

497 Contribution Report

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

NAME OF FILER UNION STATION HOMELESS SERVICES		Date of This Filing 10/29/24	Date Stamp 2024	RECEIVED 497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only CAMPAIGN FINANCE
AREA CODE/PHONE NUMBER 626-240-4550	I.D. NUMBER (if applicable)	Report No. 001		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Pasadena	STATE CA	ZIP CODE 91104		
		No. of Pages _____		

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)
10/29/24	Yes on A: Community Experts United for Housing Solutions, a coalition of Nonprofit Organizations and Housing Advocates Los Angeles, CA 90017	Measure A, County of Los Angeles	\$25,000.00	11/5/2024

Reason for Amendment: _____