

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>CALIFORNIA FORM 107</b> For Official Use Only	
Date Stamp <b>Registrar of Voters</b> <b>MAY 26 2026</b> <b>Imperial County</b>	
NAME OF FILER Committee to Re-Elect Cardenas for Imperial Irrigation District 2026 Division 1	Date of This Filing 05/26/2026
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1487643
STREET ADDRESS [REDACTED]	Report No. 10 <input type="checkbox"/> Amendment to Report No. (Explain below) No. of Pages 1
CITY [REDACTED]	STATE ZIP CODE [REDACTED]

## 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
05/22/2026	ORMAT NEVADA ENERGY INDUSTRY 6140 PLUMAS STREET RENO, NV 89519	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		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: \_\_\_\_\_