

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 05/01/2026 RECEIVED BY COVINA CITY CLERK Date Stamp 26 MAY -4 AM 10: 22	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1485324		Report No. 7 <input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1
STREET ADDRESS [REDACTED]				
CITY Covina	STATE CA	ZIP CODE 91722		

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)
05/01/2026	Richardson for City Clerk 2026 (ID# 1486407) [REDACTED]	Rosie Richardson City Clerk City of Covina	1,750.00	06/02/2026

Reason for Amendment: _____