CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only
Registrar of Voters
AUG 17 2026

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Minor-Montes	Lorena	

Imperial County

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

Division, Board, Department, District, if applicable: Imperial Valley Health District

Your Position: District 7

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ■ County of Imperial
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☐ **Annual:** The period covered is January 1, 2025, through December 31, 2025.
  -or-
  The period covered is ____/____/_____, through December 31, 2025.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle below.)*
  - ☐ The period covered is January 1, 2025, through the date of leaving office.
  - **-or-**
  - ☐ The period covered is ____/____/_____, through the date of leaving office.
- ■ **Candidate:** Date of Election 11/3/2026 and office sought, if different than Part 1: 1

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached
- ☐ **Attachment 700-P** - *Prospective Employment (87200 Filers Only)* – schedule attached

-or- ■ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
[redacted]		[redacted]		

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
[redacted]	[redacted]

I have used all reasonable diligence in preparing this statement. I have reviewe[redacted]e the information contained herein and in any attached schedules is true and complete. I acknowledge th[redacted]

I certify under penalty of perjury under the laws of the State of California[redacted]

Date Signed 08/06/2026 *(month, day, year)* **Sig**[redacted] *your filing official.)*