

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|---|---|--|---|--|
| NAME OF FILER St. John's Community Health | | Date of This Filing 4/14/2026 | RECEIVED BY LOS ANGELES COUNTY 2026 APR 15 AM 8:40 PROPOSITION B UNIT APR 14 2026 <i>pw</i> | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (323) 541-1600 | I.D. NUMBER (if applicable) 1415322 | Report No. 041426C | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY Los Angeles | STATE CA | ZIP CODE 90037 | | |

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) |
|------------|---|---|------------------------|----------------------------------|
| 04/10/2026 | 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 | \$5,000.00 | 06/02/2026 |

Reason for Amendment: _____

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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 |
|---------------|---|--------------------|---|-----------------|
| | | | | |

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 | 500322213 | Contribution made from non-donor funds. |