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)*
[redacted]

STREET ADDRESS
[redacted]

CITY | STATE | ZIP CODE
[redacted]

Date of This Filing 10/19/26

Report No. 2

☐ Amendment to Report No. _____ (explain below)

No. of Pages 1

Date Stamp
Registrar of Voters
OCT 19 2026
Imperial County

CALIFORNIA FORM 497

For Official Use Only

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
10/16/2026	American Federation of State, County, & Municipal Employees AFSCME 1121 L Street Suite 904 Sacramento, CA 95814 FPPC ID#743207	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC		5,900 ☐ 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

Reason for Amendment: _____

* 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