

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Oliver King for Mayor 2026		Date of This Filing <u>10/20/2026</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (442)268-9391	I.D. NUMBER (if applicable) 1491238	Report No. <u>10-20-0K</u>	<div style="border: 2px solid red; padding: 5px; text-align: center;"> E-Filed 10/20/2026 12:52:47 Filing ID: 217674830 </div>	
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)		
CITY Rancho Mirage	STATE CA	ZIP CODE 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
10/19/2026	Oliver King Rancho Cucamonga, CA 91701 In-Kind	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Small Business Owner/ Attorney Oliver King	1,466.92 ☐ 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

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NAME OF FILER Oliver King for Mayor 2026		Date of This Filing <u>10/21/2026</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (442)268-9391	I.D. NUMBER (if applicable) 1491238	Report No. <u>10-21-0K</u>	<div style="border: 2px solid red; padding: 5px; text-align: center;"> E-Filed 10/21/2026 17:07:21 Filing ID: 217691809 </div>	
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)		
CITY Rancho Mirage	STATE CA	ZIP CODE 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
10/20/2026	Arya Shamuilian Rancho Cucamonga, CA 91730	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Attorney	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

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497 CONTRIBUTION REPORT

NAME OF FILER Oliver King for Mayor 2026		Date of This Filing <u>10/30/2026</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (442)268-9391	I.D. NUMBER (if applicable) 1491238	Report No. <u>10-30-OK</u>	<div style="border: 2px solid red; padding: 5px; text-align: center;"> E-Filed 10/30/2026 14:44:29 Filing ID: 217858738 </div>	
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)		
CITY Rancho Mirage	STATE CA	ZIP CODE 92270		

1. Contribution(s) Received

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10/29/2026	Oliver King Rancho Cucamonga, CA 91701 LOAN	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Small Business Owner/ Attorney Oliver King	71,000.00 ☐ 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

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