

Candidate Intention Statement

Registrar of Voters  
 Date Stamp  
 FEB 05 2026  
 Imperial County

CALIFORNIA FORM 501  
 For Official Use Only

Check One:  Initial  Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle (initial)) Minor - Montes, Lorena DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional)

STREET ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

OFFICE SOUGHT (POSITION TITLE) Imperial County Board of Supervisor AGENCY NAME [REDACTED] DISTRICT NUMBER, if applicable. 5  NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)  State (Complete Part 2.)  City  County  Multi-County: County of Imperial (Name of Multi-County Jurisdiction) PARTY PREFERENCE: Democrat  PRIMARY / GENERAL  SPECIAL / RUNOFF

(Year of Election) 2026

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

- I accept the voluntary expenditure ceiling for the election stated above.
  - I do not accept the voluntary expenditure ceiling for the election stated above.
- Amendment:
- I did not exceed the expenditure ceiling in the primary or special election held on \_\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On \_\_\_\_\_ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

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 (month, day, year)

Signature [REDACTED] (Candidate)