

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470 For Official Use Only
		RECEIVED BY LOS ANGELES COUNTY 2021 AUG 11 PM 4:52 CAMPAIGN FINANCE	

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Martha Camacho Rodriguez
STREET ADDRESS
CA 90241
CITY STATE ZIP CODE
(562) 274-5979 mmmmmrtha@gmail.com
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
Central Basin Municipal Water District - Division 1
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County Division 1

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 la

Executed on August 10, 2021
DATE

Clear Form Print Form