

Late Contribution Report

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

LATE CONTRIBUTION REPORT

| | | | | |
|--|---|--|------------------------------|----------------------------|
| 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 <u>01/19/2017</u> | Date Stamp | CALIFORNIA FORM 497 |
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) <u>1392723</u> | Report No. <u>011917A</u> | For Official Use Only | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | 1 / 2 | |
| CITY | STATE | ZIP CODE | No. of Pages <u>2</u> | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING 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 |
|----------------|---|--|---|-----------------|
| 01/18/2017 | Shelter Partnership, Inc. ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000.00 |
| 01/18/2017 | Yes on HHH - End Homelessness in L.A., a Coalition of Civic Nonprofits, Housing Providers, Philanthropists, and Working Families ID: 1388198 | <input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1959.53 |
| | ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <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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| AREA CODE PHONE NUMBER STREET ADDRESS CITY STATE ZIP CODE | I.D. NUMBER (if applicable) 1392723 | CALIFORNIA FORM 497 For Official Use Only | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
| | ID: | Ballot: Dist: | | |
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| | ID: | Ballot: Dist: | | |

Reason for Amendment: _____