

Form 462
Verification of Independent Expenditures

Registrar
of Voters

MAY 24 2026

CALIFORNIA
FORM **462**

This verification form identifies the individual responsible for ensuring that a campaign committee's independent expenditures were not coordinated with the listed candidate (or the opponent) or measure committee and that the committee will report all contributions and reimbursements as required by law. An independent expenditure is not subject to state or local contribution limits.

Amendment (Explain)

Imperial
County

1. Name of Committee:

NAME OF RECIPIENT COMMITTEE, ENTITY, OR COMMITTEE ID #

United Imperial Valley PAC 1491345

STREET ADDRESS CITY

[Redacted]

STATE ZIP E-MAIL TELEPHONE

[Redacted]

2. Candidate or Measures:

This committee has reported an independent expenditure(s) to support or oppose the candidate(s) or measure(s) listed on a ballot for the election date identified below. (Note: The reporting of an independent expenditure may occur after this form is filed if an independent expenditure is made before the 90 day, 24-hour reporting period of Government Code Sections 84204 and 85500.)

NAME OF CANDIDATE (First/Last) OR BALLOT MEASURE	SUPPORT	OPPOSE	OFFICE SOUGHT OR HELD/BALLOT NO./LETTER	JURISDICTION AND DISTRICT, IF ANY	ELECTION
Alex Cardenas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Imperial Irrigation District Board of Directors, District 1	Imperial County	06/02/2026
Karin Eugenio	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Imperial Irrigation District Board of Directors, District 5	Imperial County	06/02/2026

3. Verification

I have not received any unreported contributions or reimbursements to make these independent expenditures. I have not coordinated any expenditure made during this reporting period with the candidate or the opponent of the candidate who is the subject of the expenditure, with the proponent or the opponent of the state measure that is the subject of the expenditure, or with the agents of the candidate or the opponent of the candidate or the state measure proponent or opponent. I certify under penalty of perjury under the laws of the State of California that the following is true and correct.

Signature _____ Printed Name David Duran Signed on 05/22/2026

(month, day, year)

(Check One): Principal Officer Candidate/Officeholder State Ballot Measure Proponent

FPPC Form 462 (Aug/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov