

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>CALIFORNIA FORM 497</b> For Official Use Only		Date Stamp <b>Registrar of Voters</b> OCT 08 2024 Imperial County
NAME OF FILER COMMTE TO ELT CARDENAS-SINGH BOARD OF SUPERVISOR-2 2024		Date of This Filing 10/08/2024
AREA CODE/PHONE NUMBER 760-540-9687	I.D. NUMBER (if applicable) 1463837	Report No. 015
STREET ADDRESS 1767 SOUTH 21 ST STREET		
CITY EL CENTRO	STATE CA	ZIP CODE 92243
<input type="checkbox"/> Amendment to Report No. _____ (explain below)		No. of Pages 1

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/07/2024	STATEWIDE SERVICES, INC 47050 WASHINGTON ST., STE 4101 LA QUINTA, CA 92253-2635	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$4,800.00	<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: \_\_\_\_\_