

## 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Daniel A Martinez		Date of This Filing 7/31/2023	Date Stamp	CALIFORNIA FORM <b>497</b>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1461465	Report No. _____	For Official Use Only	
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment 1 to Report No. _____ (explain below) No. of Pages 1		
CITY Ceres	STATE CA	ZIP CODE 95307		

## 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
06/20/2023	RT FINANCIAL SERVICES [REDACTED] CERES CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	5,000.00	<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

Reason for Amendment: Correcting Date of Receiving checkDaniel Martinez

\* 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