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	**Date of This Filing** 10/19/2026 **Report No.** 288 ☐ **Amendment to Report No.** _____ (explain below) **No. of Pages** 1 By: _____
AREA CODE/PHONE NUMBER [redacted] / **I.D. NUMBER (if applicable)** 1482219	Date Stamp: RECEIVED OCT 19 2026
STREET ADDRESS [redacted]	CALIFORNIA FORM **497** For Official Use Only
CITY / **STATE** / **ZIP CODE** Citrus Heights, CA 95610	

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
2026-10-16	Citrus Heights Chamber of Commerce PAC 8091 Greenback Lane Citrus Heights, CA 95610 ID: 860478	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		2,500.00 ☐ 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