Recipien. Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in		Date Stamp	CALIFORNIA 460 2001/02 FORM			
v	Statement covers period from 01/01/2007	Date of election if applicable: (Month, Day, Year)	MAY 18 A10:00	Page 1 of 6			
SEE INSTRUCTIONS ON REVERSE	through 01/20/2007	_03/06/200/	CITY CLERK	To Official Use Offiy			
	Implete Parts 1, 2, 3, and 4. Ballot Measure Committee Primarily Formed 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 Amendment (Explain to amend Scin	t Spe	rterly Statement cial Odd-Year Report plemental Preelection ement - Altach Form 495 age			
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends Of Martinez STREET ADDRESS (NO P.O. BOX) 1212 S Victory BI CITY STATE ZIP CI Burbank CA 9150		Treasurer(s) NAME OF TREASURER Kinde Durkee MAILING ADDRESS 1212 S Victory BI CITY Burbank NAME OF ASSISTANT TREASUR	NAME OF TREASURER KINDE DURKEE MAILING ADDRESS 1212 S Victory BI CITY STATE ZIP CODE AREA CO				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS	30X	MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDR	STATE ZIP C	ODE AREA CODE/PHONE			
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State Executed on 05/14/2007 Date Executed on 05/14/2007 Date Executed on Date Executed on Oate	of California that the foregoing is true By <u>Kinde Durl</u> By Roberta M	And correct. Kee Signature of Treasurer or Assistant	Treasurer ATA ponent or Desponsible Officer of Sponsor late Measure Proponent tate Measure Proponent	schedules is true and complete. I Schedules is true and complete. I FPPC Form 460 (June/01) PC Toll-Free Helpline: 666/ASK-FPPC State of California			

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp	CALIFORNIA 460 2001/02 FORM	
,	Statement covers period from 01/01/2007	Date of election if applicable: (Month, Day, Year)		Page 1 of 6	
SEE INSTRUCTIONS ON REVERSE	through01/20/2007	03/06/2007			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. allot Measure Committee) Primarily Formed) Controlled) Sponsored lso Complete Part 6) rimarily Formed Candidate/ officeholder Committee lso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain but on Amend Sch F and	Spec	terly Statement ial Odd-Year Report ilemental Preelection iment - Attach Form 495	
3. Committee Information	. NUMBER 1293618	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends Of Martinez		NAME OF TREASURER KINDE DURKEE MAILING ADDRESS 1212 S VICTORY BI			
STREET ADDRESS (NO P.O. BOX) 1212 S Victory BI		GITY Burbank	STATE ZIP CI CA 91502		
CITY STATE ZIP CO Burbank CA 9150 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	2	NAME OF ASSISTANT TREASUR	ER, IF ANY		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS		
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of the St	of California that the foregoing is true By <u>Kinde Dur</u> By Roberta M	and correct. Kee Signature of Treasurer or Assistant 1 I artinez Introlling Officeholder, Candidate, State Measure Prop	reasurer conent or Responsible Officer of Sponsor	schedules is true and complete. I	
Date Executed on	Өү	Signature of Controlling Officeholder, Candidate, St. Signature of Controlling Officeholder, Candidate, St.	ale Measure Proponent	FPPC Form 450 (June/01) PC Toll-Free Helpline: 865/ASK-FPPC State of California	

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460

Page 2 of 6

Officeholder or Candidate Controlled Con	nmittee		6.	Ballot Measure Commi	ttee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Roberta Martinez							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS-	TRICT NUMBER II	F APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	1	SUPPORT
School Board, City Of Pasadena, Distri	ct: 6						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE Z	IP				
1700 Walworth Av	asadena	CA 911	04	Identify the controlling off	iceholder, can	didate, or state measur	e proponent, if any.
				NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PRO	PONENT	
Related Committees Not Included in this s not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are prima			OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBE	R					
NAME OF TREASURER	☐ YES	ED COMMITTEE?	7.	Primarily Formed Comwhich this committee is prim	arily formed.	office sought or held	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	D. BOX)			NAME OF OFFICEHOLDER OR	CANDIDALE	OFFICE SOUGHT OR HELL	SUPPORT OPPOSE
CITY STATE Z	IP CODE	AREA CODE/PH	ONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBE	ER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLL TES	ED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.	D. BOX)						OPPOSE
CITY STATE Z	IP CODE	AREA CODE/PH	ONE	A ++ a	ch continuatio	n sheets if necessary	
				Atta	cii continuatio	ii siiceis ii iiecessary	

