

**Recipient Committee  
Campaign Statement  
Cover Page**

**CITY OF STANTON**

**CALIFORNIA 460  
FORM**

Date Stamp

JUL 22 2021

Page 1 of 3

For Official Use Only

Statement covers period  
from 1-1-21  
through 6-30-21

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

CITY CLERK'S OFFICE

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 Information**

I.D. NUMBER  
943377

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

Jon Martinez For City Council  
STREET ADDRESS (NO P.O. BOX)

**Treasurer(s)**

NAME OF TREASURER

JC ARDISO

MAILING ADDRESS

**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

Executed on 7-15-21  
Date  
Executed on 7-15-21  
Date  
Executed on \_\_\_\_\_  
Date  
Executed on \_\_\_\_\_  
Date



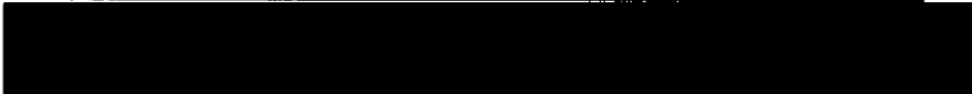
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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



**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 CODE/PHONE \_\_\_\_\_

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE \_\_\_\_\_  
BALLOT NO. OR LETTER \_\_\_\_\_ JURISDICTION \_\_\_\_\_  
 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 _____	<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>1-1-21</u> through <u>6-30-21</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>3</u>
	I.D. NUMBER <u>943377</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jon 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	\$ <u>0</u>	\$ <u>0</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</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	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

**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>0</u>	\$ <u>0</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>0</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
<u>1/1/21</u>	\$ <u>0</u>
<u>6/30/21</u>	\$ <u>0</u>

**Current Cash Statement**

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>474</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE.....Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>474</u>

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>0</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).

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