

497 Contribution Report

Amounts may be rounded to whole dollars.

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CAMPAIGN FINANCE

NAME OF FILER California Community Foundation			Date of This Filing 11/5/2024	CALIFORNIA FORM 497 For Official Use Only m
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1315512		Report No. 110524A	
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)
11/01/2024	California Calls Action Fund - Yes on Measure A (Nonprofit 501(c)(4)) Los Angeles, CA 90016-3911 ID: 1378703	Sales Tax to Fund Homeless Efforts County of Los Angeles NO: A	\$20,000.00	11/05/2024

Reason for Amendment: _____