

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 <u>01/06/2025</u>	Date Stamp <i>Registrar of Voters</i> JAN 06 2025 Imperial County	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1463837	Report No. <u>18</u>		For Official Use Only
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>1</u>		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]		

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
01/04/2025	Legacy MD Medical Group, Inc 1699 N. Imperial Ave El Centro, CA 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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