

Officeholder and Candidate
Campaign Statement –
Short Form

Date Stamp Registrar of Voters JUL 18 2024	CALIFORNIA FORM 470 For Official Use Only
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☐ Amendment (Explain Below)	Date of election if applicable: (Month, Day, Year) <u>Nov 5, 2024</u>
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1. Statement Covers Calendar Year 2024. Imperial County

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE <u>Peter Martinez</u>	OFFICE SOUGHT OR HELD <u>Imperial Valley College Area 3</u>
STREET ADDRESS <u>[REDACTED]</u>	JURISDICTION (LOCATION) <u>Imperial County</u>
CITY <u>[REDACTED]</u>	DISTRICT NUMBER (IF APPLICABLE) <u>3</u>
STATE <u>CA</u>	ZIP CODE <u>92507</u>
AREA CODE/DAYTIME PHONE NUMBER <u>[REDACTED]</u>	OPTIONAL: FAX / E-MAIL ADDRESS <u>[REDACTED]</u>

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
<u>W/A</u>		

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 foregoing is true and correct.

Executed on 7/18/2024 DATE

By [REDACTED]