497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER
Lopez-Taff for Citrus Heights City Council District 2 2026

AREA CODE/PHONE NUMBER
[redacted]

I.D. NUMBER (if applicable)
1482219

STREET ADDRESS
[redacted]

CITY **STATE** **ZIP CODE**
Citrus Heights, CA 95610

Date of This Filing 08/25/2026 05:08

Report No. 155

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

No. of Pages 2

Date Stamp

RECEIVED
By Danielle Jones at 4:47 pm, Aug 25, 2026

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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
2026-08-25	Sacramento Area Fire Fighters Local 552 PAC [redacted] Sacramento, CA 95814 ID: 746138	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00 ☐ Check if Loan _____ % Provide Interest Rate

Reason for Amendment: _____

* 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

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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)

Reason for Amendment: _____