

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA
FORM

460

Date Stamp
Registrar
of Voters

Page _____ of _____

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

JAN 08 2025

Imperial
County

Statement covers period

from 10/20/2024

SEE INSTRUCTIONS ON REVERSE

through 12/31/2024

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 Information

I.D. NUMBER

Treasurer(s) Peter Martinez

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

Peter Martinez

NAME OF TREASURER

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

N/A

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief, the information contained herein 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 01/08/2025 Date

By [Signature] _____

Executed on _____ Date

By [Signature] _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date

By [Signature] _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____ Date

By [Signature] _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM

460

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Peter Martinez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Imperial Valley College Area 3 Imperial County

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

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
NS/A

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 CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

NS/A

☐ SUPPORT ☐ 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	SUPPORT
<u>Peter Martinez</u>	<u>Imperial Valley College Trustee 3</u>	☒ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER _____

NAME OF FILER	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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Peter Martinez	12/20/2024	Peter Martinez [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Palo Verde College Teaching Professional	878.		
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$						878.	

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (other than PTY or SCC)
PTY – Political Party
SCC – Small Contributor Committee

Amounts may be rounded to whole dollars.

Schedule B - Part 1 Loans Received

Statement covers period
from _____
through _____

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Peter Martinez

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		IF AN 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
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC <i>N/A</i>			\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% \$ _____	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION** \$ _____
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% \$ _____	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION** \$ _____
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% \$ _____	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION** \$ _____

SUBTOTALS \$ \$ \$ \$ \$ \$

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period\$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period\$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** _____
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
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

Schedule B – Part 2 Loan Guarantors

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

CALIFORNIA
FORM 460

Statement covers period
from _____
through _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Peter Martinez

Page _____ of _____

I.D. NUMBER

FULL NAME, STREET ADDRESS AND ZIP CODE OF
CONTRIBUTOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

N/A

CONTRIBUTOR
CODE *

☐ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC

IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS)

AMOUNT
GUARANTEED
THIS PERIOD

LOAN

LENDER

DATE

CUMULATIVE
TO DATE

CALENDAR YEAR

\$ _____

PER ELECTION
(IF REQUIRED)

\$ _____

BALANCE
OUTSTANDING
TO DATE

LENDER

DATE

CALENDAR YEAR

\$ _____

PER ELECTION
(IF REQUIRED)

\$ _____

LENDER

DATE

CALENDAR YEAR

\$ _____

PER ELECTION
(IF REQUIRED)

\$ _____

LENDER

DATE

CALENDAR YEAR

\$ _____

PER ELECTION
(IF REQUIRED)

\$ _____

SUBTOTAL \$

Enter on
Summary Page,
Line 17 only.

Schedule B – Part 2
Loan Guarantors

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period
from 11/06/2024
through 12/21/2024

CALIFORNIA 460
FORM

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Peter Martinez

I.D. NUMBER

FULL NAME, STREET ADDRESS AND ZIP CODE OF
CONTRIBUTOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

N/A

IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS)

CONTRIBUTOR
CODE *

- ☐ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC

LOAN

LENDER

DATE

AMOUNT
GUARANTEED
THIS PERIOD

CUMULATIVE
TO DATE

BALANCE
OUTSTANDING
TO DATE

CALENDAR YEAR

\$ _____

PER ELECTION
(IF REQUIRED)

\$ _____

CALENDAR YEAR

\$ _____

PER ELECTION
(IF REQUIRED)

\$ _____

CALENDAR YEAR

\$ _____

PER ELECTION
(IF REQUIRED)

\$ _____

CALENDAR YEAR

\$ _____

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 11/06/2024

SEE INSTRUCTIONS ON REVERSE

Page _____ of _____

NAME OF FILER

I.D. NUMBER

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.).....\$

2. Amount received this period – unitemized nonmonetary contributions of less than \$100

.....\$

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 \$

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

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from _____ through _____		CALIFORNIA FORM 460
		Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Peter Martinez

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)
	N/A	☐ Monetary Contribution				
		☐ Nonmonetary Contribution				
	☐ Support ☐ Oppose	☐ Independent Expenditure				
		☐ Monetary Contribution				
	☐ Support ☐ Oppose	☐ Nonmonetary Contribution				
		☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution				
		☐ Nonmonetary Contribution				
	☐ Support ☐ Oppose	☐ Independent Expenditure				
		☐ Monetary Contribution				

SUBTOTAL \$

Schedule D Summary

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period
from 1/1/2024
through 12/31/2024

