

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
FEB 12 2026
Registrar
of Voters

Please type or print in ink.

NAME OF FILER (LAST) LIZARRAGA (FIRST) GUADALUPE (MIDDLE) PATRICIA

Imperial
County

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
IMPERIAL COUNTY

Division, Board, Department, District, if applicable BOARD OF SUPERVIORS DISTRICT V
Your Position BOARD

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2025, through December 31; 2025. Leaving Office: Date Left ____/____/____ (Check one circle below.)
- or- The period covered is ____/____/____ through ____/____/____. The period covered is January 1, 2025, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____. The period covered is ____/____/____ through the date of leaving office.
- Candidate: Date of Election 6/2/2026 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
- Attachment 700-P - Prospective Employment (87200 Filers Only) - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/11/2026
(month, day, year)

Signature _____
(Print the name of the filer who signed paper statement with your filing official.)