

# 497 Contribution Report

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

RECEIVED BY: \_\_\_\_\_ 497 CONTRIBUTION REPORT

NAME OF FILER <b>Yes! on Measure P for Safe Neighborhood Parks, a project of The Conservati</b>		Date of This Filing <u>10/23/2014</u>	RECEIVED BY: _____ 2014 OCT 23 PM 1: CAMPAIGN FINANCE DISCLOSURE SECTION	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <u>1371702</u>	Report No. <u>4</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

## 1. Contribution(s) 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
10/23/2014	LA League of Conservation Voters LALCV	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

**\*\*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

Reason for Amendment: \_\_\_\_\_

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<b>NAME OF FILER</b> Yes! on Measure P for Safe Neighborhood Parks, a project of The Conservati		<b>Date of This Filing</b> 10/23/2014	Date Stamp RECEIVED BY LOS ANGELES CO 2014 OCT 23 PM 2:34 CAMPAIGN FINANCE DISCLOSURE SECTION	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1371702	<b>Report No.</b> 5		
<b>STREET ADDRESS</b>		<input checked="" type="checkbox"/> <b>Amendment to Report No. 4 faxed today</b> (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		
		<b>No. of Pages</b> 1		

## 1. Contribution(s) Received

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Reason for Amendment: Incorrect report number.

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