

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY
Date Stamp
2016 OCT 26 AM 7:
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
Non-Profit Organizations, Businesses, Labor Organizations and Parks Advocates

Date of
This Filing 10/25/2016

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

1387399

Report No. 102516

Amendment
to Report No.

STREET ADDRESS

CITY

STATE

ZIP CODE

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
10/24/2016	AltaMed Health Services Coporation	<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
10/24/2016	The Wilderness Society	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$9,500.00 <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)275-3772
 www.fppc.ca.gov