

497 Contribution Report

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

RECEIVED BY
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER UNION STATION HOMELESS SERVICES			Date of This Filing <u>2/19/25</u>	Date Stamp 2025 FEB 20 PM 4:29	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 626-240-4550	I.D. NUMBER (if applicable)		Report No. <u>002</u>	CAMPAIGN FINANCE	
STREET ADDRESS			<input checked="" type="checkbox"/> Amendment to Report No. <u>001</u> (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)
5/14/24	Yes on A: Community Experts United for Housing Solutions, a coalition of Nonprofit Organizations and Housing Advocates- L.A., CA 90017	Measure A, County of Los Angeles	\$25,000.00	11/5/24
8/14/24	Yes on A: Community Experts United for Housing Solutions, a coalition of Nonprofit Organizations and Housing Advocates- L.A., CA 90017	Measure A, County of Los Angeles	\$25,000.00	11/5/24
10/29/24	Yes on A: Community Experts United for Housing Solutions, a coalition of Nonprofit Organizations and Housing Advocates- L.A., CA 90017	Measure A, County of Los Angeles	\$25,000.00	11/5/24
01/30/25	Yes on A: Community Experts United for Housing Solutions, a coalition of Nonprofit Organizations and Housing Advocates- L.A., CA 90017	Measure A, County of Los Angeles	\$25,000.00	11/5/24

Reason for Amendment: Including all payments made

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UNION STATION HOMELESS SERVICES

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626-240-4550

STREET ADDRESS

CITY **STATE** **ZIP CODE**
Pasadena CA 91104

Date of This Filing 2/19/25

Report No. 002

Amendment to Report No. 001
(explain below)

No. of Pages _____

1. Contribution(s) 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
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

****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

Reason for Amendment: _____