497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

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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	09/11/2026 03:08
Report No.	223
☐ **Amendment to Report No.**	(explain below)
No. of Pages	2
By:	

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
2026-09-11	Associated Builders & Contractors Northern California Chapter Political Action Committee [redacted] Livermore, CA 94551 ID: 901313	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		5,900.00 ☐ 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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STREET ADDRESS [redacted]	☐ Amendment to Report No. (explain below)		
CITY Citrus Heights, CA 95610 / STATE / ZIP CODE	No. of Pages 2		

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: _____