

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA **460**
FORM

Page 1 of 17

For Official Use Only



MAY 21 2026

Imperial County

SEE INSTRUCTIONS ON REVERSE

Date of election if applicable:
(Month, Day, Year)

06/02/2026

Statement covers period
from

4/19/2026

through 5/16/2026

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1446570

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE TO ELECT JOHN HAWK DISTRICT 5 SUPERVISOR 2022

Treasurer(s)

NAME OF TREASURER
CATHERINE DUNHAM

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 5/20/26 Date
Executed on 5/20/26 Date
Executed on _____ Date
Executed on _____ Date

By _____ Signature of Treasurer or Assistant Treasurer
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

**CALIFORNIA 460
FORM**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
JOHN HAWK

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
IMPERIAL COUNTY DISTRICT 5 SUPERVISOR 2026

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED]

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME N/A	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 4/19/2026 through 5/16/2026

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I.D. NUMBER 1446570

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CATHERINE DUNHAM

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 6900.00	\$ 10900.00
2. Loans Received..... Schedule B, Line 3	0.00	0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 6900.00	\$ 10900.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 6900.00	\$ 10900.00

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 8162.11	\$ 18204.23
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 8162.11	\$ 18204.23
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 8162.11	\$ 18204.23

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ -5407.36
13. Cash Receipts..... Column A, Line 3 above	6900.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0.00
15. Cash Payments..... Column A, Line 8 above	8162.11
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ -6669.47

If this is a termination statement, Line 16 must be zero.

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0.00
18. Cash Equivalents..... See instructions on reverse	\$ 0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0.00

Cash Equivalents and Outstanding Debts

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 10900.00	\$ 0.00
21. Expenditures Made	\$ 8162.11	\$ 0

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(# Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) _____ Total to Date _____

_____ \$ _____

_____ \$ _____

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA 460 FORM

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Statement covers period

from 4/19/2026

through 5/16/2026

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CATHERINE DUNHAM

I.D. NUMBER

1446570

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/20/2026	JACK BROS INC. P.O. BOX 116 BRAWLEY, CA 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED	1000.00		1000.00
4/20/2026	ROBERT & CARMEN CHELL 2580 HOLT RD. HOLTVILLE, CA. 92250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED	500.00		500.00
4/20/2026	JOHN L. DANTICE 1699 BARBARA WORTH DR. EL CENTRO, CA 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED	100.00		100.00
4/20/2026	JAMES K. GRAVES 636 W STATE ST. EL CENTRO, CA. 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED	300.00		300.00
420/2026	RONALD C. LEIMGRUBER 646 OLIVE AVE. HOLTVILLE, CA. 92250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED	1000.00		1000.00
				SUBTOTAL \$	2900.00	

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 6900.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 0

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 6900.00

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 4/19/2026
through 5/16/2026

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FORM

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NAME OF FILER
CATHERINE DUNHAM
I.D. NUMBER
1446570

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/30/2026	V&V FARMS LLC PO BOX 445 HOLTVILLE, CA. 92250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED	1500.00		1500.00
5/4/2026	MADJAC FARMS, INC. PO BOX 2135 EL CENTRO, CA. 92244	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED	2000.00		2000.00
5/12/2026	CLIFFORD & FRANCES STRAHM 1979 CHAMBERS LN. HOLTVILLE, CA. 92250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED	500.00		500.00
SUBTOTAL \$				4000.00		

*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

Amounts may be rounded
 to whole dollars.

Statement covers period
 from 4/19/2026
 through 5/16/2026

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 I.D. NUMBER
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SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 CATHERINE DUNHAM

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
		\$ 0	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 0	0 %	\$	\$
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$
SUBTOTALS							\$	\$

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)\$ 0
 - Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.)\$ 0
 - Net change this period. (Subtract Line 2 from Line 1.)NET \$ 0
- Enter the net here and on the Summary Page, Column A, Line 2.

†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

(May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.

**Schedule B – Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

Statement covers period
from 4/19/2026
through 5/16/2026

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CATHERINE DUNHAM

I.D. NUMBER

1446570

FULL NAME, STREET ADDRESS AND ZIP CODE OF
CONTRIBUTOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

JOHN B. HAWK

[REDACTED ADDRESS]

IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS)

FARMER / AG

CONTRIBUTOR
CODE*

- IND
- COM
- OTH
- PTY
- SCC

AMOUNT
GUARANTEED
THIS PERIOD

LOAN

LENDER
JOHN B. HAWK

DATE

CUMULATIVE
TO DATE

CALENDAR YEAR

\$ _____
PER ELECTION
(IF REQUIRED)

BALANCE
OUTSTANDING
TO DATE

CALENDAR YEAR

\$ _____
PER ELECTION
(IF REQUIRED)

Enter on
Summary Page,
Line 17 only.

