

2641-4-LCO1

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Yes on BH		Date of This Filing 05/08/2018 Report No. 05-08-BH <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	CALIFORNIA FORM 497 For Official Use Only G11207
AREA CODE/PHONE NUMBER (310) 248-6299	I.D. NUMBER (if applicable) 1404150		
STREET ADDRESS 280 S. Beverly Dr., #304		RECEIVED BY LOS ANGELES COUNTY 5/8/18 E-Mail 2018 MAY -9 AM 9:45 CAMPAIGN FINANCE	
CITY Beverly Hills	STATE CA		ZIP CODE 90212

1. Contribution(s) 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
05/07/2018	DLR Group 6457 Frances Street Ste. 200 Omaha, NE 68106	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
05/07/2018	Kasowitz Benson Torres LLP 1633 Broadway New York, NY 10019	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <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

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