

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER COMMITTEE TO ELECT JOHN HAWK SUPERVISOR DISTRICT 5		Date of This Filing <u>10/8/2026</u>	Date Stamp 	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. <u>2</u>		
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
No. of Pages <u>1</u>				

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
10/8/2026	KEVIN GRIZZLE FARMS, LLC 1395 BONDS CORNER RD. HOLTVILLE, CA. 92250	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	SELF EMPLOYED	1,000.00 ☐ 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: _____