

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY

NAME OF FILER Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates		Date of This Filing <u>11/1/2024</u>	Date Stamp <u>2024 NOV -4 AM 9:01</u>	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (213) 452-6565		I.D. NUMBER (if applicable) 1463510	Report No. <u>110124A</u>	For Official Use Only
STREET ADDRESS		PROPOSITION B UNIT		
CITY Los Angeles	STATE CA	ZIP CODE 90017	NOV 01 2024 EM	

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
10/31/2024	Safe Place for Youth San Francisco, CA 94104-9007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00 <input type="checkbox"/> Check if Loan <input type="checkbox"/> % 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