

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Patricia Lizarraga for County Supervisor for District 5 2026 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1491043 STREET ADDRESS CITY STATE ZIP CODE	Date of This Filing 5/23/2026 Report No. 1 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1	CALIFORNIA FORM 497 For Official Use Only Registrar of Voters MAY 23 2026 Imperial County
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1. Contribution(s) Received

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
5/23/2026	United Domestic Workers of America Action Fund ID# 1302384 555 Capital Mall, Suite 400 Sacramento, Ca 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		5,900 <input type="checkbox"/> Check if Loan _____% Provide interest rate
5/23/2026	Ricardo Gutierrez 2011 Ross Ave 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	Orthodontic	200 <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: _____