

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Jennifer L Mendoza		Date of This Filing 10/8/26	Date Stamp Received OCT 12 2026 City Clerk	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1493044	Report No. 2		
STREET ADDRESS [REDACTED]		☐ Amendment to Report No. _____ (explain below)		
CITY Lemon Grove	STATE CA	ZIP CODE [REDACTED]		
		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
10/6/26	Lemon Grove Firefighters Local 2728 [REDACTED]	☐ 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

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

GovPilot



SAN DIEGO P80C 92199
TUE 28 JUN 2022 PM

City Clerk
Joel Pablo

Jennifer Mendoza
3232 Main St.
Lemon Grove, CA 91945

Received
OCT 12 2026
City Clerk

