

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

APR 08 2026 EM

NAME OF FILER Yes on ER - Restore Healthcare for Angelenos, Sponsored by St. John's Community, Health and Health Justice Action Fund		Date of This Filing 4/8/2026	Date Stamp 2026 APR -9 AM 8:14 PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1485031	Report No. 040826C		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90071	No. of Pages 2	

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
03/28/2026	Yes on ER - Health Justice Action Fund Nonprofit (501(c)(4)) Los Angeles, CA 90071-1624 ID: Pending	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100,000. <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

Notes and Memos

FORM/SCHEDULE	REFERENCE NUMBER (IF APPLICABLE)	TEXT
F497		Estimate.