CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initially Received
Registrar of Voters
AUG 12 2026

Please type or print in ink.

NAME OF FILER (LAST) URENA (FIRST) RAUL (MIDDLE) R

Imperial County

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)* HHD District Imperial Valley healthcare district

Division, Board, Department, District, if applicable District 2

Your Position Board member

▶ 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)*

LYNC

- ☒ **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 __/__/____
- ☐ **Candidate:** Date of Election 11/3/2026 and office sought, if different than Part 1:
- ☐ **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.

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 Address Recommended - Public Document) STREET [redacted] CITY [redacted] STATE ZIP CODE

DAYTIME TELEPHONE NUMBER [redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 8/11/26 (month, day, year)

Signature [redacted] (File the original signed statement with your filing official.)