

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

Date of election if applicable: (Month, Day, Year) <u>Nov 5 2024</u>	<input type="checkbox"/> Amendment (Explain Below)	RECEIVED BY <u>4 TM</u> LOS ANGELES COUNTY 2024 OCT -8 PM 3:53 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 021840
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Juan Martinez

STREET ADDRESS _____

CITY Downey STATE CA ZIP CODE 90241

AREA CODE/DAYTIME PHONE NUMBER 562-991-9740 OPTIONAL: FAX / E-MAIL ADDRESS _____

562-991-9740 joey4downey@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Downey Unified School Board of Education Dist 3

JURISDICTION (LOCATION) Los Angeles DISTRICT NUMBER (IF APPLICABLE) 3

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 10/8/24 DATE

By _____ OR CANDIDATE