

497 Contribution Report

Amounts may be rounded to whole dollars.

2641-4-LC01

NAME OF FILER Yes on BH		Date of This Filing <u>04/20/2018</u>	RECEIVED BY LOS ANGELES COUNTY 420118 E-MAIL 2018 APR 20 PM 3:00 CAMPAIGN FINANCE	497 CONTRIBUTION REPORT
AREA CODE/PHONE NUMBER <u>(310) 248-6299</u>	I.D. NUMBER (if applicable) <u>1404150</u>	Report No. <u>04-20-YBH</u>		CALIFORNIA FORM 497 For Official Use Only
STREET ADDRESS <u>280 S. Beverly Dr., #304</u>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		G11207
CITY <u>Beverly Hills</u>	STATE <u>CA</u>	ZIP CODE <u>90212</u>		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
04/19/2018	Team Concept Development Service 815 Fossil Creek Rd. Florissant, CO 80816	<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
		<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