

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |   |  |                                   |   |
|--|---|--|-----------------------------------|---|
| <b>NAME OF FILER</b><br>PATTY QUILLIN          |   | <b>Date of This Filing</b> _____<br>09/22/2020                                   | Date Stamp<br><br><br>Page 1 of 2 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(415)389-6800 | <b>I.D. NUMBER (if applicable)</b><br>1278559 | <b>Report No.</b> _____<br>LCR # 1933  |                                   |   |
| <b>STREET ADDRESS</b><br><br>_____             |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                                   |   |
| <b>CITY</b><br>SANTA CRUZ                      | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95060   | <b>No. of Pages</b> _____<br>2    |   |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED |
|---------------|---|--|---|-----------------|
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |

\*Contributor Codes

|   |                                   |
|---|-----------------------------------|
| IND - Individual                                  | PTY - Political Party             |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other                                       |                                   |

Reason for Amendment:

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| <b>CITY</b><br>SANTA CRUZ                      | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95060   | <b>No. of Pages</b> _____<br>2    |   |

## Late Contribution(s) Made

| DATE MADE  | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|--|--|------------------------|----------------------------------|
| 09/21/2020 | Free the Vote CA, Yes on Prop 17, sponsored by civil and voting rights organizations<br>Sacramento, CA 95815<br><br>ID# 1428364            | PROPOSITION 17<br>STATEWIDE                      | \$250,000.00           |                                  |
| 09/21/2020 | Yes on J: Re-Imagine L.A. County, A Coalition of Nonprofit Organizations and Justice Advocates<br>Los Angeles, CA 90015<br><br>ID# PENDING | MEASURE J<br>LOS ANGELES COUNTY                  | \$500,000.00           | 11/03/2020                       |
|            |  |  |                        |                                  |
|            |  |  |                        |                                  |

Reason for Amendment: