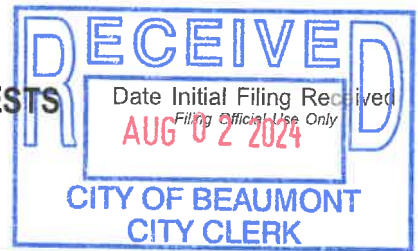


STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT



Please type or print in ink.

NAME OF FILER (LAST) Martinez (FIRST) Julio (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Beaumont

Division, Board, Department, District, if applicable

Candidate

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Beaumont

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2023, through  
December 31, 2023.

☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one circle.)

-or-

The period covered is \_\_\_\_\_, through  
December 31, 2023.

☐ The period covered is January 1, 2023, through the date  
of leaving office.

-or-

☐ Assuming Office: Date assumed \_\_\_\_\_

☐ The period covered is \_\_\_\_\_, through  
the date of leaving office.

☒ Candidate: Date of Election 11/5/24 and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
550 E. 6th St Beaumont Ca 92223

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(951) 769-8520 martinezforcouncil@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed August, 2 2024  
(month, day, year)

Signature \_\_\_\_\_  
(file the originally signed paper statement with your filing official)