


497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Cardenas-Singh Board of Supervisor - 2 - 2024		Date of This Filing 02/21/2024	Date Stamp 	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 7	I.D. NUMBER (if applicable) 1463837	Report No. 009		
STREET ADDRESS t		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	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*	IF AN INDIVIDUAL, 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	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		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 %

Reason for Amendment: _____

* 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