

7/27/21 (3)

Officeholder and Candidate Campaign Statement - Short Form

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

Amendment (Explain Below) _____

Date Stamp RECEIVED BY OS ANGELES COUNTY 2021 JUL 29 PM 12:15 CAMPAIGN FINANCE

CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ROBERT A. MARTINEZ

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PICO RIVERA CA 90660

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

(562) 645-2672

3. Office Sought or Held

OFFICE SOUGHT OR HELD
BOARD MEMBER

JURISDICTION (LOCATION)
PICO WATER DISTRICT

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 in contributions during the calendar year covered by this statement. I certify under penalty of perjury under the laws of the State of California that I have used

Executed on JULY 28, 2021 DATE

By _____