

**Officeholder and Candidate
Campaign Statement –
Short Form**

Date of election if applicable: (Month, Day, Year) 06/21/2026	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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CALIFORNIA FORM 470

For Official Use Only

Registrar of Voters

FEB 11 2026

Imperial County

1. Statement Covers Calendar Year 20 26 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 Patricia "pATTY" Lizarraga

STREET ADDRESS
 [REDACTED]

CITY STATE ZIP CODE
 [REDACTED]

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
 [REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 Board of Supervisor

JURISDICTION (LOCATION)
 District V

DISTRICT NUMBER (IF APPLICABLE)
 V

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
None		
None		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 02/11/2026
 DATE

By [REDACTED]
 SIGNATURE OF OFFICEHOLDER OR CANDIDATE