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	09/18/2024	Registrar of Voters SEP 18 2024 Imperial County	For Official Use Only
AREA CODE/PHONE NUMBER [redacted] / I.D. NUMBER (if applicable) 1463837	Report No. 014		
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
09/17/2024	Martha Cardenas-Singh [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Assistant Director for the University of California San Diego	5,000.00 ☐ 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: _____