Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp: Registrar of Voters OCT 21 2026 Imperial County

CALIFORNIA FORM 460

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 9/1/2026
through 10/18/26

Date of election if applicable: (Month, Day, Year)
11/3/2026

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
  - ☐ State Candidate Election Committee
  - ☐ Recall
  - *(Also Complete Part 5)*
- ☐ General Purpose Committee
  - ☐ Sponsored
  - ☐ Small Contributor Committee
  - ☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
  - ☐ Controlled
  - ☐ Sponsored
  - *(Also Complete Part 6)*
- ☑ Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- ☑ Preelection Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1491043

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Patricia Lizarraga for County Supervisor for District 5 2026

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
[redacted]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
[redacted]

Treasurer(s)

NAME OF TREASURER
Patricia Valenzuela

MAILING ADDRESS
[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10/19/2026 (Date) By [redacted] Signature of Treasurer or Assistant Treasurer

Executed on 10/19/2026 (Date) By [redacted] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Patricia Lizarraga,MBA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

County Supervisor for District 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[redacted]

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 9/1/2026
through 10/18/2026

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Patricia Lizarraga for County Supervisor for District 5 2026

I.D. NUMBER
1491043

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 11,800	$ 19,400
2. Loans Received	*Schedule B, Line 3*	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 11,800	$ 19,400
4. Nonmonetary Contributions	*Schedule C, Line 3*	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 11,800	$ 19,400

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 4,743	$ 15,009
7. Loans Made	*Schedule H, Line 3*	-0-	-0-
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 4,743	$ 15,009
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	-0-	-0-
10. Nonmonetary Adjustment	*Schedule C, Line 3*	-0-	-0-
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 4,743	$ 4,743

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 100.
13. Cash Receipts	*Column A, Line 3 above*	12,300
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	-0-
15. Cash Payments	*Column A, Line 8 above*	7,409
16. ENDING CASH BALANCE	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 4,891

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	*Schedule B, Part 2*	$ -0-

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ -0-
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ -0-

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$ 7,100	$ 12,300
21. Expenditures Made	$ 7,050	$ 7,409

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
6 / 3 / 2026	$ 7,050
11 / 3 / 2026	$ 7,409

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 9/1/2026
through 10/18/2026

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Patricia Lizarraga for County Supervisor for District 5 2026

I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2026	Association Federation of State County & Municipal Employee AFSCME 1121 L Street Suite 904 Sacramento, CA ID#743207	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC		5,900	5,900	11/3/2026
10/5/2026	United Domestic Workers of America ID#1302384 555 Capital Mall, Suite 400 Sacramento, CA 95814	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC		5,900	11,800	6/2/2026 & 11/3/2026
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $ 11,800		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 11,800

2. Amount received this period – unitemized monetary contributions of less than $100 ..... $

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 11,800

*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

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
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NAME OF FILER

Committee to Elect Patricia Lizarraga for County Supervisor for District 5 2026

I.D. NUMBER

1491043

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Patricia Lizarraga, MBA [redacted] †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 2,166	$ 2,166	☐ PAID $ 2,166 ☐ FORGIVEN $	$ -0- DATE DUE	-0- % RATE $	$ 2,166 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
	SUBTOTALS	$ 2,166	$ 2,166	$ -0-	$ -0-			

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period ..... $ 2,166
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 2,166
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET** $ -0-
   Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 9/1/2026
through 10/18/2026

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committe to Elect Patricia Lizarraga for County Supervisor for Distict 5 2026

I.D. NUMBER

1491043

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
All Sports International 331 W Second Street Calexico, CA 92231	CMP	Campaign paraphemalia	945.00
Harbor Freight & Home Depot El Centro 2250 North Imperial Ave El Centro, CA 92243	CMP	Campaign paraphemalia	345.00
Canvas us 3212 Cesar Chaves Street Austin Tx 78702	LIT	Campaign Paraphemalia	675.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 1965.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$	4,743
2. Unitemized payments made this period of under $100	$	-0-
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	$	-0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL**	$	4,743

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period
from 9/1/2026
through 10/18/2026

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NAME OF FILER

Committee to Elect Patricia Lizarraga for County Supervisor for District 5 2026

I.D. NUMBER

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Office Depot	OFC	Office Expense and Event Decorations	131.00
Democrat United	CVC	Civic Donations	625.00
Member Contributions	MBR	Member Contributions	122.00
Campaign Workers Salaries	SAL	Campaign Workers Salaries	1,300
Travel, Meals,	TRC	Travel Meals	600

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 2,778