

497 Contribution Report

RECEIVED BY OS ANGELES COUNT

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Amounts may be rounded to whole dollars.

NAME OF FILER
Communities United to End Homelessness

2017 JAN -3 AM 9:28

Date of This Filing 12/30/2016

2016 DEC 34 AM 9:23

Date Stamp

CALIFORNIA FORM 497

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)
1392723

Report No. 123016A

CAMPAIGN FINANCE

For Official Use Only

STREET ADDRESS

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
12/29/2016	Austin Beutner	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Civic Leader Austin Beutner	\$25,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/29/2016	Walsh/Shea Corridor Constructors	<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

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