


497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to elect Lorena Minor-Montes for Board of Supervisor		Date of This Filing 04/30/2026	Date Stamp 	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1490827	Report No. 2		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	No. of Pages 2	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
4/23/26	Maria Peinado 1050 Manuel Ortiz El Centro, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	works for non profit	\$200 <input type="checkbox"/> Check if Loan _____% Provide interest rate
4/23/26	Isabel Perrone 329 E 5th St Calexico, CA 92231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	<input type="checkbox"/> Check if Loan 150 _____% Provide interest rate
4/30/26	Imperial County Democratic Party P.O. Box 964 El Centro, CA 92243	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Democratic Committee	<input type="checkbox"/> Check if Loan 1000 _____% Provide interest rate

Reason for Amendment: _____

****Contributor Codes**

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1490827	Report No. <u>3</u>		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY [REDACTED]	STATE	ZIP CODE [REDACTED]	No. of Pages <u>2</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>

Reason for Amendment: _____
