

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

0137-1

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

July 20, 2021

Amendment (Explain Below)

Date Stamp
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**CALIFORNIA
FORM 470**
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Janet Martinez

STREET ADDRESS

CITY STATE ZIP CODE

La Mirada, CA

CA 90670

AREA CODE/DAYTIME PHONE NUMBER

714-902-3353

OPTIONAL: FAX / E-MAIL ADDRESS

vote4janetmartinez@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

School Board Member

JURISDICTION (LOCATION)

Los Angeles County

DISTRICT NUMBER
(IF APPLICABLE)

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 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 information provided in this statement is true and correct.

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive 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 information provided in this statement is true and correct.

Executed on 6-15-21 DATE

By

JM
OFFICEHOLDER OR CANDIDATE