

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

NAME OF FILER United Way of Greater Los Angeles		Date of This Filing 1/27/2025	Date Stamp 2025 JAN 29 AM 10:10	CALIFORNIA FORM 496
AREA CODE/PHONE NUMBER (213) 808-6220	I.D. NUMBER (if applicable) 1466317	Report No. 012425A		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90015	No. of Pages 1	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD				Los Angeles County Homelessness Prevention, Reduction, and			
DISTRICT NO.	SUPPORT	OPPOSE	BALLOT MEASURE TITLE		JURISDICTION	SUPPORT	OPPOSE
	<input type="checkbox"/>	<input type="checkbox"/>	A.		County of Los Angeles	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/03/2024	LIT \$506,828.60	\$267,736.48
09/25/2024	LIT \$506,828.60	\$239,092.12

Reason for Amendment: _____