

Officeholder and Candidate Campaign Statement - Report Form

CE

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp
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LOS ANGELES COUNTY
 2024 AUG 19 AM 10:44
CAMPAIGN FINANCE

CALIFORNIA FORM 470
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Statement Covers Calendar Year 20 24

Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Catherine Martinez

STREET ADDRESS

CITY STATE ZIP CODE
Santa Fe Springs CA 90670

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562-805-0999

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Los Nietos School District Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Whittier, CA

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

Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 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 of California that the foregoing is true and correct.

Executed on 08-19-2024 DATE

By _____ DATE