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	Citrus Heights, CA 95610
STATE	
ZIP CODE	

Date of This Filing 10/30/2026 08:00

Report No. 310

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

No. of Pages 2

RECEIVED Date Stamp OCT 30 2026

By: _____

CALIFORNIA FORM **497**

For Official Use Only

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
2026-09-29	Citizens for Accountable Local Government [redacted] ID: 1291071	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		450.00 ☐ Check if Loan _____ % Provide Interest Rate
2026-10-25	Citizens for Accountable Local Government [redacted] Rancho Cordova, CA 95670 ID: 1291071	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		462.00 ☐ Check if Loan _____ % Provide Interest Rate
2026-10-29	Citizens for Accountable Local Government [redacted] Rancho Cordova, CA 95670 ID: 1291071	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,500.00 ☐ 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

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Lopez-Taff for Citrus Heights City Council District 2 2026	10/30/2026 08:00		For Official Use Only
AREA CODE/PHONE NUMBER [redacted] / I.D. NUMBER (if applicable) 1482219	Report No. 310		
STREET ADDRESS [redacted]	☐ Amendment to Report No. (explain below)		
CITY Citrus Heights, STATE CA ZIP CODE 95610	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: _____