

**Statement of Organization
Recipient Committee**

For Official Use Only

Statement Type

Initial
 Not yet qualified
 Date qualification threshold met

Amendment
 Amendment
 Termination - See Part 5

Date qualification threshold met: 9 / 30 / 20
 Date of termination: _____



1. Committee Information I.D. Number 1429850 (if applicable)

Martinez for City Council 2020

NAME OF COMMITTEE: **Martinez for City Council 2020**

NAME OF TREASURER: **Julio Martinez**

STREET ADDRESS (NO P.O. BOX): **1637 Mesquite Vista**

CITY: **Beaumont** STATE: **Ca** ZIP CODE: **92223** AREA CODE/PHONE: **951-616-0370**

FULL MAILING ADDRESS (IF DIFFERENT): _____

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): **martinez4council@yahoo.com**

COUNTY OF DOMICILE: **Riverside** JURISDICTION WHERE COMMITTEE IS ACTIVE: **City of Beaumont**

STREET ADDRESS (NO P.O. BOX): _____

CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

NAME OF PRINCIPAL OFFICER(S): _____

STREET ADDRESS (NO P.O. BOX): _____

CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/30/20 By _____
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/30/20 By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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INSTRUCTIONS ON REVERSE

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| | |
|---|-------------------------------|
| COMMITTEE NAME Martinez for City Council 2020 | I.D. NUMBER 1429850 |
|---|-------------------------------|

- **All committees must list the financial institution where the campaign bank account is located.**

| | | |
|---|--|--|
| NAME OF FINANCIAL INSTITUTION Wells Fargo Bank, N.A | AREA CODE/PHONE 951-849-5605 | BANK ACCOUNT NUMBER 5056694002 |
| ADDRESS 1735 W. Ramsey St. | CITY Banning | STATE Ca |
| | | ZIP CODE 92220 |

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE Nonpartisan Partisan | (list political party below) |
|--|---|------------------|--|------------------------------|
| Julio Martinez | City Council Member | 2020 | Nonpartisan <input checked="" type="checkbox"/> | (list political party below) |
| | | | Nonpartisan <input type="checkbox"/> | (list political party below) |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CHECK ONE SUPPORT OPPOSE |
|---|--------------------------------|
| CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | SUPPORT OPPOSE |
| | SUPPORT OPPOSE |