

Late Contribution Report

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

NAME OF FILER Yes on Measure M? a Coalition of Mayor Eric Garcetti, concerned citizens- labor organizations, businesses and non-profits		Date of This Filing 10/31/2016	RECEIVED BY LOS ANGELES COUNTY Date Stamp 2016 NOV -1 AM 11:36 CAMPAIGN FINANCE	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1387269	Report No. 103116A		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/27/2016	Los Angeles Forward - Councilmember Mike Bonin's Ballot Measure Committee ID: 1388082	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		257.39
10/28/2016	Los Angeles Forward - Councilmember Mike Bonin's Ballot Measure Committee ID: 1388082	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		337.99
10/28/2016	Los Angeles Forward - Councilmember Mike Bonin's Ballot Measure Committee ID: 1388082	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2627.12

*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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PCD 2134526575 >> 5626512548

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Page: 001

ID: CAMPAIGN FINANCE

OCT-31-2016 05:41PM From: 2134526575

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LATE CONTRIBUTION REPORT

NAME OF FILER Yes on Measure M ? a Coalition of Mayor Eric Garcetti, concerned citizens, labor organizations, businesses and non-profits		Date of this Filing _____ Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages _____	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 1387269		
STREET ADDRESS _____			
CITY _____	STATE _____	ZIP CODE _____	2 / 4

Late Contribution(s) Made

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

Reason for Amendment: _____

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PCD 2134526575 >> 5626512548

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LATE CONTRIBUTION REPORT

NAME OF FILER Yes on Measure M ? a Coalition of Mayor Eric Garcetti, concerned citizens, labor organizations, businesses and non-profits		Date of This Filing _____	Date Stamp 3 / 4	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 1387269	Report No. _____		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY _____	STATE _____	ZIP CODE _____		
		No. of Pages _____		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/28/2016 	Marc Nathanson ID: _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Mapleton Investments	100000.00
10/28/2016 	Northwest Excavating, Inc. ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100000.00
10/28/2016 	OHL USA, Inc. ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00

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OTH - Other	

Reason for Amendment: _____

FPPC Form 497 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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