

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY LOS ANGELES COUNTY

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 10/26/2016	Date Stamp: OCT 28 PM CALIFORNIA FORM 497 CAMPAIGN FINANCE <small>*For Official Use Only</small>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1387399	Report No. 102616B	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.	
CITY	STATE	ZIP CODE	
		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
10/26/2016	Coalition of County Unions	<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
10/26/2016	Rendon Ballot Measure Committee to Keep California Competitive ID: 1357445	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate
10/26/2016	The Nature Conservancy	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,175.89 <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

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10/26/2016	The Nature Conservancy	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
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
10/25/2016	Recreational Equipment, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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