

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

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

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	<input type="checkbox"/> Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)
<input type="checkbox"/> General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

3. Committee Information

I.D. NUMBER
1455695

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

Committee to Elect Lou Martinez Hanford City Council District D 2022

STREET ADDRESS (NO P.O. BOX)

207 E. 5th St.

CITY STATE ZIP CODE AREA CODE/PHONE

Hanford CA 93230 (559)589-3774

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the following

Executed on 01/30/2023 Date

By _____

Executed on 01/30/2023 Date

By _____

Executed on _____ Date

By _____

Executed on _____ Date

By _____

attached schedules is true and complete. I

OPTIONAL: FAX / E-MAIL ADDRESS

Date Stamp	CALIFORNIA 460 FORM	
RECEIVED CITY OF HANFORD		
JAN 31 2023		
CITY CLERK		
Page 1 of 5		
For Official Use Only		

2. Type of Statement:

<input checked="" type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement (Also file a Form 410 Termination)	
<input type="checkbox"/> Amendment (Explain below)	

Treasurer(s)

NAME OF TREASURER

Bob Ramos

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hanford	CA	93230	(559)936-4318

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA **460**
FORM

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Lou Martinez

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

Hanford City Council, District D

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
207 E. 5th St. Hanford CA 93230

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 10/23/2022
through 01/31/2023

CALIFORNIA
FORM **460**
Page 3 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to elect Lou Martinez Hanford City Council District D 2022

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>0.00</u>	\$ <u>7088.00</u>
2. Loans Received.....	Schedule B, Line 3	\$ _____	\$ <u>7088.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ _____	\$ <u>2700.73</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$ _____	\$ <u>9788.73</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ _____	\$ <u>9788.73</u>

Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$ <u>3302.66</u>	\$ <u>6625.18</u>
7. Loans Made.....	Schedule H, Line 3	\$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ <u>3302.66</u>	\$ <u>6625.18</u>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$ _____	\$ <u>2700.73</u>
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$ _____	\$ <u>2700.73</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ <u>3302.66</u>	\$ <u>9325.91</u>

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ <u>3765.48</u>
13. Cash Receipts.....	Column A, Line 3 above	\$ _____
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	\$ _____
15. Cash Payments.....	Column A, Line 8 above	\$ <u>3302.66</u>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>462.82</u>

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ _____
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ _____
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ _____

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

20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Total to Date
Date of Election (mm/dd/yy)	
/ /	\$ _____

*Amounts in this section may be different from amounts reported in Column B.

Schedule E
Payments Made

 Amounts may be rounded
 to whole dollars.

Statement covers period

from 10/23/2022through 01/31/2023
CALIFORNIA
FORM
460
Page 4 of 5

I.D. NUMBER

1455695

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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
Dan Chin [REDACTED] Hanford, CA 93230	RFD		CK #2000 Reimbursement of contributions made	\$2085.94
Traction Control, LLC [REDACTED] Omaha, NE 681164	WEB		CK #2001	\$573.72
Lou Martinez 207 E. 5th St. Hanford, CA 93230	RFD		CK #2002 Reimbursement of contributions made	\$300.00

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

SUBTOTAL \$ 2959.66**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	3259.66
2. Unitemized payments made this period of under \$100	\$ 43.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ [REDACTED]
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 3302.66

