through	09/30/2019	Page <u>31</u> of <u>36</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

I.D. NUMBER

1403015

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Carol Bullard, Asha Bandele Inc.

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- | | | |
|---|---|---|
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| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jetblue Queens, NY 11101		Consultant Travel	1,796.50
Malibu Conference Center Malibu, CA 90265	MTG		15,593.44

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

TOTAL *\$ 17,389.94

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
	Page <u>32</u> of <u>36</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

I.D. NUMBER

1403015

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bowers Consulting Firm

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- | | | |
|---|---|---|
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mera Investment Groups Los Angeles, CA 90015	CMP		1,061.06

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

TOTAL *\$ 1,061.06

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

I.D. NUMBER

1403015

NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Amplifiers

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- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235		Consultant Travel	548.28

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

TOTAL *\$ 548.28

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460 Page <u>34</u> of <u>36</u>
I.D. NUMBER 1403015	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bowers Consulting Firm

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- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Swoop App Hawthorne, CA 90250		Transportation	842.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

TOTAL *\$ 842.00

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460
	Page <u>35</u> of <u>36</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

I.D. NUMBER

1403015

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**

SUBTOTALS \$ \$ \$ \$

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

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Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from <u>07/01/2019</u> through <u>09/30/2019</u>	CALIFORNIA FORM 460 Page <u>36</u> of <u>36</u>
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Reform LA Jails, A Committee Supporting Jail Reform and Community Reinvestment, Sponsored by Justice Team Network, A Project of Tides

I.D. NUMBER
1403015

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Schedule I Summary

- 1. Itemized increases to cash this period. ----- \$.00
- 2. Unitemized increases to cash of under \$100 this period. ----- \$.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ----- \$.00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ----- **TOTAL \$** .00

SUBTOTAL \$