

497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER ACLU Foundation			Date of This Filing <u>9/12/2022</u>		RECEIVED BY LOS ANGELES COUNTY 2022 SEP 26 PM 12:07 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only M19606		
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 Oakland, CA 94607 ID #1453614	Measure A Los Angeles County	\$100,000	11/8/2022

Reason for Amendment: _____