497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
COMMITTEE TO ELECT JOHN HAWK SUPERVISOR DISTRICT 5

AREA CODE/PHONE NUMBER | I.D. NUMBER *(if applicable)*

[redacted]

STREET ADDRESS

[redacted]

CITY | STATE | ZIP CODE

[redacted]

Date of This Filing 10/27/2026

Report No. 4

☐ Amendment to Report No. _____ (explain below)

No. of Pages 1

Date Stamp
Registrar of Voters
OCT 28 2026
Imperial County

CALIFORNIA FORM **497**

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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
10/27/2026	RONALD C. LEIMGRUBER FARMS 646 OLIVE AVE. HOLTVILLE, CA 92250	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	SELF EMPLOYED	1,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____