

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <u>Cristina Sosa</u>		Date of This Filing <u>10/16/26</u>	Date Stamp 	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) _____		Report No. _____		
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
9/4/2026	<u>Cristina Sosa</u> 	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	—	<u>\$200</u> ☒ Check if Loan <u>0</u> % Provide interest rate
9/9/2026	<u>Cristina Sosa</u> 	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	—	<u>\$500</u> ☒ Check if Loan <u>0</u> % Provide interest rate
10/15/2026	<u>Cristina Sosa</u> 	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	—	<u>\$350</u> ☐ Check if Loan <u> </u> % 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