

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER Common Counsel Foundation		Date of This Filing <u>10/22/2024</u>	Date Stamp <b>2024 OCT 22 PM</b> <b>CAMPAIGN FINANCE</b>	<b>CALIFORNIA FORM 497</b> <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER 510-834-2995	I.D. NUMBER (if applicable)	Report No. <u>1</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Oakland	STATE CA	ZIP CODE 94612	No. of Pages <u>2</u>	

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10/22/2024	Experts United for Homelessness and Housing Solutions, a coalition of nonprofits and housing advocates. . . . 90017. I.D. Number: 1463510	Homelessness Services and Affordable Housing Ordinance Measure A, Los Angeles County	15,000	Nov 5, 2024

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