

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Yes on 21 - Renters and Homeowners United to Keep Families in Their Homes, Sponsored by AIDS Healthcare Foundation			<b>Date of This Filing</b> _____ 09/04/2020 _____	Date Stamp          Page 1 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                     CALIFORNIA FORM 497                 </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (310)576-1233	<b>I.D. NUMBER</b> (if applicable) 1418902	<b>Report No.</b> _____ 36 _____			
<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> 90024	<b>No. of Pages</b> _____ 3 _____		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/04/2020	AIDS Healthcare Foundation Los Angeles, CA 90028  Memo Reference: NON:\$497:4810	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

\*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING 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)

Reason for Amendment:

Memo Reference: NON:S497:4810

This is an in-kind contribution.

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