

Recipient Committee Campaign Statement Cover Page

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

Statement covers period from <u>10/23/22</u> through <u>01/31/2023</u>	Date of election if applicable: (Month, Day, Year) <u>11/08/2022</u>
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SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
(Also Complete Part 5)
- General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
- Primarily Formed Ballot Measure
Committee
Controlled
Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)
- Quarterly Statement
 Special Odd-Year Report

3. Committee InformationI.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

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

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the for

Executed on 01/30/2023
Date

By

Executed on 01/30/2023
Date

By

Principal Officer of Sponsor

Executed on _____
Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/23/2022</u>	CALIFORNIA FORM 460
through <u>01/31/2023</u>	
Page <u>3</u> of <u>5</u>	
I.D. NUMBER <u>1455695</u>	

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

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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
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	_____	_____
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>

Expenditure Limit Summary for State Candidates

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

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>
<i>If this is a termination statement, Line 16 must be zero.</i>	

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).

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ _____
18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/23/2022</u> through <u>01/31/2023</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 1455695

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Lou Martinez Hanford City Council District D 2022

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).).....	\$
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

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to elect Lou Martinez for Hanford City Council District D 2022

I.D. NUMBER

145695

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 #2003 Reimbursement of contributions made	\$150.00
Bob Ramos [REDACTED] Hanford, CA 93230	RFD		CK #2004 Reimbursement of contributions made	\$150.00

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

SUBTOTAL \$ 300.00