

### 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY  
FEB 27 AM 11:35  
CAMPAIGN FINANCE

|  |   |  |                                      |   |
|--|---|--|--------------------------------------|---|
| <b>NAME OF FILER</b><br>California Community Foundation - Yes on H (NonProfit 501(C)(3)) |   | <b>Date of This Filing</b> 2/24/2017                                       | <b>Date Stamp</b><br>FEB 27 AM 11:35 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b>  | <b>I.D. NUMBER (if applicable)</b><br>1391496 | <b>Report No.</b> 22417A   |                                      |   |
| <b>STREET ADDRESS</b>  |   | <input type="checkbox"/> <b>Amendment to Report No.</b><br>(explain below) |                                      |   |
| <b>CITY</b>  | <b>STATE</b>                                  | <b>ZIP CODE</b>  | <b>No. of Pages</b> 3                |   |

### 1. Contributions Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED  |
|---------------|---|---|--|--|
| 02/22/2017    | California Community Foundation   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$200,000.<br><input type="checkbox"/> Check if Loan<br>%<br>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 (Jul/2016)  
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
 www.fppc.ca.gov

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| <b>NAME OF FILER</b><br>California Community Foundation - Yes on H (NonProfit 501(C)(3)) |   | <b>Date of This Filing</b> 2/24/2017                             | <b>Date Stamp</b><br><br><div style="background-color: black; color: white; padding: 5px; text-align: center;"> <b>CALIFORNIA FORM 497</b> </div> For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b>  | <b>I.D. NUMBER (if applicable)</b><br>1391496 | <b>Report No.</b> 22417A   |   |
| <b>STREET ADDRESS</b><br>---   |   | <input type="checkbox"/> Amendment to Report No. (explain below) |   |
| <b>CITY</b>  | <b>STATE</b> <b>ZIP CODE</b>                  |  |   |

2. Contribution(s) Made

| DATE MADE  | FULL NAME, STREET 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) |
|------------|--|--|------------------------|----------------------------------|
| 02/22/2017 | CA Calls Action Fund - Yes on H (Nonprofit 501 (c) (4))<br>ID: 1378703                     | Los Angeles County Plan to Prevent and Combat Homelessness<br>County of Los Angeles<br>NO: H                       | \$105,000.00           | 03/07/2017                       |
| 02/23/2017 | United Way of Greater Los Angeles - Yes on HHH (Nonprofit 501(c)(3))<br>ID: 1391423        | Homelessness Reduction and Prevention, Housing and Facilities Bond. Proposition.<br>City of Los Angeles<br>NO: HHH | \$30,000.00            | 03/07/2017                       |

Reason for Amendment: \_\_\_\_\_

Notes and Memos

| FORM SCHEDULE | REFERENCE NUMBER<br>(IF APPLICABLE) | TEXT   |
|---------------|-------------------------------------|--|
| F497          |                                     | All funds used were received by donor prior to July 1, 2014. |