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
Joe Smith for Lemon Grove City Council 2026	10/16/2026 06:12		For Official Use Only
AREA CODE/PHONE NUMBER: [redacted] / I.D. NUMBER (if applicable): 1490547	Report No. 20261016		
STREET ADDRESS: [redacted]	☐ Amendment to Report No. ____ (explain below)		
CITY: [redacted] STATE ZIP CODE	No. of Pages 3		

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
2026-09-22	Jean Paul Sepulvado [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chief Financial Officer RadiMedia	250.00 ☐ Check if Loan ____ % Provide Interest Rate
2026-10-16	Jean Paul Sepulvado [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chief Financial Officer RadiMedia	800.00 ☐ 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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Joe Smith for Lemon Grove City Council 2026

AREA CODE/PHONE NUMBER
[redacted]

I.D. NUMBER (if applicable)
1490547

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CITY **STATE** **ZIP CODE**
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☐ **Amendment to Report No.**

(explain below)

No. of Pages 3

Date Stamp

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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: _____

FORM	REFERENCE	NOTES
CA 497	TEXT -373	Conduit Contribution Received via: ActBlue