

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Committee to Elect Cardenas-Singh Board of Supervisor - 2 2024

AREA CODE/PHONE NUMBER
[REDACTED]

STREET ADDRESS
[REDACTED]

CITY
[REDACTED]

I.D. NUMBER (if applicable)
1463837

STATE
[REDACTED]

ZIP CODE
[REDACTED]

Date of This Filing
07/01/2024

Report No.
012

☐ Amendment to Report No. (explain below)

No. of Pages
1

DATE RECEIVED
06/28/2024

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
Law Office Of Jason C. Amavisca, Esq.
653 W. Main Street #104
El Centro, CA 92243

CONTRIBUTOR CODE*
☐ IND
☐ COM
☒ OTH
☐ PTY
☐ SCC

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

AMOUNT RECEIVED
1,560.00
☐ Check if Loan
_____%
Provide interest rate

CALIFORNIA FORM 497

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1. Contribution(s) Received

* 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: _____