497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Jennifer Mendoza		Date of This Filing: 11/4/26	Date Stamp: Received NOV 04 2026 City Clerk
AREA CODE/PHONE NUMBER: [redacted]	I.D. NUMBER *(if applicable)*: 1493044	Report No.: 4	CALIFORNIA FORM 497 — For Official Use Only
STREET ADDRESS: [redacted]		☐ Amendment to Report No. _____ (explain below)	
CITY: [redacted]	STATE: ZIP CODE:	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
11/3/26	Cliff Snow [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Handyman Self	$1,230.00 ☐ 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: _____