

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Amit Pal for Mayor 2026		Date of This Filing <u>9/19/2026</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1496276	Report No. <u>3</u>	RECEIVED SEP 19 2026 City of Suisun City	
STREET ADDRESS [REDACTED]		☐ Amendment to Report No. _____ (explain below)		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	No. of Pages <u>1</u>	

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
9/18/2026	Charandeep Uppal [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner, Darpan Foods Inc.	1000 ☐ Check if Loan _____% Provide interest rate
9/18/2026	Kulwinder Bains [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner, Union Food and Liquor	1000 ☐ Check if Loan _____% Provide interest rate
9/19/2026	Surinder Haver [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1000 ☐ 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