

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

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NAME OF FILER <i>Paula Hsu</i>		Date of This Filing <i>10/9/24</i>	Date Stamp <i>2024 OCT 10 PM 1:5</i>	RECEIVED BY LOS ANGELES COUNTY 497 CONTRIBUTION REPORT CALIFORNIA FORM <b>497</b> For Official Use Only <i>M 19680</i>
AREA CODE/PHONE NUMBER <i>626-288-9333</i>	I.D. NUMBER (if applicable)	Report No. <i>1</i>	CAMPAIGN FINANCE <i>10/9/24 email</i>	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Monterey Park</i>	STATE <i>CA</i>	ZIP CODE <i>91754</i>		

## 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)
<i>10/9/24</i>	<i>Yes on G - Communities United Action Fund, a committee supporting L A County Measure G 10 # 1474811</i>	<i>Measure G Los Angeles County</i>	<i>\$30,000</i>	<i>11/5/2024</i>

*tm*

Reason for Amendment: \_\_\_\_\_

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CITY

Monterey Park

STATE

CA

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Report No.

1

☐ Amendment  
to Report No.  
(explain below)

No. of Pages

2

RECEIVED BY

Date Stamp

2024 OCT 10 PM 1:51

CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

CALIFORNIA  
FORM

497

For Official Use Only

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

### \*\*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

Reason for Amendment: \_\_\_\_\_