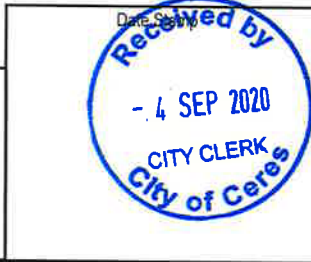


**Officeholder and Candidate
Campaign Statement –
Short Form**

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

Nov. 3, 2020

Amendment (Explain Below)



CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

Kayla Martinez

STREET ADDRESS

██████████ r.

CITY STATE ZIP CODE

Modesto CA 95307

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

██████████

OFFICE SOUGHT OR HELD

Treasurer

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

Ceres n/a

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 ██████████.

Executed on 9/3/2020
DATE

██████████
SIGNATURE OF OFFICEHOLDER OR CANDIDATE