497	Contribution	Re	port
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Amounts may be rounded to whole dollars.

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NAME OF FILER United Way of Greater Los	Angeles	Date of This Filing11/1/2024	2024 NOV - 1 PM 4:4	FORM 497
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1466317	Report No	CAMPAIGN FINANCE	For Official Use Only
STREET ADDRESS		Amendment to Report No.	CALLAGUATION	
CITY Los Angeles	STATE ZIP CODE CA 90017	(explain below) 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)
10/31/2024	Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates	Los Angeles County Homelessness Prevention, Reduction, and Accountability Initiative (Ballot No. A)	\$150,000.00	11/05/2024
	Los Angeles, CA 90017-5864 ID: 1463510	County of Los Angeles NO: A		

Reason for Amendment		

to Report No. (explain below) Los Angeles CA 90017 to Report No. (explain below) No. of Pages 2 1. Contributions Received	49	CALIFORNIA FORM	Date Stamp	11/1/2024	Date of This Filing	eles	AME OF FILER nited Way of Greater Los
to Report No. (explain below) No. of Pages 2 1. Contributions Received	Use Only	For Official Us	ZUZHNOV - TINANCE	110124A	Report No.	AREA CODE/PHONE NUMBER (213) 452-6565 STREET ADDRESS L.D. NUMBER (if applicable) 1466317 Report II Area to Report II CITY STATE ZIP CODE No. of P	
A CODE/PHONE NUMBER (3) 452-6565 I.D. NUMBER (if applicable) Report No. 110124A Amendment to Report No. (explain below) STATE ZIP CODE CA 90017 Contributions Received PATE PATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IS COMMITTEE ALSO ENTER ID, NUMBER) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CODE: STATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE: CODE:							
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(IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVE	USINESS)	(IF SELF-EMPLOYED, ENTER NAME OF BI	CODE		(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	KECEIVED

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

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov