

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Elect Krysite Johnson to Lemon Grove City Council 2026		Date of This Filing 10/23/2026 07:32		Date Stamp Received OCT 22 2026 City Clerk <i>(Signature)</i>		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1486349	Report No. 314 ☐ Amendment to Report No. _____ (explain below) No. of Pages 2				
STREET ADDRESS [REDACTED]		CITY [REDACTED]		STATE [REDACTED]		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
2026-10-23	California Laborers for Equality & Progress [SCC] [REDACTED]	☐ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC		1,230.00 ☐ Check if Loan _____ % Provide Interest Rate _____ %
	ID: 781984			

Reason for Amendment: _____

Powered by ISPolitical.com

* 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

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Elect Krystle Johnson to Lemon Grove City Council 2026		Date of This Filing 10/23/2026 07:32		Date Stamp Received NOV 22 2026 City Clerk <i>KM</i>		CALIFORNIA FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER [REDACTED]		I.D. NUMBER (if applicable) 1486349		Report No. 314			
STREET ADDRESS [REDACTED]				☐ Amendment to Report No. _____ (explain below)			
CITY [REDACTED]	STATE	ZIP CODE	No. of Pages 2				

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: _____