

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		Date of This Filing 10/6/26	Date Stamp Registrar of Voters OCT 06 2026 Imperial County	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS		☐ Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages 1		

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
10/05/26	United Domestic Workers of America Action Fund ID#1302384 555 Capital Mall, Suite 400 Sacramento, Ca 95814	☐ 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