# Officeholder and Candidate Campaign Statement – Short Form

| Date of election if applicable: (Month, Day, Year) | ☐ Amendment (Explain Below) | Date Stamp | CALIFORNIA FORM 470 |
|---|---|---|---|
| 11/3/26 | | Registrar of Voters AUG 05 2026 Imperial County | For Official Use Only |

1. **Statement Covers Calendar Year 20** 26.

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE
Lorena Miñon-Montes

[redacted]

CITY STATE ZIP CODE

[redacted]

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

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD
Imperial Valley Health District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

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 |
|---|---|---|
| Lorena for IVHD | 1072 Sand Mesa St Calexico, CA 92231 | Rodolfo Montes |
| | | |

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 [redacted] 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 [redacted] ue and correct.

Executed on 8/5/26
DATE

By [redacted]
CEHOLDER OR CANDIDATE