497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Jennifer Mendoza	Date of This Filing: 08/31/2026	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER: 619-888-0346 / I.D. NUMBER (if applicable): 1493044	Report No.: 3	Received NOV 03 2026 City Clerk	For Official Use Only
STREET ADDRESS: 7066 San Miguel Avenue	☐ Amendment to Report No. (explain below)		
CITY: Lemon Grove / STATE: CA / ZIP CODE: 91945	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
11/2/26	Int'l Brotherhood of Electrical Workers Local 569 Candidate PAC 555 East Ocean Blvd., Suite 420 Long Beach, CA 90802	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$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: _____