Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) DANIEL JOSE BOCIC MARTINEZ FOR CA:31 294 Sun Rose St ADDRESS (number and street) (Check if address is changed) La Verne 91750 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS Dan@danmartinez4congress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2023 C00844928 FEC IDENTIFICATION NUMBER 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Martinez, Daniel, , , Type or Print Name of Treasurer Martinez, Daniel, , , [Electronically Filed] 07 80 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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	TYPE OF COMMITTEE:						
	Candidate Committee:						
	This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Candidate Martinez, Daniel, Bocic,						
	Candidate Party Affiliation REP Office Sought: House Senate President	State CA District 31					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
	Party Committee:						
	(Mational, State (Democratic,	(Democratic, Republican, etc.) Party					
	Political Action Committee (PAC):						
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:					
	Corporation Corporation w/o Capital Stock Labor Org	janization					
	Membership Organization Trade Association Cooperation	ve .					
	In addition, this committee is a Lobbyist/Registrant PAC.						
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)						
	In addition, this committee is a Lobbyist/Registrant PAC.						
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	g) This committee is an independent expenditure-only political committee (Super PAC).						
In addition, this committee is a Lobbyist/Registrant PAC.							
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).						
	In addition, this committee is a Lobbyist/Registrant PAC.						
	Joint Fundraising Representative:						
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.						
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
	Committees Participating in Joint Fundraiser						
	1C						

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٧	Vrite or Type Committee Name				. age e	
	DANIEL JOSE	BOCIC MARTINEZ FO	OR CA:31			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
	NONE					
	Mailing Address					
		I	1			
		CITY		CTATE A	ZID CODE A	
		CITY ▲	-	STATE A	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising	Representative	Leadership PAC Sponso	
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number option	onal) and position of	the person in posses	ssion of committee	
	Martinez, Daniel, , ,					
	Full Name					
	Mailing Address	294 Sun Rose St.				
		La Verne	I	CA 91750)	
	Title or Desition —	CITY ▲	Ş	STATE A	ZIP CODE ▲	
	Title or Position ▼					
	TBD		Telephone numb	per [] - [829 - 2929	
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).					
	Full Name Martinez, D	aniel, , ,				
	of Treasurer					
	Mailing Address	294 Sun Rose St.				
		1				
		_I La Verne	1	CA 91750) , ,	
		CITY ▲	5	STATE A	ZIP CODE ▲	
	Title or Position ▼					
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Full Name of Designated Agent							
Mailing Address							
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲				
	т	elephone number					
Banks or Other Depositori safety deposit boxes or main	es: List all banks or other depositories in which tains funds.	the committee deposits ful	nds, holds accounts, rents				
Name of Bank, Depository, e	etc.						
Wells F	Wells Fargo						
Mailing Address	535 s Myrtle Ave						
	Monrovia	CA L	91016				
	CITY ▲	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
Mailing Address							
	CITY ▲	STATE ▲	ZIP CODE ▲				