

497 Contribution Report

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

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LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER <i>Paula Hsu</i>		Date of This Filing <i>10/9/24</i>	Date Stamp <i>2024 OCT 10 PM 1:5</i>	CALIFORNIA FORM 497 For Official Use Only <i>M 19/680</i>
AREA CODE/PHONE NUMBER <i>626-288-9333</i>	I.D. NUMBER (if applicable)	Report No. <i>1</i>	CAMPAIGN FINANCE <i>10/9/24 EMAIL</i>	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages <i>2</i>	
CITY <i>Monterey Park</i>	STATE <i>CA</i>	ZIP CODE <i>91754</i>		

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)
<i>10/9/24</i>	<i>Yes on G - Communities United Action Fund, a committee supporting LA County Measure G 10 # 1474811</i>	<i>Measure G Los Angeles County</i>	<i>\$30,000</i>	<i>11/5/2024</i>

tm

Reason for Amendment: _____

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NAME OF FILER
Paula Hsci

AREA CODE/PHONE NUMBER
626-288-9333

I.D. NUMBER (if applicable)

STREET ADDRESS
417 Baltimore #A

CITY STATE ZIP CODE
Monterey Park CA 91754

Date of This Filing 10/19/24

Report No. 1

Amendment to Report No. _____
(explain below)

No. of Pages 2

U.S. ANGEL
2024 OCT 10 PH 1:51
CAMPAIGN FINANCE

CALIFORNIA FORM 497
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1. Contribution(s) 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
		<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

****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

Reason for Amendment: _____