

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Yes on A - Neighbors for Affordable Housing and Homelessness Solutions Now		Date of This Filing <u>10/1/2024</u>	RECEIVED BY LOS ANGELES COUNTY 2024 OCT -2 AM 8:02 PROPOSITION B UNIT	OCT 01 2024
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1464755	Report No. <u>100124A</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	CALIFORNIA FORM 497 For Official Use Only	
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
09/30/2024	California Community Foundation Los Angeles, CA 90012-2665	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$175,000. <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