

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY APR 08 2026
LOS ANGELES COUNTY

| | | | | |
|--|------------------------------------|--|---------------------------------------|---|
| NAME OF FILER Yes on ER - Health Justice Action Fund (Nonprofit 501(c)(4)) | | Date of This Filing 4/8/2026 | Date Stamp 2026 APR -9 AM 9:00 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (213) 452-6565 | I.D. NUMBER (if applicable) | Report No. 040826D | PROPOSITION B UNIT | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY Los Angeles | STATE CA | ZIP CODE 90071 | No. of Pages 3 | |

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

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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 - Restore Healthcare for Angelenos, Sponsored by St. John's Community, Health and Health Justice Action Fund Los Angeles, CA 90071-1624 ID: 1485031 | Yes on ER - Restore Healthcare for Angelenos, Sponsored by St. John's Community, Health and Health Justice Action Fund County of Los Angeles NO: ER | \$100,000.00 | 06/02/2026 |

Reason for Amendment: _____

Notes and Memos

| FORM/SCHEDULE | REFERENCE NUMBER (IF APPLICABLE) | TEXT |
|---------------|-------------------------------------|----------|
| F497P2 | 500002795 | Estimate |