

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Martinez for City Council 2024		Date of This Filing 10/30/2024	Date Stamp <div style="border: 2px solid blue; padding: 5px; text-align: center;"> RECEIVED OCT 30 2024 CITY OF BEAUMONT CITY CLERK </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 909-496-1210	I.D. NUMBER (if applicable) 1469844	Report No. 10302024 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1		
STREET ADDRESS 22365 Brton Road Ste 207				
CITY Grand Terrace	STATE CA	ZIP CODE 92313		

1. Contribution(s) Received

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
10/29/2024	Inland Empire Taxpayers Association 22365 Barton Road Ste 20 Grand Terrace, CA 92313 FPPC #1285847	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____