

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

Date of election if applicable: (Month, Day, Year) <u>11-3-20</u>	<input type="checkbox"/> Amendment (Explain below) <hr/>	RECEIVED <small>Date Stamp</small> AUG 06 2020 TOWN CLERK'S DEPT	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Julian J. Martinez

STREET ADDRESS
Paradise

CITY
Paradise

STATE
CA

ZIP CODE
95969

AREA CODE/DAYTIME PHONE NUMBER
530 -

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Town Council

JURISDICTION (LOCATION)
Paradise

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
<u>Julian Martinez for Paradise Town Council</u>	<u>P.O. Box 699 Paradise, CA 95967</u>	<u>Kelly Lawler</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 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 8-6-20 DATE

By Julian J. Martinez SIGNATURE OF OFFICEHOLDER OR CANDIDATE