

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Stefanie Silveira-Chavez for Supervisor District 1 2026		Date of This Filing 04/04/2026 10:08	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1488868	Report No. ⁸	RECEIVED APR 06 2026 Kings County Elections	
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. 5 (explain below)		
CITY Lemoore, CA 93245	STATE CA	ZIP CODE 93245	No. of Pages 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	2,500.00 <input checked="" type="checkbox"/> Check if Loan 0 % Provide Interest Rate

Reason for Amendment: wrong amount

* 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 Stefanie Silveira-Chavez for Supervisor District 1 2026		Date of This Filing 04/04/2026 10:08	Data Stamp <div style="border: 2px solid black; padding: 5px; text-align: center;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1488868	Report No. _____	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Lemoore, CA	STATE CA	ZIP CODE 93245	No. of Pages 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