497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

NAME OF FILER		Date of This Filing 03/25/2026	RECEIVED BY COVINA CITY CLERK	For Official Use Only
Victor Linares for City Council 2026			Date Stamp	

AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No. 2 26	MAR 25 PM 1: 39	
▮	1484082			

STREET ADDRESS	☐ Amendment to Report No. _____ *(explain below)*	
▮		

CITY	STATE	ZIP CODE	No. of Pages ____1____
Covina	CA	91722	

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
03/25/2026	Ultimate Elevator Service ▮	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00 ☐ 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

*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

Reason for Amendment: _____