

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Hector Delgado for City Council 2026			<b>Date of This Filing</b> 04/12/2026 RECEIVED BY COVINA CITY CLERK Date Stamp 26 APR 13 AM 8:46	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> 1476909		<b>Report No.</b> 7 <u>26</u>	
<b>STREET ADDRESS</b> [REDACTED]			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b> Covina	<b>STATE</b> CA	<b>ZIP CODE</b> 91722	<b>No. of Pages</b> 1	

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
04/12/2026	Richardson for City Clerk 2026 (ID# 1486407) [REDACTED]	Rosie Richardson City Clerk City of Covina District 2	1,500.00	06/02/2026

Reason for Amendment: \_\_\_\_\_