

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
07 / 09 / 2024	07 / 09 / 2024	____ / ____ / ____

Date Stamp: **RECEIV**
JUL 22 2024
CITY OF BEAUMONT
CITY CLERK

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number (if applicable)	1469844	2. Treasurer and Other Principal Officers		
NAME OF COMMITTEE				NAME OF TREASURER		
Martinez for City Council 2024				Robert F. Rego		
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
22365 Barton Road Ste 207				22365 Barton Road Ste 207	Grand Terrace	CA 92313
CITY STATE ZIP CODE AREA CODE/PHONE				EMAIL ADDRESS OF TREASURER (REQUIRED)		
Grand Terrace CA 92313 909-496-1210				robert@rego.com AREA CODE/PHONE		
909-496-1210				NAME OF ASSISTANT TREASURER, IF ANY		
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		
robert@rego.com				AREA CODE/PHONE		
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)		
Riverside		Riverside County		Julio Martinez		
Riverside County				STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
				-	Beaumont	CA 92223-64
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		
				AREA CODE/PHONE		
				Martinezforcouncil@gmail.com 951-807-8694		

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 7/18/24 By _____
DATE _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/18/24 By _____
DATE _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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

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

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COMMITTEE NAME
Martinez for City Council 2024

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Wells Fargo/ Julio Martinez	AREA CODE/PHONE 909-384-4805	BANK ACCOUNT NUMBER
ADDRESS OF FINANCIAL INSTITUTION 334 West 3rd Street	CITY San Bernardino	STATE CA
		ZIP CODE 92401

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 PROPOSER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Julio Martinez	Beaumont City Council Member	2024	<input checked="" type="checkbox"/>	Partisan	(list political party below)
			<input type="checkbox"/>	Nonpartisan	

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.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

	SUPPORT	OPPOSE
	SUPPORT	OPPOSE

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COMMITTEE NAME

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I.D. NUMBER
1469844

4. Type of Committee *(Continued)*

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent, certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.