

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Committee to Elect Cardenas-Singh Board of Supervisor - 2 - 2024

AREA CODE/PHONE NUMBER
[REDACTED]

STREET ADDRESS
[REDACTED]

CITY
[REDACTED]

I.D. NUMBER (if applicable)
1463837

STATE
[REDACTED]

ZIP CODE
[REDACTED]

Date of This Filing
01/31/2023

Report No.
005

☒ Amendment to Report No.
(explain below)

No. of Pages
1

DATE Stamp
RECEIVED
JAN 31 2024

By
[REDACTED]

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 I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/15/2023	GERALD G. GUANA 1110 MAGNOLIA STREET, BRAWLEY, CA 92227	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		4,000.00 ☐ Check if Loan Provide interest rate _____%
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan Provide interest rate _____%
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: REPORT NUMBER WAS INCORRECT