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Peter Martinez

Page 1 of 1

I.D. NUMBER

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)
	<i>N/A</i> ☐ Support ☐ Oppose	☐ Monetary Contribution				
		☐ Nonmonetary Contribution				
	☐ Support ☐ Oppose	☐ Independent Expenditure				
		☐ Monetary Contribution				
	☐ Support ☐ Oppose	☐ Nonmonetary Contribution				
		☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution				
		☐ Nonmonetary Contribution				
	☐ Support ☐ Oppose	☐ Independent Expenditure				
		☐ Monetary Contribution				

SUBTOTAL \$

Schedule D Summary

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

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM

460

Statement covers period

from 11/06/2024

Page of

through 12/21/2024

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Peter Martinez

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)

AMOUNT PAID

DESCRIPTION OF PAYMENT

CODE OR

Sobrero
703 E. Danenberg Rd
El Centro, Ca 92243

meals for preparation

16.00

Cardenas Grocery
1620 N. Imperial, Ca 92243

Purchase food for campaign
drive activities to pickup all
signs placed throughout Area 3

95.00

Denny's
3403 S. Dogwood
El Centro, Ca 92243

Covered meals for helping
to pickup yard signs in Area 3

36.

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$
2. Unitemized payments made this period of under \$100 \$
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 \$

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM

460

Statement covers period

from 11/06/2024

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Peter Martinez

Page _____ of _____

I.D. NUMBER

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)

Costco 2030 N. Imperial, Ave
21 Centro, Ca 92243

Starbucks
2033 N. Imperial Ave
21 Centro, Ca 92243

Flying J 234 Bentulse Hwy
Brawley, Ca 92227

CODE OR

DESCRIPTION OF PAYMENT

AMOUNT PAID

meeting needs for cooking/
preparation.

26.00

Site meeting purchased
softdrinks

30.

Fuel for sign Pickup
different parts in the area

167

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$
2. Unitemized payments made this period of under \$100 \$
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 \$

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period

from 11/06/2024

through 12/21/2024

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Page of

I.D. NUMBER

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

Pilot 234 Ben Hulse Hwy.
Brawley, Ca 92227

fuel to pick up yard
signs.

65.

Maverik 1402 S. Dogwood Rd
El Centro, Ca 92243

fuel to pick signs in
El Centro,

25.00

Chevron 73 Ben Hulse Hwy
Palo Verde, Ca 92266

fuel to get back for
meetings.

46.

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$
2. Unitemized payments made this period of under \$100 \$
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 \$

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period
from 11/06/2024
through 12/21/2024

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Page _____ of _____
I.D. NUMBER

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
food 4 Less 2420 Cottonwood Dr El Centro, Ca 9243			Purchase food for activity as snacks	24.
Apple bee's 2421 Cottonwood Dr. El Centro, Ca 92243			Purchased food after day activities	79.
Auto Zone 500 S. J st. Imperial, Ca 92251			Maintenance	118

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$
2. Unitemized payments made this period of under \$100 \$
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 \$

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period
from 11/01/2024
through 12/21/2024

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Page _____ of _____
I.D. NUMBER

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)

Albertson's 840 E. Hobsonway,
Blythe, Ca 92225

CODE OR

DESCRIPTION OF PAYMENT

AMOUNT PAID

Appetizers

33.00

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$
2. Unitemized payments made this period of under \$100 \$
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 \$

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period
from 11/06/2024
through 12/21/2024

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Page _____ of _____

I.D. NUMBER

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
Je Penney 3351 S. Dogwood Rd El Centro, Ca 92243	CMP		Professional Attire for event appearances.	70.00
U.S Postal Service 820 N. Imperial, Ca 92251	OFC		Mailing	32.00
Target 2295 N. Imperial, Ca 92293	MTG		Meetings + appearances Purchases for event	16.00

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$
2. Unitemized payments made this period of under \$100 \$
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 \$**

Campaign Disclosure Statement
Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 11/06/2024
through 12/21/2024

Page 1 of 1

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Peter Martinez

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions..... Schedule A, Line 3 \$ 878 \$ 4285
2. Loans Received..... Schedule B, Line 3
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 \$ \$
4. Nonmonetary Contributions..... Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 \$ \$

Expenditures Made

6. Payments Made..... Schedule E, Line 4 \$ 878 \$ 4285
7. Loans Made..... Schedule H, Line 3
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 \$ \$
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3
10. Nonmonetary Adjustment..... Schedule C, Line 3
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 \$ 878 \$ 4285

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16 \$
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
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$
- If this is a termination statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$

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

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ 0 \$
21. Expenditures Made \$ \$

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 \$

/ / \$

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