

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|                                                                   |                                        |                                                                           |                                                                                                                                                                                                              |                                                     |
|-------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| NAME OF FILER<br>Thomas Aujero Small for Culver City Council 2026 |                                        | Date of This Filing 09/18/2026                                            | Date Stamp                                                                                                                                                                                                   | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>(310) 922-7286                          | I.D. NUMBER (if applicable)<br>1492506 | Report No. 12                                                             | <div style="border: 2px solid red; padding: 5px; text-align: center;">           E-Filed<br/>           09/18/2026<br/>           17:47:27<br/>           Filing ID:<br/>           217455741         </div> |                                                     |
| STREET ADDRESS                                                    |                                        | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |                                                                                                                                                                                                              |                                                     |
| CITY<br>Covina                                                    | STATE<br>CA                            | ZIP CODE<br>91722                                                         |                                                                                                                                                                                                              |                                                     |

## 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                                                                           |
|---------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 09/18/2026    | David Haake<br>Pacific Palisades, CA 90272                                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br>UCLA                                                                             | 1,160.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               | <input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate                 |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               | <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