497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Yes on H - Communities United to End Homelessness, Major funding by Mark Ridley-Thomas Committee for a Better L.A. with support from a coalition of Nonprofit Organizations, Businesses and Labor Orgs				Date of This Filing		Date Stamp		CALIFORNIA FORM 497	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1392723			ble)	Report No.	012617A		Fo	r Official Use Only	
STREET ADDRESS				Amendment to Report No.	nt				
CITY	STATE ZIP CODE		ZIP CODE	No. of Pages	2				
1. Contribution	ns Received								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			ΓOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
01/25/2017	Don Attore				✓ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Don Attore		\$1,000.00 Check if Loan Provide interest rate	
01/25/2017	Bert Kawaha:	ra			✓ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Bert Kawahara		\$1,000.00 Check if Loan % Provide interest rate	
01/25/2017	Richard Rio	rdan			✓ IND COM OTH PTY SCC	Retired N/A		\$3,769.73 Check if Loan % Provide interest rate	
Reason for Amendmer	nt:					*Contributor Cod IND - Individual COM - Recipient OTH - Other (e.g PTY - Political Pa SCC - Small Con	Committee (oth i., business entiterty		

497 Contribution Report

Amounts may be rounded to whole dollars.

			Amounts ma	y be rounded to writ	ne dollars.				
NAME OF FILER Yes on H - Communities United to End Homelessness, Major funding by Mark Ridley-Thomas Committee for a Better L.A. with support from a coalition of Nonprofit Organizations, Businesses and Labor Orgs				Date of This Filing 1/26/2017		Date Stamp	CALIFORNIA FORM 497		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1392723			able)	Report No. 012617A			For	r Official Use Only	
STREET ADDRESS				Amendment to Report No. (explain below)					
CITY	STATE ZIP CODE			No. of Pages 2					
1. Contribution	ns Received								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			ITOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLO (IF SELF-EMPLOYED, ENTER NAME OF	CUPATION AND EMPLOYER		
01/25/2017	Steven Terui	-			☑ IND □ COM □ OTH □ PTY □ SCC	Software Developer Clinivate		\$10,000.00 Check if Loan % Provide interest rate	
01/25/2017	Hope Warscha	ù W			☑ IND □ COM □ OTH □ PTY □ SCC	Managing Director Warland		\$25,000.00 Check if Loan Provide interest rate	
Reason for Amendme	nt:					*Contributor Codes IND - Individual COM - Recipient C OTH - Other (e.g., l PTY - Political Party	ommittee (othe	er than PTY or SCC) y)	