

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Amendment</b>  <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Termination – See Part 5</b>  Date of termination _____/_____/_____
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<b>CALIFORNIA FORM 410</b> For Official Use Only
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1. Committee Information	I.D. Number <small>(if applicable)</small>	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE <b>Committee to elect Lorena Minor-Montes for Board of Supervisor District 5 2026</b>		NAME OF TREASURER <b>Rodolfo Montes</b>
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]		EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY [REDACTED]
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED]
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE [REDACTED]		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE [REDACTED]
Attach additional information on appropriately labeled continuation sheets.		NAME OF PRINCIPAL OFFICER(S) [REDACTED]
		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED]
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE [REDACTED]
3. Verification		

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/07/2026 By [REDACTED] SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 9/7/26 By [REDACTED] SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT



**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <b>Committee to elect Lorena Minor-Montes for Board of Supervisor District 5 2026</b>	I.D. NUMBER <b>415371521</b>
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• **All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS <b>Wells Fargo Bank</b>	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS OF FINANCIAL INSTITUTION <b>1200 W Main Street</b>	CITY <b>El Centro</b>	STATE <b>CA</b>	ZIP CODE <b>92243</b>
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**4. Type of Committee** *Complete the applicable sections.*

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<b>Lorena Minor-Montes</b>	<b>Imperial County Board of Supervisor District 5</b>	<b>2026</b>	<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below) <b>Democrat</b>
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
<b>Lorena Minor-Montes</b>	<b>Imperial County Board of Supervisor District 5</b>	<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

**Statement of Organization  
Recipient Committee**  
INSTRUCTIONS ON REVERSE

I.D. NUMBER  
415371521

COMMITTEE NAME  
Committee to elect Lorena Minor-Montes for Board of Supervisor District 5 2026

**4. Type of Committee** (Continued)

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:  
 CITY Committee  
 COUNTY Committee  
 STATE Committee

**General Purpose Committee**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY  
**Candidate for Political Office**

**Sponsored Committee**  
List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS  
NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

— There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

— Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511-89518, and are subject to Elections Code Section 18680 and FPC Regulation 18521.5.