497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Yes on Measure NDC		05/08/2026		For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No. 05-08NDC		
(442)268-9391	1489310			
STREET ADDRESS [redacted]		☐ Amendment to Report No. _____ (explain below)		
CITY	STATE / ZIP CODE	No. of Pages 1		
Rancho Mirage	CA 92270			

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
05/07/2026	Force for Change Ballot Measure [redacted] Oakland, CA 94612 Committee ID # 1471738	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		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: _____