497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER	Date of This Filing: 02/05/2024
Committee to Elect Cardenas-Singh Board of Supervisor - 2 - 2024	Report No. 007

AREA CODE/PHONE NUMBER ▮▮▮

I.D. NUMBER *(if applicable)* 1463837

☐ Amendment to Report No. _____ *(explain below)*

No. of Pages ___1___

STREET ADDRESS ▮▮▮

CITY ▮▮▮ **STATE** **ZIP CODE**

CALIFORNIA FORM 497

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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
02/05/2024	VALUE AUTO SERVICE 8334 CLAIREMONT MESA BLVD SAN DIEGO CA 92111	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		5,000 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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

FPPC Form 497 (Feb/2019)
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