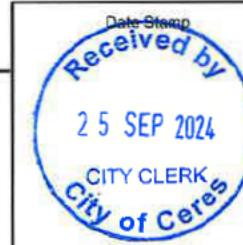


Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

Statement covers period from <u>07/01/2024</u> through <u>09/21/2024</u>	Date of election if applicable: (Month, Day, Year) <u>11/05/2024</u>	 <p>Received by 25 SEP 2024 CITY CLERK CITY of Ceres</p>
Page <u>1</u> of <u>18</u> For Official Use Only		

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

- |                                                                                  |                                                                                      |                                                  |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee                   | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled                                                  | <input type="checkbox"/> Semi-annual Statement   |
| <input type="checkbox"/> Recall                                                  | <input type="checkbox"/> Sponsored                                                   | <input type="checkbox"/> Special Odd-Year Report |
| (Also Complete Part 5)                                                           |                                                                                      |                                                  |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee           | <input type="checkbox"/> Preelection Statement   |
| <input type="checkbox"/> Sponsored                                               | (Also Complete Part 6)                                                               |                                                  |
| <input type="checkbox"/> Small Contributor Committee                             | <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) |                                                  |
| <input type="checkbox"/> Political Party/Central Committee                       | <input type="checkbox"/> Amendment (Explain Below)                                   |                                                  |

3. Committee Information

I.D. NUMBER 1461465

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

The Committee to Re-Elect Daniel A. Martinez 2024

STREET ADDRESS (NO P.O. BOX)

CITY Ceres, CA 95307 STATE CA ZIP CODE 95307 AREA CODE/PHONE 559-222-1234

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

CITY Ceres, CA 95307 STATE CA ZIP CODE 95307 AREA CODE/PHONE 559-222-1234

OPTIONAL: FAX / E-MAIL ADDRESS

bravejordan@gmail.com

2. Type of Statement:

- |                                                                                      |
|--------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Preelection Statement                            |
| <input type="checkbox"/> Semi-annual Statement                                       |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) |
| <input type="checkbox"/> Amendment (Explain Below)                                   |

- |                                                  |
|--------------------------------------------------|
| <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Special Odd-Year Report |

Treasurer(s)

NAME OF TREASURER

Kayla Martinez

MAILING ADDRESS

CITY  STATE  ZIP CODE  AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY  STATE  ZIP CODE  AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

bravejordan@gmail.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 09/24/2024

9/24/2024  
DATE

Executed on

DATE

Executed on

DATE

Executed on

DATE

By Daniel Martinez



Signature of Treasurer or Assistant Treasurer

By

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

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Daniel Martinez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Ceres, CA 95307

**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 I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
 YES  NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
 YES  NO

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

CITY STATE ZIP CODE AREA

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

**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	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from 07/01/2024  
through 09/21/2024

**CALIFORNIA FORM 460**  
Page 3 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**The Committee to Re-Elect Daniel A. Martinez 2024**

I.D. NUMBER

1461465

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ <u>1,449.00</u>	\$ <u>7,084.00</u>
2. Loans Received .....	Schedule B, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ <u>1,449.00</u>	\$ <u>7,084.00</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ <u>1,449.00</u>	\$ <u>7,084.00</u>

**Expenditures Made**

6. Payments Made .....	Schedule E, Line 4 \$ <u>4,616.92</u>	\$ <u>5,209.08</u>
7. Loans Made .....	Schedule H, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ <u>4,616.92</u>	\$ <u>5,209.08</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ <u>4,616.92</u>	\$ <u>5,209.08</u>

**Current Cash Statement**

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ <u>3,648.67</u>
13. Cash Receipts.....	Column A, Line 3 above \$ <u>1,449.00</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 \$ <u>0.00</u>
15. Cash Payments .....	Column A, Line 8 above \$ <u>4,616.92</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>480.75</u>

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Line 2 \$ <u>0.00</u>
-----------------------------------	-----------------------------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents.....	See instructions on reverse \$ <u>0.00</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ <u>0.00</u>

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).

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>0.00</u>	\$ <u>0.00</u>
21. Expenditures Made	\$ <u>0.00</u>	\$ <u>0.00</u>

**Expenditures Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
	\$ <u> </u>

\*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

**CALIFORNIA FORM 460**

Statement covers period  
from 07/01/2024

through 09/21/2024

Page 4 of 18

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**The Committee to Re-Elect Daniel A. Martinez 2024**

I.D. NUMBER

**1461465**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/05/2024	MCFFA Local 1289 PAC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 G-2024
08/01/2024	Dick McKay	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 G-2024
08/08/2024	Chris Vierra	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	249.00 G-2024
08/14/2024	Stanislaus Republican Party	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 G-2024
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 1,449.00**

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
 to whole dollars.

