

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Hector Delgado for City Council 2026			Date of This Filing <u>05/16/2026</u> Report No. <u>15</u> 26 MAY 18 AM 8:49 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>1</u>	RECEIVED BY COVINA CITY CLERK Date Stamp 26 MAY 18 AM 8:49	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1476909				
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 <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>
05/16/2026	Covina Cares About Its Resources, Yes on CC (ID# 1490755) [REDACTED]	Yes on CC City of Covina	5,000.00	06/02/2026

Reason for Amendment: _____