

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Amit Pal for Mayor 2026		Date of This Filing 9/14/2026	Date Stamp RECEIVED SEP 15 2026 City of Suisun City	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS [REDACTED]		☐ Amendment to Report No. _____ (explain below)		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]		
			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
9/14/2026	Amit Pal [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Partner Dumpling House	10,000 ☒ 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: _____