497 Contribution Report

Received

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	NOV 02 2026 City Clerk	For Official Use Only
AREA CODE/PHONE NUMBER [redacted] / I.D. NUMBER (if applicable) 1486349	Report No. 329		
STREET ADDRESS [redacted]	☐ Amendment to Report No. _____ (explain below)		
CITY [redacted] STATE ZIP CODE	No. of Pages 2	Received NOV 02 2026 City Clerk	

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 [redacted]	☐ 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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Elect Krystle Johnson to Lemon Grove City Council 2026				CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER (if applicable) 1486349	Report No. 329	Received NOV 12 2026 City Clerk	For Official Use Only
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: _____