497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Renee Delgado for Moorpark City Council, District 1, 2026		8/17/26	RECEIVED AUG 17 2026 CITY CLERK'S DIVISION CITY OF MOORPARK	For Official Use Only
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER *(if applicable)* 1493036	Report No. 1		
STREET ADDRESS [redacted]		☐ Amendment to Report No. _____ (explain below)		
CITY Moorpark	STATE CA / ZIP CODE 93021	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
08/15/26	Ventura County Deputy Sheriff's Association State PAC 981 S. Victoria Ave. Ventura, CA 93003 ID# 881276	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		2500.00 ☐ 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: _____