

**497 Contribution Report**

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Liberty Hill Foundation			<b>Date of This Filing</b> 9/20/2024	RECEIVED BY LOS ANGELES COUNTY Date Stamp 2024 SEP 23 AM 9:18 CAMPAIGN FINANCE	CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (323) 556-7200	<b>I.D. NUMBER (if applicable)</b> 496004		<b>Report No.</b> 092024A		
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)		
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90048	<b>No. of Pages</b> 3		

**2. Contribution(s) Made**

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/19/2024	Californians United Against Prop 36, Sponsored by the Ella Baker Center Action Fund  Oakland, CA 94601-3050 ID: 1473892	Californians Against Prop 36 Statewide NO: 36	\$70,000.00	11/05/2024

Reason for Amendment: \_\_\_\_\_

**Notes and Memos**

FORM/SCHEDULE	REFERENCE NUMBER (IF APPLICABLE)	TEXT
F497P2	500097716	Non-donor funds from endowment.

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**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
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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