

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY OCT 01 2024 EM

NAME OF FILER California Calls Action Fund - Yes on Measure A (Nonprofit 501(c)(4))		Date of This Filing 10/1/2024	RECEIVED BY OCT 01 2024 EM LOS ANGELES COUNTY 2024 OCT -2 AM 8:02 PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1378703	Report No. 100124A		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90017		
		No. of Pages 1		

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
09/30/2024	Million Voter Project Action Fund, Sponsored by Social Justice Organizations Los Angeles, CA 90017-5864 ID: 1384591	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300,000. <input type="checkbox"/> Check if Loan % Provide interest rate

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