

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER COMMITTEE TO RE-ELECT KARIN EUGENIO IID DIRECTOR DIVISION 5	Date Stamp Registrar of Voters MAY 26 2026 Imperial County	CALIFORNIA FORM 107 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	Date of This Filing 05/26/2026	
I.D. NUMBER (if applicable) 1488564	Report No. 13	
STREET ADDRESS [REDACTED]	<input type="checkbox"/> Amendment to Report No. (Explain below)	
CITY [REDACTED]	No. of Pages 1	

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	AMC FARMS 705 ANDRE RD BRAWLEY, CA 92227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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: _____

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