

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY  
Date Stamp  
2024 OCT -8 AM 8: 24  
PROPOSITION B UNIT  
OCT 07 2024 PM

CALIFORNIA  
FORM 497  
For Official Use Only

**NAME OF FILER**  
Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates

**AREA CODE/PHONE NUMBER**  
(213) 452-6565

**I.D. NUMBER (if applicable)**  
1463510

**STREET ADDRESS**

**CITY**  
Los Angeles

**STATE**  
CA

**ZIP CODE**  
90017

**Date of This Filing** 10/7/2024

**Report No.** 100724A

Amendment to Report No. (explain below)

**No. of Pages** 1

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
10/04/2024	Goldfarb & Lipman LLP Oakland, CA 94612-1425	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00 <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