497 Contribution Report

Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

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NAME OF FILER		
Hector Delgado for City Council 2026		
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	
[redacted]	1476909	
STREET ADDRESS		
[redacted]		
CITY	STATE	ZIP CODE
Covina	CA	91722

Date of This Filing 09/15/2026

Report No. 17

☐ **Amendment to Report No.** _____ (explain below)

No. of Pages 1

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)
09/15/2026	Wright for School Board 2026 (ID# 1495444) [redacted]	Simon Wright Board of Education	2,500.00	11/03/2026

Reason for Amendment: _____