

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Committe to Elect Cardenas-Singh Board of Supervisor -2 2024
AREA CODE/PHONE NUMBER
[REDACTED] I.D. NUMBER (if applicable)
1463837
STREET ADDRESS
[REDACTED]
CITY
[REDACTED]
STATE
[REDACTED]
ZIP CODE
[REDACTED]

Date of
This Filing 11/08/2024
Report No. 017

Amendment
to Report No. _____
No. of Pages 1

REGISTRATION
CALIFORNIA 497
FORM
For Official Use Only

NOV 8 2024
Imperial
County

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 |
|---------------|---|---|---|--|
| 11/07/2024 | Martha Cardenas-Singh [REDACTED] | <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 | \$5,000.00 <input type="checkbox"/> Check if Loan <hr/> <i>Provide interest rate</i> % |
| | | <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 <hr/> <i>Provide interest rate</i> % |
| | | <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 <hr/> <i>Provide interest rate</i> % |

*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: _____