

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates			Date of This Filing <u>10/9/2024</u>	RECEIVED BY LOS ANGELES COUNTY 2024 OCT 10 AM 10:33 PROPOSITION B UNIT OCT 09 2024 EM	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1463510	Report No. <u>100924A</u>			
STREET ADDRESS					
CITY Los Angeles	STATE CA	ZIP CODE 90017			
<input type="checkbox"/> Amendment to Report No. (explain below)			No. of Pages <u>1</u>		

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
10/08/2024	Service Employees International Union United Health Care Workers West Political Issues Committee Los Angeles, CA 90017-5864 ID: 991800	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/08/2024	Weingart Center Association Los Angeles, CA 90013-2102	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00 <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