

Officeholder and Candidate  
Campaign Statement -  
Short Form

SAN BUENA VENTURA CITY CLERK		CALIFORNIA FORM 470	
Date of election if applicable: (Month, Day, Year) <u>4/18/2012</u>		For Official Use Only	
<input type="checkbox"/> Amendment (Explain Below)		16 OCT 17 P 1:56	

1. Statement Covers Calendar Year 20 12.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Jackie Martenson

STREET ADDRESS: 1259 NEW BEDFORD

CITY: NEW BEDFORD STATE: MA ZIP CODE: 01801

AREA CODE/DAYTIME PHONE NUMBER: 510 701 0069 OPTIONAL FAX/E-MAIL ADDRESS: usn@tm220@gmail.com

OFFICE SOUGHT OR HELD: City Council member

JURISDICTION (LOCATION): Vermont (city)

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

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 10/13/2012 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Year Form: 2012 Print Form