497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Rudy Villarreal	Date of This Filing: 03/24/2026	Date Stamp: RECEIVED 26 MAR 24 P	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER: [redacted] / I.D. NUMBER (if applicable): 1488895	Report No.: 2		For Official Use Only
STREET ADDRESS: [redacted]	☐ Amendment to Report No. _____ (explain below)		
CITY: Lakewood / STATE: CA / ZIP CODE: 90712	No. of Pages: 1		

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
03/23/26	Maria T Villarreal [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed	$5,000 ☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ____% Provide interest rate

* 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

Reason for Amendment: _____