

**Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement**

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

Registrar  
of Voters  
FEB 05 2026  
Imperial  
County

**CALIFORNIA  
FORM 470  
SUPPLEMENT**

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

**1. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

*Lorena Miras-Montes*

STREET ADDRESS

\_\_\_\_\_

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**2. Office Sought**

OFFICE SOUGHT

*Imperial County Board of Supervisors*

DISTRICT NUMBER  
(IF APPLICABLE)

*5*

DATE OF ELECTION (MONTH, DAY, YEAR)

*6/2/26*

**3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made**

\_\_\_\_\_  
(MONTH, DAY, YEAR)

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

	<b>CALIFORNIA FORM 470</b>
	<small>For Official Use Only</small>

Date of election if applicable: (Month, Day, Year) <u>6/2/26</u>	<input type="checkbox"/> <b>Amendment</b> (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 26.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Wreana Munoz - Montes

STREET ADDRESS  
[REDACTED]

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AREA CODE/DAYTIME PHONE NUMBER \_\_\_\_\_ OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Imperial County Board of Supervisors

JURISDICTION (LOCATION) \_\_\_\_\_ DISTRICT NUMBER (IF APPLICABLE) 5

**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

**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 2/9/26 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE