

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
7 [REDACTED] I.D. NUMBER (if applicable)
1463837

Date of This Filing
02/21/2024
Report No.
009

RECEIVED
FEB 22 2024
[REDACTED]

BY

Date Stamp
CALIFORNIA FORM
497
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CITY
[REDACTED] STATE
[REDACTED] ZIP CODE
[REDACTED]

Amendment to Report No. _____
(explain below)
No. of Pages
1

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
02/21/2024	NJB COMPANIES 408 WEST UNIVERSITY AVENUE GAINSVILLE, FLORIDA 32601 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC [REDACTED]	3,920.01 <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 %	

*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: _____