

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 09/16/2026 02:27	Date Stamp <i>City Clerk Received 9/16/2026 TPB</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1486349	Report No. 227		
STREET ADDRESS [REDACTED]		☐ Amendment to Report No. _____ (explain below)		
CITY San Diego, CA [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]		
		No. of Pages 2		

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
2026-09-16	Laborers International Union of North America Local 89 PAC Fund [REDACTED] ID: 1316497	☐ 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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AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1486349			
STREET ADDRESS [REDACTED]				
CITY San Diego, CA 92116	STATE	ZIP CODE		

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: _____

Joel Pablo

From: [REDACTED]
Sent: Wednesday, September 16, 2026 2:30 PM
To: Joel Pablo
Subject: [24-Hr Notice] Form 497, Contribution Received (KJ26, 2026.09.16)
Attachments: KJ26_F497_2026.09.16_RN_227.pdf

Hello,

This email serves as notification that Elect Krystle Johnson to Lemon Grove City Council 2026 (14866349) is submitting a 24-hour contribution report for a contribution received on 09/16/2026.

The Form 497 is attached for filing with the City of Lemon Grove.

Please confirm receipt or return of form with a date-time stamp and ensure this report is posted online for public record.

Thank you.

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**Sinceramente,**

*Stephanie D Sánchez*

**Política Campaign Treasury LLC**

**Phone:** [REDACTED]

**Mailing Address:** [REDACTED]