

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>ACLU Foundation</b>			Date of This Filing <u>9/12/2022</u>	Date Stamp <b>RECEIVED BY</b> <b>LOS ANGELES COUNTY</b>  <b>2022 SEP 19 AM 11:40</b>  <b>CAMPAIGN FINANCE</b>	<b>CALIFORNIA FORM 497</b>  For Official Use Only  <b>M19606</b>
AREA CODE/PHONE NUMBER (213) 977-9500	I.D. NUMBER (if applicable)		Report No. <u>09122022A</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90017	No. of Pages <u>5</u>		

## 2. Contribution(s) Made

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	DATE OF ELECTION (IF APPLICABLE)
9/15/2022	YES ON MEASURE A FOR SHERIFF ACCOUNTABILITY, SPONSORED BY CIVIL AND HUMAN RIGHTS ORGANIZATIONS <u>Oakland, CA 94607</u> ID #1453614	Measure A Los Angeles County	\$100,000	11/8/2022

Reason for Amendment: \_\_\_\_\_

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STREET ADDRESS 1313 W 8th Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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