SCHEDULE A

**CALIFORNIA**  
**FORM**  
**460**

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER

**The Committee to Re-Elect Daniel A. Martinez 2024**

Statement covers period  
 from 07/01/2024  
 through 09/21/2024

Page 5 of 18

I.D. NUMBER

**1461465**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions.  
 (Include all Schedule A subtotals.) ----- \$ 1,449.00
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 \$ 1,449.00**

\* 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

**Schedule B - Part 1**  
**Loans Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

**CALIFORNIA  
FORM 460**

Page 6 of 18

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**The Committee to Re-Elect Daniel A. Martinez 2024**

I.D. NUMBER

**1461465**

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD **	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____  DATE DUE	\$ _____  RATE	\$ _____  DATE INURRED		CALENDAR YEAR \$ _____  PER ELECTION** 

\* IND  COM  OTH  PTY  SCC

**Schedule B Summary**

1. Loans received this period - - - - - \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period - - - - - \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) - - - - - **NET \$ 0.00**  
Enter the net here and on the Summary Page, Column A, Line 2  
(May be a negative number)

\* 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

**SUBTOTALS \$    \$    \$**

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

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(Enter (e) on  
Schedule E, Line 3)  
FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

FPPC Form 460 (Jan/2016)

**Schedule B - Part 2**  
**Loan Guarantors**

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

**CALIFORNIA  
FORM 460**

**460**

Statement covers period  
from 07/01/2024

through 09/21/2024

Page 7 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**The Committee to Re-Elect Daniel A. Martinez 2024**

I.D. NUMBER  
**1461465**

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC <input type="checkbox"/>		LENDER  DATE	\$ _____  PER ELECTION (IF REQUIRED)		

**SUBTOTAL \$**

Enter on Summary  
Page. Line 17 only.

**Schedule C**  
**Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

**CALIFORNIA**  
**FORM**  
**460**

Statement covers period  
from 07/01/2024

through 09/21/2024

Page 8 of 18

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**The Committee to Re-Elect Daniel A. Martinez 2024**

I.D. NUMBER  
**1461465**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

**Schedule C Summary**

1. Amount received this period - itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ----- \$ 0.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 ----- \$ 0.00
3. Total nonmonetary contributions received this period.  
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ----- **TOTAL \$ 0.00**

\* 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

SUBTOTAL \$

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures, and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D

**CALIFORNIA**  
**FORM** **460**

Statement covers period  
from 07/01/2024

through 09/21/2024

Page 9 of 18

NAME OF FILER

**The Committee to Re-Elect Daniel A. Martinez 2024**

I.D. NUMBER  
**1461465**

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary <input type="checkbox"/> Nonmonetary <input type="checkbox"/> Independent  <input type="checkbox"/> Support <input type="checkbox"/> Oppose				

**SCHEDULE D SUMMARY**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ----- \$ 0.00
2. Unitemized contributions and independent expenditures made this period of under \$100 ----- \$ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ----- **TOTAL \$ 0.00**

**SUBTOTAL \$**

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

**CALIFORNIA  
FORM 460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**The Committee to Re-Elect Daniel A. Martinez 2024**

Statement covers period  
from 07/01/2024  
through 09/21/2024

Page 10 of 18

I.D. NUMBER  
**1461465**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dominic's Custom Kingdom	CMP		Campaign coozies and marketing	160.00
Jc Penny	MTG		Clothes purchased to wear for Campaign Photos	110.14
Ceres Lions Club	FND		Annual Crab Feed	300.00
Special Olympics	CVC		Special Olympics Golf Tournament Donation	700.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				<b>SUBTOTAL \$ 1,270.14</b>

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

**CALIFORNIA  
FORM  
460**

Statement covers period  
from 07/01/2024  
through 09/21/2024

Page 11 of 18

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER:

**The Committee to Re-Elect Daniel A. Martinez 2024**

I.D. NUMBER  
**1461465**

**CODES:** 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 airtime 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Target	CVC		School Supplies for School Donations	461.57
Integrated Solutions: Political [REDACTED] San Diego, CA 92116	CMP			100.00
Dicks Sporting Goods	MTG		Items to be used at Specials Olympics Golf Tournament	222.10
Dominic's Custom Kingdom	CMP		Campaign coozies and marketing	372.00

