

# Recipiant Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA  
FORM  
**460**

Date Stamp

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For Official Use Only

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FEB 01 2021

CITY OF BEAUMONT  
CITY CLERK

Statement covers period  
from 9/20/20 through 10/17/20

Date of election if applicable:  
(Month, Day, Year)  
11/03/20

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall  
(Also Complete Part 5)

General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee  
 Controlled  
 Sponsored  
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

Prelection Statement  
 Semi-annual Statement  
 Termination Statement  
 Amendment (Explain below)  
 Schedule B corrected -\$2500.00 to +2500.00. Schedule D items removed, duplicated on schedule E. Schedule F corrected from -\$3805.23 to +3805.23

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Martinez for City Council 2020

I.D. NUMBER  
1429850

**Treasurer(s)**

NAME OF TREASURER  
Julio Martinez

MAILING ADDRESS  
1637 Mesquite Vista

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

NAME OF ASSISTANT TREASURER, IF ANY  
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS  
martinez4council@yahoo.com

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 01/29/21 Date

Executed on 01/29/21 Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA **460**  
FORM

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### 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
**Julio Martinez**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**Council Member, City of Beaumont**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1637 Mesquite Vista Beaumont Ca 92223**

**Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.**

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

### 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**  
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

### 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

CALIFORNIA  
FORM **460**

Statement covers period  
from 09/20/20  
through 10/17/20

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Julio Martinez  
I.D. NUMBER  
1429850

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 1950.00	\$ 1950.00
2. Loans Received..... Schedule B, Line 3	2500.00	4350.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 4450.00	\$ 6300.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 4450.00	\$ 6300.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 0	\$ 0
21. Expenditures Made	\$ 0	\$ 0

## Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 3079.47	\$ 3079.47
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 3079.47	\$ 3079.47
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	3805.23	3805.23
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 6884.70	\$ 6884.70

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election  
(mm/dd/yy)

Total to Date  
\$ 0  
\$ 0

## Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 1850.00
13. Cash Receipts..... Column A, Line 3 above	4450.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	3079.47
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3220.53

*If this is a termination statement, Line 16 must be zero.*

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

## LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ 0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 8155.23

\*Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA **460**  
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Julio Martinez**

I.D. NUMBER

**1429850**

Statement covers period  
from **9/20/20**  
through **10/17/20**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/6/20	McDonald Property Group, Inc 1140 N. Coast Hwy Laguna Beach, Ca 92651	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	750.00	750.00
10/7/20	Saints Realty Inc 615 Egan Ave. Beaumont, Ca 92223	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00
10/8/20	Benjamin and Hanna Shlomi 2339 Stratford Circle Los Angeles, Ca 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Benjamin and Company	1000.00	1000.00	1000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>1950.00</b>		

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ **1950.00**

2. Amount received this period – unitemized monetary contributions of less than \$100 .....\$ **0**

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$ 1950.00**

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

# Schedule B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

## CALIFORNIA 460 FORM

Statement covers period from 09/20/20 through 10/17/20

SEE INSTRUCTIONS ON REVERSE

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NAME OF FILER

I.D. NUMBER

Julio Martinez

1429850

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
								CALENDAR YEAR	PER ELECTION**
Julio Martinez 1637 Mesquite Vista Beaumont, Ca 92223	Teacher Beaumont Unified School District	1850.00	2500.00	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	4350.00	0	1850.00	4350.00	4350.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC							9/2/20		
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
<b>SUBTOTALS</b>					<b>\$ 2500.00</b>	<b>\$ 0</b>	<b>\$ 4350.00</b>	<b>\$ 0</b>	<b>\$ 0</b>

### Schedule B Summary

- Loans received this period ..... \$ 2500.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 2500.00**  
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on Schedule E, Line 3)

†Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

(May be a negative number)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

CALIFORNIA **460**  
FORM

Statement covers period

from 09/20/20

through 10/17/20

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Julio Martinez

I.D. NUMBER

1429850

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wells Fargo Bank, N.A 1735 W. Ramsey St. Banning, Ca			Campaign Checks	36.48
City of Beaumont 550 E. 6th St. Beaumont, Ca 92223			City Sign Permit	51.65
Electable Advertising, LLC 1044 Via Panfilo Ave. Henderson, NV 89011	WEB			2483.74

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 2571.87**

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 3079.47
- Unitemized payments made this period of under \$100 ..... \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 3079.47**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>09/20/20</u> through <u>10/17/20</u>	CALIFORNIA <b>460</b> FORM
Page <u>7</u> of <u>8</u>	I.D. NUMBER 1429850

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Julio Martinez

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |   |
|--|---|
| CMP campaign paraphernalia/misc.<br>CNS campaign consultants<br>CTB contribution (explain nonmonetary)*<br>CVC civic donations<br>FIL candidate filing/ballot fees<br>FND fundraising events<br>IND independent expenditure supporting/opposing others (explain)*<br>LEG legal defense<br>LIT campaign literature and mailings | MBR member communications<br>MTG meetings and appearances<br>OFC office expenses<br>PET petition circulating<br>PHO phone banks<br>POL polling and survey research<br>POS postage, delivery and messenger services<br>PRO professional services (legal, accounting)<br>PRT print ads<br>RAD radio airtime and production costs<br>RFD returned contributions<br>SAL campaign workers' salaries<br>TEL t.v. or cable airtime and production costs<br>TRC candidate travel, lodging, and meals<br>TRS staff/spouse travel, lodging, and meals<br>TSF transfer between committees of the same candidate/sponsor<br>VOT voter registration<br>WEB information technology costs (internet, e-mail) |
|--|---|

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Record Gazette 218 N. Murray St. Banning, Ca 92220	PRT		228.80
Record Gazette 218 N. Murray St. Banning, Ca 92220	PRT		228.80
Secretary of State Political Reform Division 1500 11th St. Rm 495		Committee Fee	50.00
<b>SUBTOTAL \$ 507.60</b>			

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Julio Martinez**

I.D. NUMBER  
**1429850**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<p>MBR member communications</p> <p>MTG meetings and appearances</p> <p>OFC office expenses</p> <p>PET petition circulating</p> <p>PHO phone banks</p> <p>POL polling and survey research</p> <p>POS postage, delivery and messenger services</p> <p>PRO professional services (legal, accounting)</p> <p>PRT print ads</p>	<p>RAD radio airtime and production costs</p> <p>RFD returned contributions</p> <p>SAL campaign workers' salaries</p> <p>TEL t.v. or cable airtime and production costs</p> <p>TRC candidate travel, lodging, and meals</p> <p>TRS staff/spouse travel, lodging, and meals</p> <p>TSF transfer between committees of the same candidate/sponsor</p> <p>VOT voter registration</p> <p>WEB information technology costs (internet, e-mail)</p>
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CMP campaign paraphernalia/misc.  
 CNS campaign consultants  
 CTB contribution (explain nonmonetary)\*  
 CVC civic donations  
 FIL candidate filing/ballot fees  
 FND fundraising events  
 IND independent expenditure supporting/opposing others (explain)\*  
 LEG legal defense  
 LIT campaign literature and mailings

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
(a)	(b)	(c)	(d)	(e)	(f)	(g)
Beaumont Print & Sign 625 Beaumont Ave. Beaumont, Ca 92223	LIT			675.59	0	675.59
Beaumont Print & Sign 625 Beaumont Ave. Beaumont, Ca 92223	LIT			3129.64	0	3129.64
<b>SUBTOTALS \$ 0</b>				<b>\$ 3805.23</b>	<b>\$ 0</b>	<b>\$ 3805.23</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$ 3805.23**

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$ 0**

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$ 3805.23**

May be a negative number

FPPC Form 460 (Jan/2016)  
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
 www.fppc.ca.gov