

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY MAR 24 2026 EM
 LOS ANGELES COUNTY
 Date Stamp
 2026 MAR 24 PM 2:34
 PROPOSITION B UNIT

NAME OF FILER Restore Healthcare for Angelenos, Sponsored by St. John's Community, Health and Health Justice Action Fund		Date of This Filing 3/24/2026	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1485031	Report No. 032426A	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY Los Angeles	STATE CA	ZIP CODE 90071	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
03/23/2026	Los Angeles County Medical Association Political Action Committee (LACPAC) Sacramento, CA 95814-3933 ID: 1311583	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input 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