


497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Daniel A Martinez			Date of This Filing <u>7/31/2023</u>	Date Stamp 	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <div style="background-color: black; width: 100px; height: 20px;"></div>	I.D. NUMBER (if applicable) 1461465		Report No. _____		
STREET ADDRESS <div style="background-color: black; width: 100px; height: 20px;"></div>			<input checked="" type="checkbox"/> Amendment to Report No. <u>1</u> (explain below)		
CITY Ceres	STATE CA	ZIP CODE 95307	No. of Pages <u>1</u>		

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 <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> 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 check
Daniel 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