


**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

Date Stamp 	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>16</u> For Official Use Only

Statement covers period from <u>01/01/2026</u>  through <u>04/18/2026</u>	Date of election if applicable: (Month, Day, Year)  <u>06/02/2026</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination)<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report |
|---|--|

**3. Committee Information**

I.D. NUMBER  
**1487643**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
 COMMITTEE TO RE-ELECT CARDENAS FOR IMPERIAL IRRIGATION DISTRICT 2026 DIVISION 1

STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
 [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
 [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS  
 [REDACTED]

**Treasurer(s)**

NAME OF TREASURER  
 ADRIANA MURILLO KIRBY

MAILING ADDRESS  
 [REDACTED] STATE ZIP CODE AREA CODE/PHONE  
 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
 CHUCK FISHER

MAILING ADDRESS  
 [REDACTED] STATE ZIP CODE AREA CODE/PHONE  
 [REDACTED]

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 4/23/26  
Date

Executed on 4/23/26  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Alex Cardenas

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Committee to Re-elect Cardenas for Imperial Irrigation District 2026 Division 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED]

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE Alex Cardenas	OFFICE SOUGHT OR HELD IID DIRECTOR DIV 1	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2026</u>	<b>CALIFORNIA FORM 460</b>
through <u>04/18/2026</u>	
Page <u>3</u> of <u>10</u>	I.D. NUMBER 1487643

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT CARDENAS FOR IMPERIAL IRRIGATION DISTRICT 2026 DIVISION 1

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 8,900.00	\$ _____
2. Loans Received ..... Schedule B, Line 3	5,000.00	_____
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 13,900.00	\$ _____
4. Nonmonetary Contributions ..... Schedule C, Line 3	0	_____
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 13,900.00	\$ _____

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ 12,122.45	\$ _____
7. Loans Made ..... Schedule H, Line 3	0	_____
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 12,122.45	\$ _____
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0	_____
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0	_____
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 12,122.45	\$ _____

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 0
13. Cash Receipts ..... Column A, Line 3 above	13,900
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0
15. Cash Payments ..... Column A, Line 8 above	12,122.45
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,777.55

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ _____
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To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2026</u> through <u>04/18/2026</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE TO RE-ELECT CARDENAS FOR IMPERIAL IRRIGATION DISTRICT 2026 DIVISION 1	I.D. NUMBER 1487643
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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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/27/2026	ALEX CARDENAS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		999.00		
03/19/2026	AMC FARMS 705 ANDRADE RD BRAWLEY, CA 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,900.00		
04/02/2026	JOHN PIERRE MENVIELLE 897 W. ROSS RD EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500.00		
04/11/2026	EDDIE WIEST 34 PERSIMMON BOERNE, TEXAS 78006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00		
04/11/2026	ALLEN TYLER 303 S. HASKEL DR. EL CENTRO, CA 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	1,500.00		
<b>SUBTOTAL \$</b>				10,399.00		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 10,399.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 10,399.00

\*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

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/2026</u> through <u>04/18/2026</u>		<b>CALIFORNIA FORM 460</b>
NAME OF FILER COMMITTEE TO RE-ELECT CARDENAS FOR IMPERIAL IRRIGATION DISTRICT 2026 DIVISION 1		I.D. NUMBER 1487643
		Page <u>5</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT CARDENAS FOR IMPERIAL IRRIGATION DISTRICT 2026 DIVISION 1

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
ALEX CARDENAS [REDACTED]	CASA Executive Director	\$ 0	\$ 5,000.00	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 5,000.00 DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS</b>							\$ _____	\$ _____

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 5,000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET** \$ 0  
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2026	
through	04/18/2026	Page <u>4</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
COMMITTEE TO RE-ELECT CARDENAS FOR IMPERIAL IRRIGATION DISTRICT 2026 DIVISION 1		1487643

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COUNTY OF IMPERIAL 940 MAINT ST. #206, EL CENTRO, CA 92243	FIL	CANDIDATE FILING FEES	300.00
COUNTY OF IMPERIAL 940 MAINT ST. #206, EL CENTRO, CA 92243	FIL	CANDIDATE FILING FEES	604.77
AMAZON 410 TERRY AVE N, SEATTLE, WA 98109	CMP	CAMPAIGN MATERIAL	135.30

