

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY OCT 02 2024 EM

NAME OF FILER Yes on A - Neighbors for Affordable Housing and Homelessness Solutions Now		Date of This Filing <u>10/2/2024</u>	Date Stamp 2024 OCT -3 AM 9:15	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1464755	Report No. <u>100224A</u>	PROPOSITION B UNIT	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	No. of Pages <u>1</u>	
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
10/01/2024	Southern California Partnership for Jobs (Nonprofit 501(c)(6)) Los Angeles, CA 90017-5864 ID: 1391049	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150,000. <input type="checkbox"/> Check if Loan 00% 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