

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Yes on H - Communities United to End Homelessness, a Coalition of Supervisor Mark Ridley-Thomas, Non-Profit Organizations, Businesses and Labor Organizations		Date of This Filing <u>1/11/2017</u>	Date Stamp CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1392723	Report No. <u>011117A</u>	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____	
CITY	STATE	ZIP CODE	
		No. of Pages <u>1</u>	

1. Contributions Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/10/2017	Los Angeles County Federation of Labor, AFL-CIO Issues and Initiative Committee ID: 1302429	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate

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