

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Merritt Community Capital Corporation			Date of This Filing 9-16-24	RECEIVED BY LOS ANGELES COUNTY 2024 SEP 16 PM 4:55 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (510) 444-7870	I.D. NUMBER (if applicable) 94-3099401		Report No. 091624A		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oakland	STATE CA	ZIP CODE 94612	No. of Pages _____		

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)
9-16-24	Experts United for Homeless and Housing Solutions A Coalition of Nonprofit Organizations and Housing Advocates Los Angeles, CA 90017 Entity ID: 1463510	Measure A, County of Los Angeles	25,000	11/5/24

Reason for Amendment: _____

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RECEIVED BY _____ 497 CONTRIBUTION REPORT

NAME OF FILER Merritt Community Capital Corporation <hr/> AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) (510) 444-7870 94-3099401 <hr/> STREET ADDRESS <hr/> CITY STATE ZIP CODE Oakland CA 94612			Date of This Filing 9-10-24 <hr/> Report No. 091624A <hr/> <input type="checkbox"/> Amendment to Report No. _____ (explain below) <hr/> No. of Pages _____	Date Stamp LOS ANGELES COUNTY 2024 SEP 16 PM 4: 53 CAMPAIGN FINANCE
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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<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