

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|                                                                |                                               |                          |                                                                                  |                                                                                                                                                                                                                                                                                                               |                                                     |
|----------------------------------------------------------------|-----------------------------------------------|--------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>NAME OF FILER</b><br>Re-Elect Ulises Cabrera for Mayor 2026 |                                               |                          | <b>Date of This Filing</b> 09/30/2026                                            | <b>Date Stamp</b><br><div style="border: 1px solid red; padding: 5px; text-align: center; color: red;">                     E-Filed<br/>                     09/30/2026<br/>                     17:41:09<br/> <br/>                     Filing ID:<br/>                     217557500                 </div> | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(442)268-9391                 | <b>I.D. NUMBER (if applicable)</b><br>1440069 |                          | <b>Report No.</b> 09-30-UC                                                       |                                                                                                                                                                                                                                                                                                               |                                                     |
| <b>STREET ADDRESS</b><br><br>                                  |                                               |                          | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                                                                                                                                                                                                                                                                                                               |                                                     |
| <b>CITY</b><br>Moreno Valley                                   | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>92551 | <b>No. of Pages</b> 1                                                            |                                                                                                                                                                                                                                                                                                               |                                                     |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                                     | CONTRIBUTOR CODE *                                                                                                                                                      | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED                                                                           |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 09/29/2026    | National Union of Healthcare Workers Candidate Community for Quality Patient Care<br>Sacramento, CA 95815<br>Committee ID # 1318200 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 1,000.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
| 09/29/2026    | International Brotherhood of Electrical Workers Local 440<br>Riverside, CA 92507<br>Committee ID # 14440069                         | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 4,000.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
| 09/29/2026    | International Brotherhood of Electrical Workers Local 440<br>Riverside, CA 92507<br>Committee ID # 14440069                         | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 1,500.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>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