

497 Contribution Report

Amounts may be rounded to whole dollars.

**RECEIVED BY
LOS ANGELES COUNTY**

CONTRIBUTION REPORT

Date Stamp
2020 SEP 29

CALIFORNIA FORM 497
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PROPOSITION B UNIT

NAME OF FILER
Yes on J: Re-Imagine L.A. County. A Coalition of Nonprofit Organizations and Justice Advocates

AREA CODE/PHONE NUMBER
(213) 908-6271

STREET ADDRESS

STATE
Los Angeles

ZIP CODE
90015

Date of This Filing 09/28/2020

Report No. 905839-VD

Amendment to Report No. _____
(explain below)

No. of Pages 1

ID NUMBER (if applicable)
Pending

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 09/25/2020 | National Union of Healthcare Workers Issues Committee for Quality Sacramento, CA 95815 Committee ID # 1401024 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 5,000.00 <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: _____

FPPC Form 497 (Feb/2019)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov