

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Chavez For Supervisor 2026		Date of This Filing 03/23/2026 03:51	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; margin-top: 5px;">For Official Use Only</p> <div style="color: blue; font-weight: bold; font-size: 1.1em; margin-top: 10px;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.1em; margin-top: 10px;">MAR 23 2026</div> <div style="color: blue; font-weight: bold; font-size: 1.1em; margin-top: 10px;">Kings County Elections</div>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1487977	Report No. 619 <input type="checkbox"/> Amendment to Report No. _____ (explain below)		
STREET ADDRESS [REDACTED]		No. of Pages 2		
CITY STATE ZIP CODE Lemoore, CA 93245				

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
2026-03-20	J Guadalupe Chávez [REDACTED] Stratford, CA 93266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction Primoris Services Corporation	1,000.00 <input 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

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Chavez For Supervisor 2026		Date of This Filing 03/23/2026 03:51	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1487977	Report No. _____		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Lemoore, CA 93245	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: _____