

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
COMITE TO ELT CARDENAS-SINGH BOARD OF SUPERVISOR-2 2024
AREA CODE/PHONE NUMBER
STREET ADDRESS
CITY
STATE ZIP CODE

I.D. NUMBER (if applicable)
1463837

Date of This Filing
11/06/2024
Report No.
016

NOV 06 2024
Imperial County

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Registration of Voters
CALIFORNIA FORM 497

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/05/2024	UAW REGION 6 WESTERN STATES POLITICAL ACTION COMMITTEE I.D. 743787 6500 S. ROSEMEAD PICO RIVERA, CA 90660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC	2,000.00	<input type="checkbox"/> Check if Loan <hr/> <input type="checkbox"/> Check if Loan <hr/> <input type="checkbox"/> Check if Loan <hr/> <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<hr/> <hr/> <hr/> <hr/> <hr/>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<hr/> <hr/> <hr/> <hr/> <hr/>

* 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: _____