SUBTOTAL \$

Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 4/19/2026 through 5/16/2026

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CATHERINE DUNHAM

I.D. NUMBER

1446570

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	N/A	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$							

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)..... \$ 0.00

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00

3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL \$** 0.00

*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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period
from 4/19/2026
through 5/16/2026

CALIFORNIA **460**
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CATHERINE DUNHAM

I.D. NUMBER

1446570

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	N/A	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input type="checkbox"/> Oppose				

SUBTOTAL \$ 0.00

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 0.00
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL... \$ 0.00**

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 4/19/2026

through 5/16/2026

**CALIFORNIA 460
FORM**

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NAME OF FILER

CATHERINE DUNHAM

I.D. NUMBER

1446570

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	N/A	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL				\$ 0.00		

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: **CATHERINE DUNHAM**

Statement covers period from 4/19/2026 through 5/16/2026

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I.D. NUMBER: 1446570

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RAUL ORTIZ	TEL		CAMPAIGN VIDEO	800.00
SPORTS INTERNATIONAL	LIT		PALM CARDS / SIGNS	692.81
SPORTS INTERNATIONAL	LIT		YARD SIGNS	866.00
SUBTOTAL \$				2358.81

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 8162.11
- Unitemized payments made this period of under \$100 \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 8162.11

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>4/19/2026</u>	CALIFORNIA 460 FORM
through <u>5/16/2026</u>	
Page <u>12</u> of <u>17</u>	I.D. NUMBER 1446570

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CATHERINE DUNHAM

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RAUL ORTIZ	TEL		CAMPAIGN VIDEO	800.00
JERRY GAUNA	CNS		PUTTING UP SIGNS	1750.00
EM DIGITAL	TEL		DIGITAL AD SOCIAL MEDIA	1000.00
DIRECT TO PRESS	LIT		MAILERS	2253.30

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 5803.30

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 4/19/2026 through 5/16/2026

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SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
CATHERINE DUNHAM
 I.D. NUMBER
 1446570

CALIFORNIA FORM 460

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- REF returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
N/A					
SUBTOTALS \$					

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0.00

Amounts may be rounded to whole dollars.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Statement covers period from <u>4/19/2026</u> through <u>5/16/2026</u>	CALIFORNIA 460 FORM Page <u>14</u> of <u>17</u>
I.D. NUMBER 1446570	

NAME OF FILER

CATHERINE DUNHAM

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings

MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads

RAD radio airtime and production costs
 RFD returned contributions
 SAL campaign workers' salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
N/A					
SUBTOTALS \$					\$ 0.00
\$ 0.00					\$ 0.00

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

Amounts may be rounded
to whole dollars.

SCHEDULE G

**CALIFORNIA
FORM 460**

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Statement covers period
from 4/19/2026

through 5/16/2026

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CATHERINE DUNHAM

NAME OF AGENT OR INDEPENDENT CONTRACTOR

N/A

I.D. NUMBER

1446570

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- C7B contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A				

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 0.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule H Loans Made to Others*

Amounts may be rounded
to whole dollars.

CALIFORNIA 460 FORM

Statement covers period
from 4/19/2026

through 5/16/2026

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CATHERINE DUNHAM

I.D. NUMBER

1446570

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD* <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD DATE DUE _____	(e) INTEREST RECEIVED RATE _____%	(f) ORIGINAL AMOUNT OF LOAN DATE INCURRED _____	(g) CUMULATIVE LOANS TO DATE CALENDAR YEAR _____ \$ _____ PER ELECTION** \$ _____
N/A		\$ _____	\$ _____	\$ _____	DATE DUE _____	_____%	\$ _____	CALENDAR YEAR _____ \$ _____ PER ELECTION** \$ _____
		\$ _____	\$ _____	\$ _____	DATE DUE _____	_____%	\$ _____	CALENDAR YEAR _____ \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$ 0	\$ 0	\$ 0	DATE DUE	_____%	\$ 0	

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period.....\$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans.....\$ 0
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.).....NET \$ 0
(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

**If Required

Schedule I Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

CALIFORNIA
FORM **460**

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Statement covers period

from 4/19/2026

through 5/16/2026

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CATHERINE DUNHAM

I.D. NUMBER

1446570

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	N/A		

SUBTOTAL \$ 0.00

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- Itemized increases to cash this period. \$ 0
- Unitemized increases to cash of under \$100 this period. \$ 0
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 0**