497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Elect Krystle Johnson to Lemon Grove City Council 2026		11/02/2026 06:47		For Official Use Only
AREA CODE/PHONE NUMBER	**I.D. NUMBER (if applicable)**	Report No. 329	Received NOV 03 2026 City Clerk	
858-382-2109	1486349	☐ Amendment to Report No. (explain below)		
STREET ADDRESS		No. of Pages 2		
3295 Meade Avenue, Suite 212				
CITY **STATE** **ZIP CODE**				
San Diego, CA 92116				

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
2026-11-02	International Brotherhood of Electrical Workers Local 569 Candidate PAC 555 East Ocean Boulevard, Suite 420 Long Beach, CA 90802 ID: 1342714	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,230.00 ☐ 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

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NOV 02 2026
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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____