

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Stefanie Silveira-Chavez for Supervisor District 1 2026		<b>Date of This Filing</b> 03/16/2026 09:11	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">CALIFORNIA FORM 497</div> <p style="font-size: 0.8em;">For Official Use Only</p> <div style="color: blue; font-weight: bold; font-size: 1.1em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.1em;">MAR 16 2026</div> <div style="color: blue; font-weight: bold; font-size: 0.9em;">Kings County Elections</div>
<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> 1488868	<b>Report No.</b> 5		
<b>STREET ADDRESS</b> [REDACTED]		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Lemoore, CA 93245	<b>STATE</b> CA	<b>ZIP CODE</b> 93245	<b>No. of Pages</b> 3	

## 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
2026-03-13	Stefanie Silveira-Chavez [REDACTED] Lemoore, CA 93245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Stefanie Silveira-Chavez	2,000.00 <input checked="" type="checkbox"/> 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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<b>AREA CODE/PHONE NUMBER</b> 5592481623	<b>I.D. NUMBER (if applicable)</b> 1488868	<b>Report No.</b> _____		
<b>STREET ADDRESS</b> 16860 Idaho Avenue		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Lemoore, CA	<b>STATE</b> CA	<b>ZIP CODE</b> 93245	<b>No. of Pages</b> 3	

## 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: \_\_\_\_\_

\_\_\_\_\_

FORM	REFERENCE	NOTES
CA 497	TEXT -1	Contribution in the form of a Loan Received. Interest on Loan is: 0