

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2026 APR 13 PM 2:
PROPOSITION B UNIT
APR 13 2026 EM

CALIFORNIA FORM 497
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NAME OF FILER St. John's Community Health		Date of This Filing 4/10/2026
AREA CODE/PHONE NUMBER (323) 541-1600	I.D. NUMBER (if applicable) 1415322	Report No. 041026A
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)
CITY Los Angeles	STATE CA	ZIP CODE 90037
		No. of Pages 3

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
03/28/2026	Yes on ER - Health Justice Action Fund (Nonprofit 501(c)(4)) Los Angeles, CA 90071-1624 ID: Pending	Sales Tax Increase for Health Services Measure County of Los Angeles NO: ER	\$100,000.00	06/02/2026

Reason for Amendment: _____

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NAME OF FILER St. John's Community Health		Date of This Filing 4/10/2026	<p>RECEIVED BY LOS ANGELES COUNTY Date Stamp 2026 APR 13 PM 2:50 PROPOSITION B UNIT APR 13 2026</p>	<p>CALIFORNIA FORM 497 For Official Use Only</p>
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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
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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
F497P2	500321222	Contribution made from non-donor funds.