497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Jennifer Mendoza		Date of This Filing 08/31/2026 Report No. 1 ☐ Amendment to Report No. _____ (explain below) No. of Pages 1	Date Stamp Received August 31, 2026 Del Pablo City Clerk [redacted]
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER *(if applicable)* 1493044		CALIFORNIA FORM **497** For Official Use Only
STREET ADDRESS [redacted]			
CITY Lemon Grove	STATE CA	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
08/27/2026	AFSCME Local 127 PAC #1461314 [redacted]	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$1,000.00 ☐ 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: _____