

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

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>10/10/2024</u>	Date Stamp 2024 OCT 11 AM 8:09	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1463510	Report No. <u>101024A</u>	PROPOSITION B UNIT OCT 10 2024 EM	
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. (explain below) _____		
CITY Los Angeles	STATE CA	ZIP CODE 90017	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
10/09/2024	Los Angeles County Federation of Labor AFL-CIO Los Angeles, CA 90006-2202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150,000. <input type="checkbox"/> Check if Loan ⁰⁰ _____% Provide interest rate
10/09/2024	Service Employees International Union Local 721 Washington, DC 20036-1806 ID: 891044	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250,000. <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