

497 Contribution Report

Amounts may be rounded to whole dollars.

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CAMPAIGN FINANCE

CALIFORNIA
FORM 497
For Official Use Only

NAME OF FILER
Communities United to End Homelessness

AREA CODE/PHONE NUMBER _____ **I.D. NUMBER (if applicable)** _____

STREET ADDRESS _____

CITY Los Angeles **STATE** CA **ZIP CODE** 90017

Date of This Filing 12/12/2016

Report No. 121216A

Amendment to Report No. _____

No. of Pages 1

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
12/09/2016	Clean Energy	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
12/09/2016	Mark Ridley-Thomas Committee for a Better L.A. ID: 1372330	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250,000.00 <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

FPPC Form 497 (Jan/2016)
 FPPC Advice: advice@fppc.ca.gov (866)276-3772
 www.fppc.ca.gov

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