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA FORM 01/01/2007 01/20/2007 through _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER			ti	hrough .	01/20/2007	Page3 of6
Friends Of Martinez						1.D. NUMBER 1293618
Contributions Received	 Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTALT ODATE		Running in Both th	nmary for Candidates ie State Primary and
1. Monetary Contributions	\$ 1,275.00	\$	1,275	.00	General Elections	
2. Loans Received Schedule B. Line 7	0.00		0	.00	1/1 1	through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 1,275.00	\$	1,275		20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3	0.00			.00	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 ± 4	\$ 1,275.00	\$	1,275	.00	Made \$	\$
Expenditures Made			_		Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$ 	\$		0.00	Candidates	
7. Loans Made	0.00			0.00	22, Cumulati	ve Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 440.07	\$		0.00	(If Subject t	o Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	0.00		2,341	0.00	Date of Election (mm/dd/γγ)	Total to Date
10. Nonmonetary Adjustment	\$ 	\$	2,341			\$
Current Cash Statement	 				, ,	\$
12. Beginning Cash Balance	\$ 0.00	То	calculate Column	D add		
13. Cash Receipts Column A, Line 3 above	1,275.00	an	nounts in Column A	A to the		\$
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	rresponding amou om Column B of yo	our last		\$
15. Cash Payments Column A. Line 8 above	0.00		port. Some amour olumn A may be ne		, ,	\$
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,275.00		ures that should b			<u> </u>
If this is a termination statement, Line 16 must be zero.		pe	niod amounts. If the first report being	his is		\$
17. LOAN GUARANTEES RECEIVED	\$ 0.00	for	r this calendar yea rry over the amou	r, only		Amounts in this section may be
Cash Equivalents and Outstanding Debts	0.55		om Lines 2, 7, and ly).	9 (if	different from amounts re	eported in Column B.
18. Cash Equivalents See instructions on reverse	\$		••			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 2,341.07				FPPC To	FPPC Form 460 (June/0 oll-Free Helpline: 866/ASK-FPP

SCHLJULE F Schedule F Type or print in ink. Amounts may be rounded to whole dollars. Statement covers period **CALIFORNIA** Accrued Expenses (Unpaid Bills) **FORM** from 01/01/2007 through 01/20/2007 Page 6 of_6 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Friends Of Martinez 1293618 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBH member communications MTG meetings and appearances OFC OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger sen PRO professional services (legal, accounti		RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/spor VOT voter registration WEB information technology costs (internet, e-mail)				
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
Martinez, Roberta 1700 Walworth Av	FIL	1,925.00	0.00	0.00	1,925.00		

					OF THIS PERI	OD		(ALSO REPORT ON E)	OF THIS PERIOD
Martinez, Rob 1700 Walworth			Ð	FIL	1,92	5.00	0.00	0.00	1,925.00
Pasadena	CA	91104				İ			
Vishwanath, F 3181 E Sunny			E	LIT D		0.00	416.07	0.00	416.07
Pasadena	CA	91107							
* Payments that are	contributions	or independent expenditur	es must also be	SUBTO	AIS\$ 102	5.00 \$	416.07. \$	0.00	2 244 07

Schedule F Summary

summarized on Schedule D.

	accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	416.07
	. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	0.00
3.	. Net change this period. Subtract Line 2 from Line 1. Enter the difference here and	416.07

SUBTOTALS \$

1,925.00 \$

416.07 \$

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

0.00 \$

2,341.07

416.07