

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Re-Elect Cardenas for Imperial Irrigation District 2026 Division 1	Date of This Filing 05/26/2026	CALIFORNIA FORM 107 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	Report No. <u>12</u> <input type="checkbox"/> Amendment to Report No. <u>6</u> (explain below)	Registrar of Voters MAY 26 2026 Imperial County
STREET ADDRESS [REDACTED]	No. of Pages <u>1</u>	
I.D. NUMBER (if applicable) 1487643		
CITY [REDACTED]	STATE [REDACTED]	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
04/27/2026	Alex Cardenas 2631 Sandalwood Dr 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	DIRECTOR CASA 229 8 TH STREET EL CENTRO, CA 92243	3,000.00 <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 %

* 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: Amount received not entered