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 1,040.07**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 11,789.33
2. Unitemized payments made this period of under \$100.....	\$ 333.12
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$ 12,122.45</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>01/01/2026</u> through <u>04/18/2026</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>10</u>
	I.D. NUMBER 1487643

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT CARDENAS FOR IMPERIAL IRRIGATION DISTRICT 2026 DIVISION 1

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HOME DEPOT 320 WAKE AVE, EL CENTRO, CA 92243	CMP	MATERIALS TO INSTALL CAMPAIGN SIGNS	152.73
KIRBY BUSINESS SOLUTIONS, LLC 1472 S. IMPERIAL AVE, EL CENTRO, CA 92243	PRO	TREASURER SERVICES	500.00
ELIA FUENTES 2460 W. ELM AVE, EL CENTRO, CA 92243	CMP	BANNERS AND YARD SIGNS	1,500.00
BD STUDIOS 1202 MANUEL A. ORTIZ AVE, EL CENTRO, CA 92243	RAD	VIDEO PRODUCTION FOR CAMPAIGN	1,500.00
DTK PRINT 1038 S. 14TH ST. EL CENTRO, CA 92243	CMP	PRINTING OF CAMPAIGN POST CARDS	308.51

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 3961.24**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2026	
through	04/18/2026	Page <u>8</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
COMMITTEE TO RE-ELECT CARDENAS FOR IMPERIAL IRRIGATION DISTRICT 2026 DIVISION 1		1487643

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT CARDENAS FOR IMPERIAL IRRIGATION DISTRICT 2026 DIVISION 1

I.D. NUMBER

1487643

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DTK PRINT 1038 S. 14TH ST. EL CENTRO, CA 92243	CMP		PRINTING OF CAMPAIGN POST CARDS	570.32
DTK PRINT 1038 S. 14TH ST. EL CENTRO, CA 92243	CMP		CAMPAIGN DOOR HANGERS	483.88
MALLORYS RESTAURANT 117 W. MAIN ST. WESTMORLAND, CA 92281	FB		BREAKFAST MEETING WITH VOLUNTEERS	143.07
ELIA FUENTES 2460 W. ELM AVE, EL CENTRO, CA 92243	CMP		BANNERS AND YARD SIGNS	780.00
AMAZON 410 TERRY AVE N, SEATTLE, WA 98109	CMP		CAMPAIGN MATERIAL	129.89

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 2,107.16**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>10</u>
	I.D. NUMBER 1487643

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT CARDENAS FOR IMPERIAL IRRIGATION DISTRICT 2026 DIVISION 1

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
IVONNE SOTOMAYOR 615 FLYING CLOUD DR., IMPERIAL, CA 92251	LIT	MARKETING LITERATURE	800.00
DRISCOLLS 1470 W. STATE ST. SUITE 4, EL CENTRO, CA 92243	CMP	VOLUNTEERS HATS AND SHIRTS	1,927.94
LAS CHABELAS 749 S Brawley Ave, Brawley, CA 92227	FB	DINNER CAMPAIGN VOLUNTEERS	439.98
DTK PRINT 1038 S. 14TH ST. EL CENTRO, CA 92243	CMP	CAMPAIGN BANNERS	289.10
DTK PRINT 1038 S. 14TH ST. EL CENTRO, CA 92243	CMP	PRINTING OF CAMPAIGN POST CARDS	899.09

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 4,356.11**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>01/01/2026</u>		<b>CALIFORNIA FORM 460</b>
through <u>04/18/2026</u>		
Page <u>10</u> of <u>10</u>		I.D. NUMBER 1487643

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT CARDENAS FOR IMPERIAL IRRIGATION DISTRICT 2026 DIVISION 1

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
IMPERIAL PRINTERS 430 MAIN ST., EL CENTRO, CA 92243	LIT	CAMPAIGN MAILING LABELS (RETURNS ADDRESS LABELS)	324.75

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 324.75**