Officeholder and Candidate Campaign Statement – Short Form				CALIFORNIA FORM	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	JUL 2004	For Official Use Only
		Movember 8, 2020			
1.	Statement Covers Calendar Year 20 22	- •		8-51-1E0E9CA	
2.	Officeholder or Candidate Information		Office Sought or I	Held	
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	0 (1	
	Victor Martina		JURISDICTION (LOCATION)	City (ounce)	DISTRICT NUMBER
	STREET ADDRESS			Mendota.	(IF APPLICABLE)
	CITY	STATE ZIP CODE		TV COPIES -C	
	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		ME OF TREASURER
5	Verification			•	
0.	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 use 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.				
	2/18/2012				
	Executed on 67/18/2012 DATE		Ву	SIGNATURE OF OFFICEHOLDER OR CAND	DIDATE