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2016-09-28 23:15

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
Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Parks Advocates

AREA CODE/PHONE NUMBER _____ **I.D. NUMBER (if applicable)**
1387399

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

Date of This Filing 9/28/2016

Report No. 092816

Amendment to Report No. _____

No. of Pages 2

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
09/27/2016	Gafcon, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/27/2016	Los Angeles County Firefighters Local 1014 Community Issues PAC Fund ID: 1338370	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/27/2016	Los Angeles Neighborhood Land Trust	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00 <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 (888)275-3772
 www.fppc.ca.gov

497 Contribution Report

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NAME OF FILER Yes on A - Safe, Clean Neighborhood Parks and Open Space For All, a Coalition of Parks Advocates		Date of This Filing 9/28/2016	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1387399	Report No. 092816	<input type="checkbox"/> Amendment to Report No.	
STREET ADDRESS		No. of Pages 2		
CITY	STATE	ZIP CODE		

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
09/27/2016	Los Angeles Parks Foundation	<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
09/27/2016	Julie Packard	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aquarium Director Monterey Bay Aquarium	\$5,000.00 <input type="checkbox"/> Check If Loan _____% Provide interest rate

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