Major Donor and Independent Expenditure Committee

EE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2024 through06/30/2024	Date of election if applicable: (Month, Day, Year) E-Filed 05/05/2025 11:00:44 Page 1 of 2 11/05/2024 11/05/2024 For Official Use Only				
. Name and Address of Filer NAME OF FILER Union Station Homeless Services		 3. Summary (Amounts may be rounded to whole dollars.) 1. Expenditures and contributions (including loans) of \$100 or more 				
RESIDENTIAL OR MAILING ADDRESS	(NO. AND STREET) STATE ZIP CODE	 25,00 2. Unitemized expenditures and contributions (including loans) under 				
Pasadena RESPONSIBLE OFFICER (If filer is other than an individual)	CA 91104 AREA CODE/DAYTIME PHONE	 3. Total expenditures and contributions made this period. (Add Lines 1 + 2.)SUBTOTAL \$25,0 				
D'Lia Shorten (626) 240-4550 Image: Complete and Interests of Filer (Complete each applicable section.) Image: Complex and Interests of Filer (Complete each applicable section.) Image: Complex and Interests of Filer (Complete each applicable section.) Image: Complex and Interests of Filer (Complete each applicable section.) Image: Complex and Interests of Filer (Complete each applicable section.) Image: Complex and Interests of Filer (Complete each applicable section.) Image: Complex and Interests of Filer (Complete each applicable section.) Image: Complex and Interests of Filer (Complete each applicable section.) Image: Complex and Interests of Filer (Complete each applicable section.) Image: Complex and Interests of Filer (Complete each applicable section.) Image: Complex and Interests of Filer (Complete each applicable section.) Image: Complex and Image: Complete section. (Complete each applicable section.) Image: Complex and Image: Complete section. (Complete each applicable section.) Image: Complex and Image: Complete section. (Complete each applicable section.) Image: Complete section. (Complete each applicable section.) Image: Complete sectin. (Complete each applicable sectin.) <td colspan="5"> 4. Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.)</td>		 4. Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.)				
ADDRESS OF EMPLOYER/BUSINESS		 5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.)				
A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED Homeless Service Provider		 4. Verification I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information 				
A FILER THAT IS AN ASSOCIATION MUST P	ROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS	contained herein is true and complete. I certify under penalty of perjury un the laws of the State of California that the foregoing is true and correct.				
		E Executed on 05/05/2025 By Shawn Morrissey				

MAJOR DONOR AND INDEPENDENT EXPENDITURE COMMITTEE STATEMENT

Date Stamp

MAJOR DONOR AND INDEPENDENT EXPENDITURE COMMITTEE STATEMENT

Major Donor and Independent Expenditure Committee Campaign Statement

Amounts may be rounded to whole dollars.

COMMIT

ed	Statem	ient covers period	CALIFORNIA	461	
	from	01/01/2024	FORM		
	through_	06/30/2024	Page	of	
			•		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Union Station Homeless Services

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE
05/14/2024	Yes on A: Community Experts United for Housing Solutions, a coalition of Nonprofit Organizations and Housing Advocates (ID# Pending) Los Angeles, CA 90017	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Measure Measure: A County of Los Angeles X Support Oppose	25,000.00	25,000.00
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Support Oppose		
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Support Oppose		
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Support Oppose		
				SUBTOTAL \$	25,000.00	