

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER Yes on G - Communities United Action Fund (Nonprofit 501(c)(4))		Date of This Filing 09.23.2024	Date Stamp 2024 SEP 24 AM 9:30	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 202.552.0221	I.D. NUMBER (if applicable) 1474811	Report No. 0923-2		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Washington	STATE DC	ZIP CODE 20003	No. of Pages 1	

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
08.16.2024	Lindsey Horvath Ballot Measure Committee for Accountability and Progress Encino, California 91436 ID: 1463038	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08.30.2024	Lindsey Horvath Ballot Measure Committee for Accountability and Progress Encino, California 91436 ID: 1463038	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09.12.2024	Eleni Kounalakis Ballot Measure Committee Sacramento, CA 95815 ID: 1460720	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25000 <input type="checkbox"/> Check if Loan _____% Provide interest rate

****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

Reason for Amendment: _____