

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Imperial Valley Computer Manufacturing, LLC AREA CODE/PHONE NUMBER [REDACTED] STREET ADDRESS [REDACTED] CITY [REDACTED]	I.D. NUMBER (if applicable) [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]	Date of This Filing 05/22/26 Report No. 004 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 2	Date Stamp Registrar of Voters MAY 22 2026 Imperial County	CALIFORNIA FORM 497 For Official Use Only
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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
5/21/26	Committee to Elect Carlos Duran for IID Div. 1 [REDACTED]	Carlos Duran, IID Div 1 Board of Directors	5,000.00	6/2/26

Reason for Amendment: _____