	ficeholder and Candidate mpaign Statement –					Date Stamp	Date Stamp CALIFORNIA 470			
Short Form		Date of election if applicable: (Month, Day, Year)		Amendment (Exptain Below)		RECEIVED OS ANGELES  2023 JUL 31 A OAMPAIGN FI	COUN M 10: 46			
1.	Statement Covers Calendar Year 20 23									
2.	Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  Catherine Martinez  STREET ADDRESS			3. 	Office Sought or H OFFICE SOUGHT OR HELD LOS Nietoes School D JURISDICTION (LOCATION)	leld District Governing Board	Member	IDISTRICT NUMBER		
	CITY	CTATE	ZIP CODE		Whittier, CA			(IF APPLICABLE)		
	Santa Fe Springs AREA CODE/DAYTIME PHONE NUMBER 562-805-0999	CA OPTIONAL:	90670 FAX/E-MAIL ADDRESS	_						
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 all reasonable diligence in preparing this statement. I continue the statement of the st	knowledge I ertify under p	anticipate that I will neenalty of perjury und	eceive less th	an \$2,000 and that I will the State of Cal	enand lace than \$2 NNN dur	ina tha cale	endar year and tha	it i have u	
	07/28/2023 Executed on			1	Зу		- -			