497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing: 08/28/2026	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER: [redacted]	I.D. NUMBER (if applicable): Pending	Report No.: 1	Rcvd Aug 28, 2026 CYI	For Official Use Only
STREET ADDRESS: [redacted]		☐ Amendment to Report No. (explain below):		
CITY: Ontario	STATE: CA / ZIP CODE: 91764	No. of Pages: 1		

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
08/28/2026	Volvo Cars Ontario 1300 Auto Center Drive Ontario, CA 91761	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1,000 ☐ 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

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