# 497 Contribution Report

Amounts may be rounded to whole dollars.

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|---|---|---|---|
| NAME OF FILER<br>COMMTE TO ELT CARDENAS-SINGH BOARD OF SUPERVISOR-2 2024 | Date of This Filing 10/08/2024<br>Report No. 015<br>☐ Amendment to Report No. _____ (explain below)<br>No. of Pages 1 | Date Stamp<br>Registrar of Voters<br>OCT 08 2024<br>Imperial County | CALIFORNIA FORM **497**<br>For Official Use Only |
| AREA CODE/PHONE NUMBER [redacted]<br>I.D. NUMBER *(if applicable)* 1463837 | | | |
| STREET ADDRESS [redacted] | | | |
| CITY [redacted] STATE ZIP CODE | | | |

## 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 |
|---|---|---|---|---|
| 10/07/2024 | STATEWIDE SERVICES, INC<br>47050 WASHINGTON ST., STE 4101<br>LA QUINTA, CA 92253-2635 | ☐ IND<br>☐ COM<br>☑ OTH<br>☐ PTY<br>☐ SCC | $4,800.00 | ☐ Check if Loan<br>_____%<br>Provide interest rate |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | ☐ Check if Loan<br>_____%<br>Provide interest rate |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | ☐ Check if Loan<br>_____%<br>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: _____