

497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497		Date Stamp
NAME OF FILER Javier Gonzalez - 2024 committee to re-elect Javier Gonzalez for IID division 4		<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED JAN 18 2024 By </div>
AREA CODE/PHONE NUMBER 760-222-1878	ID. NUMBER (if applicable)	
STREET ADDRESS 237 Hernandez street		
CITY Callexico	STATE Ca	ZIP CODE 92231

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
1-17-24	James A. Abatti / Deborah D. Owen 1173 Orchard LN Brawley Ca. 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farm owner - Madjac farms P.O Box 2135 El Centro Ca. 92244	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> 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: _____

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CALIFORNIA FORM 497 For Official Use Only		Date Stamp <div style="border: 2px solid blue; padding: 5px; display: inline-block; transform: rotate(-90deg); font-weight: bold; font-size: 1.2em;">RECEIVED</div> FEB 01 2024 By _____
NAME OF FILER 2024 committee to re-elect Javier Gonzalez for IID Director Division 4		Date of This Filing 2-1-2024
AREA CODE/PHONE NUMBER 760-222-1878	I.D. NUMBER (if applicable) 1463895	Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____
STREET ADDRESS 237 Hernandez street		
CITY Calexico	STATE CA	ZIP CODE 92231

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
2-1-2024	Hell's Kitchen Geothermal, LLC 447 West Aten RD Imperial Valley, CA 92251	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER 2024 Committee to Re-elect Javier Gonzalez ID #4 AREA CODE/PHONE NUMBER 760-222-1878 STREET ADDRESS 237- Hernandez st CITY Calexico	I.D. NUMBER (if applicable) 1463895 STATE Ca. ZIP CODE 92231	Date of This Filing 2-7-24 Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	Date Stamp <div style="border: 2px solid blue; padding: 5px; text-align: center;"> RECEIVED FEB 07 2024 By _____ </div>	CALIFORNIA FORM 497 For Official Use Only
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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
2-6-24	Mark McBroom 6522 Corn Road Cal. patria CA. 92233	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer	\$, 1,000.00 <input type="checkbox"/> Check if Loan _____ % Provide Interest rate

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 SCC - Small Contributor Committee

Reason for Amendment: _____

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NAME OF FILER Javier Gonzalez for IID Director #4 AREA CODE/PHONE NUMBER 760.222.1878 STREET ADDRESS 237- Hernandez st Calexico, CITY Calexico, STATE CA ZIP CODE 92231	I.D. NUMBER (if applicable) 1463895 Date of This Filing 2-14-24 Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	Date Stamp <div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold;"> RECEIVED FEB 14 2024 By _____ </div>
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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
2-13-24	Ronald C. Leingruber Farms 646 Olive Avenue Holtville, CA 92250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer <input type="checkbox"/> Check if Loan _____ % Provide interest rate	\$1,500.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate

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Reason for Amendment: _____

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NAME OF FILER	Daimi He to Re-elect Javier Gonzalez to 11D		
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)		
760-222-1878	1463895		
STREET ADDRESS			
237 Hernandez st			
CITY	STATE	ZIP CODE	
Calexico	Ca	92231	

Date of This Filing 5-30-24

Report No. _____

Amendment to Report No. _____ (explain below)

No. of Pages 1

Date Stamp

RECEIVED

MAY 30 2024

By _____

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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
5-30-24	J.R Jordan 310 Q.W HWY 86 Brawley Ca. 92227	Re-elect Javier Gonzalez for ITD	\$ 1000.00	11-5-24