

**Officeholder and Candidate
Campaign Statement –
Short Form**

017

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

Amendment (Explain Below)

Date Stamp
RECEIVED BY
S ANGELES COUNTY
2024 JUL 26 PM 5:00
CAMPAIGN FINANCE

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 2024

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Martha Camacho Rodriguez

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Central Basin Water Div 1 Board member

JURISDICTION (LOCATION)

DISTRICT NUMBER
(IF APPLICABLE)

CITY
Downey

STATE ZIP CODE
CA 90241

AREA CODE/DAYTIME PHONE NUMBER

(562) 274-5979

OPTIONAL: FAX / E-MAIL ADDRESS

mmmmmrtha@gmail.com

4. 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

5. 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 07/26/2024
DATE