

Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	 Received by - 4 SEP 2020 CITY CLERK CITY of Santa Clara	CALIFORNIA FORM 470
Nov. 3, 2020	_____	_____	For Official Use Only

1. Statement Covers Calendar Year 20 20

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Kayla Martinez

STREET ADDRESS

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CITY

STATISTICS

ZIP CODE

Modesto

CA

95307

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL - 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
n/a		

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.

9/3/2020

Executed on

DATE

By

SIGNATURE OF OFFICER/HOLDER OF CANDIDATE