

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY

APR 29 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 4/29/2026 | Date Stamp 2026 APR 30 AM 8:02 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. 042926D | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY Los Angeles | STATE CA | ZIP CODE 90071 | | |
| | | No. of Pages 1 | | |

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 |
|---------------|--|---|--|--|
| 04/28/2026 | Dignity CA Service Employees International Union SEIU Local 2015 Sacramento, CA 95814-4602 ID: 1357256 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500,000. ⁰⁰ <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