

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER COMMITTEE TO RE-ELECT KARIN EUGENIO IID DIRECTOR DIVISION 5 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1488564 STREET ADDRESS CITY STATE ZIP CODE	Date of This Filing 03/20/2026 Report No. 3 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1	CALIFORNIA FORM 497 For Official Use Only Date Stamp State of Voters MAR 20 2026 Imperial County
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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
03/19/2026	JACK BROS, INC PO BOX 116 BRAWLEY, CA 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <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: _____