

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY LOS ANGELES COUNTY  
Date Stamp  
2016 SEP 27 AM 9:32  
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 Parks Advocates

**AREA CODE/PHONE NUMBER**      **I.D. NUMBER (if applicable)**  
1387399

**STREET ADDRESS**

**CITY**      **STATE**      **ZIP CODE**

**Date of This Filing** 9/26/2016

**Report No.** 092616C

**Amendment to Report No.**

**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
09/23/2016	James Berliner	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Advisor Westmount Asset Management	\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate
09/23/2016	Council for Watershed Health	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00 <input type="checkbox"/> Check if Loan Provide interest rate
09/23/2016	Bill Silva	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Music Manager Bill Silva Entertainment	\$10,000.00 <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

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY  
2016 SEP 27 AM 9:32  
CAMPAIGN FINANCE

<b>NAME OF FILER</b> Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Parks Advocates		Date of This Filing	9/26/2016	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1387399	Report No.	092616B		
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
09/02/2016	The Nature Conservancy	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$360.47 <input type="checkbox"/> Check if Loan Provide interest rate
09/16/2016	The Nature Conservancy	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$645.05 <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 (866/276-3772)  
 www.fppc.ca.gov

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY LOS ANGELES COUNTY

<b>NAME OF FILER</b> Yes on A - Safe, Clean Neighborhood Parks and Open Space for All, a Coalition of Parks Advocates		<b>Date of This Filing</b> 9/26/2016	Date Stamp 2016 SEP 27 AM 9 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1387399	<b>Report No.</b> 092616A		
<b>STREET ADDRESS</b>		<input type="checkbox"/> Amendment to Report No.		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		
		<b>No. of Pages</b> 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
09/20/2016	Griffin Structures 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

\*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 (866/276-3772)  
 www.fppc.ca.gov

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