497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Committe to Elect Cardenas-Singh Board of Supervisor - 2 - 2024		03/06/2024	RECEIVED MAR 06 2024 By	For Official Use Only
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER *(if applicable)* 1463837	Report No. 010		
STREET ADDRESS [redacted]		☐ Amendment to Report No. _____ (explain below)		
CITY [redacted]	STATE ZIP CODE	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
03/06/2024	CALIFORNIA CORRECTIONAL PEACE OFFICERS ASSOCIATION LOCAL PAC ID#960532 1121 "L" STREET, SUITE 200 SACRAMENTO, CA 95814	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		2,000.00 ☐ 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

* 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: _____