

**497 Contribution Report**

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Liberty Hill Foundation			<b>Date of This Filing</b> 9/17/2024	RECEIVED BY LOS ANGELES COUNTY 2024 SEP 18 AM 8:32 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> 091724A		
<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)
09/16/2024	Experts United for Homelessness and Housing Solutions a Coalition of Nonprofit Organizations and Housing Advocates  Los Angeles, CA 90017-5864 ID: 1463510	Measure A County of Los Angeles NO: A	\$100,000.00	11/05/2024

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

### Notes and Memos

FORM/SCHEDULE	REFERENCE NUMBER (IF APPLICABLE)	TEXT
F497P2	500097035	Non-donor funds.

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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