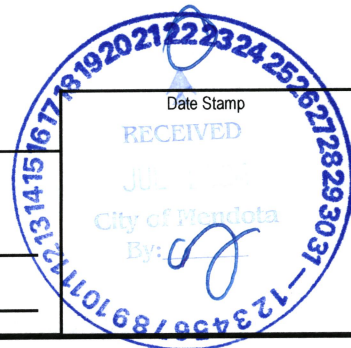


**Officeholder and Candidate  
Campaign Statement –  
Short Form**



**CALIFORNIA  
FORM 470**

For Official Use Only

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

11/05/2024

**Amendment** (Explain Below)

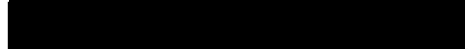
**1. Statement Covers Calendar Year 20 24 .**

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Martin Gamez III

STREET ADDRESS



CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS



NA

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Mendota City Council

JURISDICTION (LOCATION)

Mendota, CA

DISTRICT NUMBER  
(IF APPLICABLE)

NA

**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
NA	NA	NA
NA	NA	NA

**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 7/22/24  
DATE

By   
SIGNATURE OF OFFICEHOLDER OR CANDIDATE