

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Edward Singh for CUHSD 2026		Date of This Filing <u>08/20/2026</u>	Date Stamp 	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. <u>1</u>		
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

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
08/14/2026	Edward Singh	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$950 ☒ Check if Loan _____% Provide Interest rate
08/19/2026	Edward Singh	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$2,000 ☒ 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