

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Lisa Adelina (Party) (Candidate) (Party) (Issues and Advocacy) (Candidate)		Date of This Filing 5/19/2026	California FORM 496 For Official Use Only CITY OF SAN FERNANDO RECEIVED MAY 19 2026 PM03:12 CITY CLERK DEPARTMENT
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 744554	Report No. 051926B	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Los Angeles	STATE CA	ZIP CODE 90071	
		No. of Pages 3	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Mary Solorio				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member	DISTRICT NO.	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/18/2026	POS & LIT \$4,404.08	\$1,321.22

Reason for Amendment: _____

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CALIFORNIA FORM 496
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NAME OF FILER

Los Angeles County Democratic Party - Issues and Advocacy Committee

3. Contributions of \$100 or More 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	INTEREST RATES
05/18/2026	California Teachers Association for Better Citizenship 1705 Murchison Dr Burlingame, CA 94010-4504 ID: 741941	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,700.00	If loan, enter interest rate, if any _____ %
05/16/2026	Kathy Finn	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President	\$100.00	If loan, enter interest rate, if any _____ %
05/18/2026	Laborers International Union of North America Local 1309 PAC 3971 Pixie Ave Lakewood, CA 90712-4118 ID: 851621	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00	If loan, enter interest rate, if any _____ %
05/16/2026	Margie Ramos	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$135.00	If loan, enter interest rate, if any _____ %

3. Contributions of \$100 or More 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	INTEREST RATES
05/16/2026	Lupe Valdez	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Affairs Director	\$105.00	If loan, enter interest rate, if any _____ %

Reason for Amendment: _____

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

****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