

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committe to Elect Cardenas-Singh Board of Supervisor - 2 - 2024		Date of This Filing <u>01/29/2023</u>	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold;">CALIFORNIA FORM 497</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">For Official Use Only</div>
AREA CODE/PHONE NUMBER <div style="background-color: black; width: 100px; height: 20px;"></div>	I.D. NUMBER (if applicable) 1463837	Report No. <u>004</u>	<div style="border: 2px solid blue; padding: 10px; display: inline-block;"> <div style="font-size: 2em; color: blue; font-weight: bold; transform: rotate(-90deg); position: absolute; left: -20px; top: 50%;">RECEIVED</div> <div style="text-align: center;"> <div style="color: red; font-weight: bold; font-size: 1.2em;">JAN 29 2024</div> </div> </div>	
STREET ADDRESS <div style="background-color: black; width: 100%; height: 20px;"></div>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY _____ STATE _____ ZIP CODE _____ <div style="background-color: black; width: 100%; height: 20px;"></div>	No. of Pages <u>1</u>			

1. Contribution(s) 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
01/26/2023	MARTHA CARDENAS-SINGH <div style="background-color: black; width: 100%; height: 20px;"></div>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ASSISTANT DIRECTOR FOR THE UNIVERSITY OF CALIFORNIA SAN DIEGO	1,500.00 <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

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