

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER United Way of Greater Los Angeles		Date of This Filing 9/19/2024	RECEIVED BY LOS ANGELES COUNTY 2024 SEP 20 AM 11:16 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only M19666
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1466317	Report No. 091924A		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90017		
		No. of Pages 2		

1. Contributions 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
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Reason for Amendment: _____

*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

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RECEIVED BY
LOS ANGELES COUNTY

NAME OF FILER United Way of Greater Los Angeles		Date of This Filing 9/19/2024	RECEIVED BY LOS ANGELES COUNTY 2024 SEP 20 AM 11:11 CAMPAIGN FINANCE CALIFORNIA FORM 497 For Official Use Only
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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)
09/18/2024	Experts United for Homelessness and Housing Solutions a Coalition of Nonprofit Organizations and Housing Advocates Los Angeles, CA 90017-5864 ID: 1443515		\$100,000.00	11/05/2024

Reason for Amendment: _____