

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> AIDS HEALTHCARE FOUNDATION			<b>Date of This Filing</b> _____ 09/17/2020	Date Stamp       Page 1 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 24px;">                     CALIFORNIA FORM 497                 </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (415)732-7700	<b>I.D. NUMBER</b> (if applicable) 1281664	<b>Report No.</b> _____ G20-AHF-08			
<b>STREET ADDRESS</b>  _____			<div style="background-color: black; color: white; padding: 2px;">                     ■ <b>Amendment to Report No.</b> _____ 001                 </div> (explain below)		
<b>CITY</b> LOS ANGELES	<b>STATE</b> CA	<b>ZIP CODE</b> 91364	<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
		<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		
		<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:  
 UPDATED PUBLIC NOTE

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> AIDS HEALTHCARE FOUNDATION			<b>Date of This Filing</b> _____ 09/17/2020	Date Stamp   Page 2 of 3	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (415)732-7700	<b>I.D. NUMBER (if applicable)</b> 1281664		<b>Report No.</b> _____ G20-AHF-08		
<b>STREET ADDRESS</b>  _____			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> _____ 001 <small>(explain below)</small>		
<b>CITY</b> LOS ANGELES	<b>STATE</b> CA	<b>ZIP CODE</b> 91364	<b>No. of Pages</b> _____ 3		

## 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)
09/16/2020	YES ON 21 - RENTERS AND HOMEOWNERS UNITED TO KEEP FAMILIES IN THEIR HOMES, SPONSORED BY AIDS HEALTHCARE FOUNDATION LOS ANGELES, CA 90024  ID# 1418902 Memo Reference: EXP:S497:1362	PROPOSITION 21 STATEWIDE	\$6,000,000.00	

Reason for Amendment:  
 UPDATED PUBLIC NOTE

Memo Reference: EXP:S497:1362

SOURCE OF NONDONOR FUNDS: NET ASSETS OF AIDS HEALTHCARE FOUNDATION

---

---

---

---

---