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

**SUBTOTAL \$**

**1,155.67**

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

**CALIFORNIA  
FORM 460**

Statement covers period  
from 07/01/2024

through 09/21/2024

Page 12 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**The Committee to Re-Elect Daniel A. Martinez 2024**

I.D. NUMBER

**1461465**

**CODES:** 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 airtime 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stanislaus Republican Party	CVC		Stanislaus Republican's Dinner	100.00
Sam's Cafe	OFC		Campaign Team Meeting	33.30
Mountain Mikes	OFC		Campaign Team Meeting	115.92
Spirit Halloween Store	FND		Supplies for Trunk or Treat	451.70

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

**SUBTOTAL \$**

**700.92**

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

**CALIFORNIA  
FORM 460**

Statement covers period  
from 07/01/2024

through 09/21/2024

Page 13 of 18

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**The Committee to Re-Elect Daniel A. Martinez 2024**

I.D. NUMBER

1461465

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Best Buy	CVC		Supplies for Trunk or Treat	188.34
Christine Buda	MTG		Child Care for PALS Brunch	120.00
Costco	CVC		Supplies for Trunk or Treat	113.92
Integrated Solutions: Political [REDACTED] San Diego, CA 92116	CMP			100.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				<b>SUBTOTAL \$ 522.26</b>

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

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**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

**CALIFORNIA  
FORM 460**

**460**

Statement covers period  
from 07/01/2024  
through 09/21/2024

Page 14 of 18

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**The Committee to Re-Elect Daniel A. Martinez 2024**

I.D. NUMBER

**1461465**

**CODES:** 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 airtime 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stanislaus PALS	CVC		PALS Brunch	150.00
Ceres Chamber Commerce	FND		Ceres Chamber One Table One Community	161.50

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3,960.49
2. Unitemized payments made this period of under \$100	\$ 656.43
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.)	<b>TOTAL \$ 4,616.92</b>

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

**SUBTOTAL \$ 311.50**

**Schedule F**  
**Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

SCHEDULE F

**CALIFORNIA**  
**FORM**  
**460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**The Committee to Re-Elect Daniel A. Martinez 2024**

Statement covers period  
from 07/01/2024  
through 09/21/2024

Page 15 of 18

I.D. NUMBER  
**1461465**

**CODES:** 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 airtime 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)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

**SCHEDULE F SUMMARY**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0.00

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

**SUBTOTALS \$**

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded  
to whole dollars.

SCHEDULE G

**CALIFORNIA FORM 460**

Statement covers period  
from 07/01/2024  
through 09/21/2024

Page 16 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**The Committee to Re-Elect Daniel A. Martinez 2024**

NAME OF AGENT OR INDEPENDENT CONTRACTOR

ID. NUMBER

**1461465**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

MBR member communications

RAD radio airtime and production costs

CNS campaign consultants

MTG meetings and appearances

RFD returned contributions

CTB contribution (explain nonmonetary)\*

OFC office expenses

SAL campaign workers' salaries

CVC civic donations

PET petition circulating

TEL t.v. or cable airtime and production costs

FIL candidate filing/ballot fees

PHO phone banks

TRC candidate travel, lodging, and meals

FND fundraising events

POL polling and survey research

TRS staff/spouse travel, lodging, and meals

IND independent expenditure supporting/opposing others (explain)\*

POS postage, delivery and messenger services

TSF transfer between committees of the same candidate/sponsor

LEG legal defense

PRO professional services (legal, accounting)

VOT voter registration

LIT campaign literature and mailings

PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

**TOTAL \* \$**

\*\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Schedule H**  
**Loans Made to Others\***

Amounts may be rounded  
to whole dollars.

SCHEDULE H

**460**

Statement covers period  
from 07/01/2024  
through 09/21/2024

**CALIFORNIA  
FORM**

Page 17 of 18

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**The Committee to Re-Elect Daniel A. Martinez 2024**

I.D. NUMBER  
**1461465**

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN \$ _____ DATE DUE	\$ _____ \$ _____ DATE DUE	\$ _____ % RATE	\$ _____ \$ _____ DATE INCURRED	\$ _____ CALENDAR YEAR \$ _____ PER ELECTION**

**SUBTOTALS** \$ \$ \$ \$

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

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**Schedule I**  
**Miscellaneous Increases to Cash**Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 07/01/2024  
through 09/21/2024**CALIFORNIA FORM 460**Page 18 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

The Committee to Re-Elect Daniel A. Martinez 2024

I.D. NUMBER

1461465

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

**Schedule I Summary**

1. Itemized increases to cash this period. ----- \$ 0.00
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 \$ 0.00**

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**SUBTOTAL \$**