

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER California Community Foundation		Date of This Filing 11/1/2024	Date Stamp LOS ANGELES 2024 NOV 1 CALIFORNIA FORM 497 - For Official Use Only CAMPAIGN FINANCE M1738
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1315512	Report No. 110124A	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY Los Angeles	STATE CA	ZIP CODE 90017	No. of Pages 2

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)
10/23/2024	Koreatown Immigrant Worker Alliance (Nonprofit 501(c)(3)) - Yes on A Los Angeles, CA 90006-2121	Sales Tax to Fund Homelessness Efforts County of Los Angeles NO: A	\$100,000.00	11/05/2024

Reason for Amendment: _____