

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY

NAME OF FILER California Community Foundation		Date of This Filing 9/30/2024	RECEIVED BY Date Stamp 2024 OCT -2 AM 8:10 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1315512	Report No. 093024A		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 1 (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90017		

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)
09/30/2024	Neighbors for Affordable Housing and Homelessness Solutions Now Los Angeles, CA 90017-5864 ID: 1464755	Neighbors for Affordable Housing and Homelessness Solutions Now County of Los Angeles NO: A	\$175,000.00	11/05/2024

Reason for Amendment: Updating name of recipient and date made.

Notes and Memos

FORM/SCHEDULE	REFERENCE NUMBER (IF APPLICABLE)	TEXT
F497B2	500702702	From funds held prior to July 1, 2014

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RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2024 OCT -2 AM 8:48
CAMPAIGN FINANCE

NAME OF FILER California Community Foundation		Date of This Filing 9/30/2024	CALIFORNIA FORM 497 For Official Use Only
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STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. (explain below) 1	
CITY Los Angeles	STATE CA	ZIP CODE 90017	
		No. of Pages 3	

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: Updating name of recipient and date made.

*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