ficeholder and Candidate Date Stamp ımpaign Statement -CALIFORNIA **FORM** ort Form RECEIVED BY Date of election if applicable: Amendment (Explain Below) For Official Use Only ANGELES COUNTY (Month, Day, Year) November 8, 2022 UNITAILIN I INAMUL Statement Covers Calendar Year 20 22 Office Sought or Held Officeholder or Candidate Information OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE Catherine Martinez Los Nietos School Board Member STREET ADDRESS JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE) CA 90670 CITY STATE ZIP CODE Santa Fe Springs AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS 562-805-0999 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 Ca

Bv ____

Executed on .