

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Princess Washington for Suisun City Council		Date of this Filing 9/23/2026	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 2026 1483595	Report No. 92	RECEIVED SEP 23 2026 City of Suisun City	
STREET ADDRESS [REDACTED]		☐ Amendment to Report No. _____ (explain below)		
CITY [REDACTED]		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
9/1/2026	Albert Medvitz [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Farmer / Rancher	\$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

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