497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY OCT 30 2024 EM
LOS ANGELES COUNTY
2024 OCT 30 AM 10:50
PROPOSITION B UNIT

NAME OF FILER	Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Yes on A - Neighbors for Affordable Housing and Homelessness Solutions Now	10/29/2024		For Official Use Only
AREA CODE/PHONE NUMBER: (213) 452-6565 / I.D. NUMBER (if applicable): 1464755	Report No. 102924A		
STREET ADDRESS	☐ Amendment to Report No. (explain below)		
CITY: Los Angeles / STATE: CA / ZIP CODE: 90017	No. of Pages 1		

1. Contributions 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
10/28/2024	Carol Parry Malibu, CA 90265-4150	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Founder Corporate Responsibility Associates	$5,000.00 ☐ 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