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				Date of This Filing	2/15/2017	Date Stamp		CALIFORNIA FORM 497	
Nonprofit Organizations, Businesses and Labor Orgs AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1392723		able)	Report No. 021517A				For	Official Use Only	
STREET ADDRESS				Amendment to Report No. (explain below)					
CITY		STATE	ZIP CODE	No. of Pages	3				
1. Contribution	ns Received			1					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			JTOR	CONTRIBUTOR CODE *		NDIVIDUAL, TION AND EMPLOY NTER NAME OF BI	AMOUNT RECEIVED	
02/14/2017	Cedars-Sina	i Medical Cen	ter		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC				\$10,000.00 Check if Loan % Provide interest rate
02/14/2017	Dart Contain	ner			☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC				\$50,000.00 Check if Loan % Provide interest rate
02/14/2017	Noel Fleming	g			☑ IND □COM □OTH □PTY □SCC	Lawyer Liner LLP			\$1,000.00 Check if Loan % Provide interest rate
Reason for Amendmen	nt:					IN CO	Contributor Codes D - Individual DM - Recipient Com TH - Other (e.g., bu TY - Political Party CC - Small Contribu	siness entity	

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				Date of This Filing	2/15/2017	Date Stamp	CALIFORNIA FORM 497		
Nonprofit Organizations, Businesses and Labor Orgs AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1392723			Report No. <u>021517A</u>			Fo	r Official Use Only		
STREET ADDRESS				Amendment to Report No. (explain below)					
CITY	STATE ZIP CODE			No. of Pages	3				
1. Contribution	ns Received								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME O	OCCUPATION AND EMPLOYER		
02/14/2017	Kaiser Found	dation Health	Plan, Inc.		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC			\$50,000.00 Check if Loan % Provide interest rate	
Los Angeles County Firefighters Local Community Issues PAC Fund			1 1014	☐ IND ☑ COM ☐ OTH ☐ PTY			\$25,000.00 Check if Loan		
	ID: 1338370				SCC			Provide interest rate	
02/14/2017	Majestic Rea	alty, Co.			☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC			\$100,000. Check if Loan Provide interest rate	
Reason for Amendmen	nt:					*Contributor Code IND - Individual COM - Recipient OTH - Other (e.g. PTY - Political Pa SCC - Small Cont	Committee (oth ., business entit arty		

497 Contribution Report

		Amounts i	may be rounded to who	ole dollars.				
Ridley-Thomas Commit	lessness, Major funding by Mark with support from a coalition of	Date of This Filing _	2/15/2017	Date Stamp	CALIFORN FORM			
Nonprofit Organizations, Businesses and Labor Orgs AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1392723		I.D. NUMBER (if applicable)	Report No. 021517A			Foi	r Official Use Only	
STREET ADDRESS			Amendment to Report No. (explain below)					
CITY STATE ZIP CODE			No. of Pages	3				
1. Contribution	ns 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 EMPLO (IF SELF-EMPLOYED, ENTER NAME OF	CUPATION AND EMPLOYER		
02/14/2017	Parsons Brin	nckerhoff, Inc.		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC			\$10,000.00 Check if Loan % Provide interest rate	
02/14/2017	Servicon Sys	stems, Inc.		☐ IND☐ COM☐ OTH☐ PTY☐ SCC			\$2,500.00 Check if Loan Provide interest rate	
Reason for Amendme	nt:				*Contributor Codes IND - Individual COM - Recipient Co OTH - Other (e.g., t PTY - Political Party	ommittee (othe	er than PTY or SCC)	

SCC - Small Contributor Committee FPPC Form 497 (Jul/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov