

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

Date Stamp	CALIFORNIA FORM	470
Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below) AUG 10 2022	
RECEIVED CITY OF HANFORD		For Official Use Only
		CITY CLERK

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Lou Martinez

STREET ADDRESS
207 E. 5th St.

CITY
Hanford

STATE
CA

ZIP CODE
93230

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

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION)
Hanford

DISTRICT NUMBER
(IF APPLICABLE)
D

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 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

09/10/22

DATE

By 

SIGNATURE OF OFFICEHOLDER OR CANDIDATE