

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY **OCT 17 2024 EM**
 LOS ANGELES COUNTY
 2024 OCT 17 PM 4:26
 PROPOSITION B UNIT

| | |
|-------------------------------|-----------------------|
| 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 | | Date of This Filing <u>10/17/2024</u> |
| AREA CODE/PHONE NUMBER (213) 452-6565 | I.D. NUMBER (if applicable) 1463510 | Report No. <u>101724A</u> |
| 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 |
|---------------|---|---|--|--|
| 10/16/2024 | Enterprise Community Partners Los Angeles, CA 90017-4101 | <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