

497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER California Community Foundation		Date of This Filing 9/30/2024	CALIFORNIA FORM 497 For Official Use Only M17381
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1315512	Report No. 093024A	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY Los Angeles	STATE CA	ZIP CODE 90017	
		No. of Pages 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)
09/27/2024	Experts United For Homelessness and Housing Solutions a Coalition of Nonprofit Organizations and Housing Advocates Los Angeles, CA 90017-5864 ID: 1463510	Experts United For Homelessness and Housing Solutions a Coalition of Nonprofit Organizations and Housing Advocates County of Los Angeles NO: A	\$175,000.00	11/05/2024

Reason for Amendment: _____

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