

**497 Contribution Report**

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY

APR 08 2026 EM

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