iceholder and Candidate mpaign Statement –						Date Stamp CALIFORNIA 470		
ort Form	Date of election if applicable: (Month, Day, Year)		□ Amen	dment · (Explain Below)		RECEIVED BY ANGELES COUNTY AUG 46 PM 4: 57		
				· · · · · · · · · · · · · · · · · · ·		MONTH FINANCE		
Statement Covers Calendar Year 20 21			ν,			X	t	
Officeholder or Candidate Information			3.	Office Sought of				
NAME OF OFFICEHOLDER OR CANDIDATE  Catherine Martinez  STREET ADDRESS		<del></del> ;		Los Nietos School JURISDICTION (LOCATION	l Board		DISTRICT NUMBER	
				Whittier, CA	·	1	(IF APPLICABLE)	
CITY	STATE	ZIP CODE	_					
Santa Fe Springs AREA CODE/DAYTIME PHONE NUMBER	CA OPTIONAL:	90670 FAX / E-MAIL ADDRESS	_					
562-805-0999								
Committee Information List all committees of which you have knowledge t	hat are prima	arily formed to rece	eive contribu	tions or to make ex	penditures	s on behalf of your candidate	cy.	
COMMITTEE NAME AND I.D. NUMBER			COMMITTE	E ADDRESS		NAME	OF TREASURER	
N/A								
Verification I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I declare the statement is the statement of the statement is the statement of the sta	knowledge I a	anticipate that I will renalty of perjury und	receive less the	an \$2,000 and that I f the State of Californ	will spend l ia tha⊾the f	less than \$2,000 during the ca foregoiณี is true and cortect.	elendar year and that I have used	
08/02/2021 Executed on				Ву				

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov