

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER EXPERTS UNITED FOR HOMELESSNESS AND HOUSING SOLUTIONS A COALITION OF NONPROFIT ORGANIZATIONS AND HOUSING ADVOCATES		Date of This Filing 9/12/2024	RECEIVED BY LOS ANGELES COUNTY Date Stamp 2024 SEP 13 AM 8:29 PROPOSITION B UNIT SEP 12 2024 EM	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1463510	Report No. 091224A		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90017		

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
09/11/2024	Mercy Housing Inc. Denver, CO 80202-4929	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00 <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