

2641-4-LC01

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY  
Date Stamp

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

For Official Use Only

G11207

**NAME OF FILER**  
Yes on BH

**AREA CODE/PHONE NUMBER** (310) 248-6299  
**I.D. NUMBER (if applicable)** 1404150

**STREET ADDRESS**  
280 S. Beverly Dr., #304

**CITY** Beverly Hills **STATE** CA **ZIP CODE** 90212

**Date of This Filing** 04/30/2018

**Report No.** 04-30-BH

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

2018 MAY -1 AM 8:16  
5/1/18 E-Mail  
CAMPAIGN FINANCE

## 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
04/27/2018	Atkinson, Andelson, Loya, Ruud & Romo 12800 Center Court Dr. Cerritos, CA 90703	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		20,000.00  <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



JL