

Recipient Committee  
Campaign Statement  
Cover Page

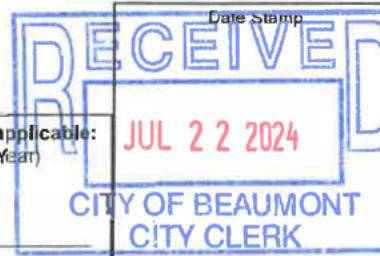
SEE INSTRUCTIONS ON REVERSE

COVER PAGE

CALIFORNIA FORM 460

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

<input type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee	
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Controlled	
<input type="radio"/> Recall	<input type="radio"/> Sponsored	
(Also Complete Part 5)		
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee	
<input type="radio"/> Sponsored	(Also Complete Part 6)	
<input type="radio"/> Small Contributor Committee		
<input type="radio"/> Political Party/Central Committee		

**3. Committee Information**

I.D. NUMBER  
1469844

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Martinez for City Council 2024

STREET ADDRESS (NO P.O. BOX)

22365 Barton Rd Ste 207

CITY STATE ZIP CODE AREA CODE/PHONE

Grand Terrace CA 92313 909-496-1210

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

robert@rego.com

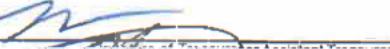
**4. Verification**

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 7/18/24

Date  
7/18/24

By \_\_\_\_\_

  
ROBERT F. REGO  
CITY CLERK, CITY OF BEAUMONT

Executed on 7/18/24

Date  
7/18/24

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

Date

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Date

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

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)

City of Beaumont Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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

Martinez for City Council 2020

NAME OF TREASURER

Julio Martinez

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Beaumont CA 92223

**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

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement**  
**Summary Page**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Martinez for City Council 2024

SUMMARY PAGE  
**CALIFORNIA FORM 460**

Statement covers period  
from 01/01/2024 through 06/30/2024

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I.D. NUMBER  
1469844

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3	\$ 0.00
2. Loans Received.....	Schedule B, Line 3	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 0.00
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 0.00

**Expenditures Made**

6. Payments Made.....	Schedule E, Line 4	\$ 0.00
7. Loans Made.....	Schedule H, Line 3	\$ 0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 0.00
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$ 0.00
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$ 0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 0.00

**Current Cash Statement**

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts .....	Column A, Line 3 above	\$ 0.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	615.30
15. Cash Payments .....	Column A, Line 8 above	\$ 0.00
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 615.30

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

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	Schedule B, Part 2	\$ 0.00
19. Outstanding Debts .....	See instructions on reverse	\$ 0.00

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).

\*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 Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0.00
2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 0.00**

<b>*Contributor Codes</b>
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Contributor Codes

IND – Individual  
COM – Recipient Committee  
Concurrent Deeds

GOMI - Rezipientechnik

(Other than P.T.O. or S.)

OTH - Other (e.g., business

PTY = Political Party

I. Giordan, G. Gori

SUV - Small Contributor Ctr

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**Schedule E  
Payments Made**

Amounts may be rounded to whole dollars.

**SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER**

Martinez for City Council 2024

SEE INSTRUCTIONS ON REVERSE NAME OF FILER	
through <u>06/30/2024</u>	Page <u>J</u> of <u>0</u>
<u>Martinez for City Council 2024</u>	I.D. NUMBER <u>1469844</u>

<b>CODES:</b> If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	
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
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airline and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  
NAME AND ADDRESS OF PAYEE

DESCRIPTION OF PAYMENT	AMOUNT PAID
------------------------	-------------

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

SUBTOTAL \$

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 0.00
2. Unitemized payments made this period of under \$100 ..... \$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 0.00**

**Schedule I**  
**Miscellaneous Increases to Cash**

Amounts may be rounded  
 to whole dollars.

Statement covers period		CALIFORNIA FORM	
from	01/01/2024	through	06/30/2024
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**SCHEDULE I**  
**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Martinez for City Council 2024

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH I.D. NUMBER
06/25/2024	Martinez for City Council 2020 Beaumont, CA 92223	Transfer of fund to new Campaign from old Campaign	\$615.30 1469844

Attach additional information on appropriately labeled continuation sheets.

**Schedule I Summary**

1. Itemized increases to cash this period. .... \$ 615.30
2. Unitemized increases to cash of under \$100 this period. .... \$ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .... **TOTAL \$ 615.30**