497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing 09/08/2026	Date Stamp	CALIFORNIA FORM 497
Hector Delgado for City Council 2026			RECEIVED COVINA CITY CLERK	For Official Use Only
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER *(if applicable)* 1476909	Report No. 16	26 SEP -8 AM 9:16	
STREET ADDRESS [redacted]		☐ Amendment to Report No. _____ (explain below)		
CITY	STATE / ZIP CODE	No. of Pages 1		
Covina	CA 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)
09/08/2026	Gonzales for San Gabriel Valley Municipal Water District 5 2026 (ID# 1490669) [redacted]	Robert Gonzales SGV Water Board District 5	2,000.00	11/03/2026

Reason for Amendment: _____