

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Andrew Aleman for Covina City Council 2026		Date of This Filing 05/02/2026	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED BY COVINA CITY CLERK 26 MAY -4 AM 10:22 </div>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1485324	Report No. 8 26	Amendment to Report No. _____ <small>(explain below)</small> No. of Pages 1
STREET ADDRESS [REDACTED]			
CITY Covina	STATE CA	ZIP CODE 91722	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CALIFORNIA FORM 497 For Official Use Only </div>

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
05/01/2026	Teamsters Local 396 PAC [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> 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: _____