Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	aign Statement Page			
	Statement covers period from U1/21/2007	Date of election if applicable: (Month, Day, Year)	'07 MAY 18 A10 :0 OPag	e ofi 7
SEE INSTRUCTIONS ON REVERSE	through 02/17/2007	03/06/2007	CITY CLERK CITY OF PASAGEM	To the state of th
 State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee 	omplete Parts 1, 2, 3, and 4. Ballot Measure Committee Primarily Formed 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 t	Supplement	atement Year Report al Preelection Attach Form 495
5. Committee information	.D. 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 RO. BOX) 1212 S Victory BI		CITY Burbank	STATE ZIP CODE CA 91502	AREA CODE/PHONE (818) 260-0669
CITY STATE ZIP OF BUrbank CA 915 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF P.O.	02	NAME OF ASSISTANT TREASUR	RER, IF ANY	
		MAILING ADDRESS		
	ODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
4. Verification I have used all reasonable diligence in preparing and revier certify under penalty of perjury under the laws of the State Executed on	wing this statement and to the best of n of California that the foregoing is true By <u>Kinde Dur</u>	and correct.	ed herein and in the attached schedu	les is true and complete. I
05/14/2007 Executed on	By Roberta M Signature of Co	7 (2)	ppgrient or Responsible Officer of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	ilate Measure Proponent	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	ilate Measure Proponent	FPPC Form 460 (June/01) Free Helpline: 866/ASK-FPPC State of California

Recipie Committee Campaign Statement Cover Page (Government Code Sections 84200-842	(6.5)	т	ype or print in	ink.	CALIFORNIA 460 CALIFORNIA FORM			
		Statement cov	/2007	Date of election if applicable: (Month, Day, Year)		Pa	ge 1 of 17	
SEE INSTRUCTIONS ON REVERSE		through 02/17	/2007	03/06/2007				
Type of Recipient Committe Officeholder, Candidate Controlle State Candidate Election Com Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Commit	d Committee III	omplete Parts 1, 2, 3, and Ballot Measure Committe Opirmarily Formed Controlled Sponsored (Also Compete Part 6) Primarily Formed Candid Officeholder Committee (Also Compete Part 7)	ee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain be		Supplemen Statement	datement d-Year Report tal Preelection - Attach Form 495	
3. Committee Information	1	D. NUMBER 1293618	 8	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S N Friends Of Martinez	AME IF NO COMMITTEE			NAME OF TREASURER KINDE DURKEE MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX) 1212 S Victory BI				1212 S Victory BI	STATE CA	ZIP CODE 91502	AREA CODE/PHONE (818) 260-0669	
CITY Burbank MAILING ADDRESS (IF DIFFERENT) NO	STATE ZIP C CA 915(AND STREET OR P.O.	02	DE/PHONE	NAME OF ASSISTANT TREASURE	R. IF ANY			
CITY	STATE ZIP C	ODE AREA COI	DE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDRES	SS			
4. Verification I have used all reasonable diligence is certify under penalty of perjury unde Executed on 05/14/200 Date Executed on)7	of California that the for	Kinde Durk Roberta Ma Signature of Cor	CC Signature of Treasurer or Assistant Tre	nasurer nent or Responsible Officer		ules is true and complete: 1	
Executed onDate		ву _		Signature of Controlling Officeholder, Candidate, State		FPPC Toll-	FPPC Form 460 (June/01) Free Helpline: 866/ASK-FPPC State of California	

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 COVER PAGE - PART 2
CALIFORNIA 460
FORM 17

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Roberta Martinez					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	ON AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT
School Board, City Of Pasader	na, District: 6				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP				*****
1700 Walworth Av	Pasadena CA 91104	Identify the controlling of	ficeholder, ca	andidate, or state measur	e proponent, if a
		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENT	
Related Committees Not Included	in this Statement: List any committees				
not included in this statement that are cont contributions or make expenditures on beh	trolled by you or are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
OMMITTEE NAME	I.D. NUMBER				
IANE OF TREACHEER		7. Primarily Formed Cor	nmittee <i>Li</i> s	t names of officeholder(s) o	r candidato(e) for
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Conwhich this committee is prin	nmittee Lis narily formed.	t names of officeholder(s) o	r candidate(s) for
	YES NO	7. Primarily Formed Conwhich this committee is prin	narily formed.	t names of officeholder(s) of	· · ·
		which this committee is prin	narily formed.		SUPPOR
COMMITTEE ADDRESS STREET ADDRESS	YES NO	which this committee is prin	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR OPPOSE
OMMITTEE ADDRESS STREET ADDR	YES NO	which this committee is prin	CANDIDATE		SUPPOR OPPOSE
OMMITTEE ADDRESS STREET ADDR	YES NO	which this committee is prin	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR OPPOSE
OMMITTEE ADDRESS STREET ADDR	YES NO ESS (NO PO. BOX) ATE ZIP CODE AREA CODE/PHONE	which this committee is prin	CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDRESS SITY ST	YES NO ESS (NO PO. BOX) TATE ZIP CODE AREA CODE/PHONE I.D. NUMBER	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDRESS SITY ST	YES NO ESS (NO PO. BOX) TATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDRESS STREET ADDRE	YES NO ESS (NO PO. BOX) TATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRESS STREET ADDRE	YES NO ESS (NO PO. BOX) TATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOSE SUPPOSE SUPPOSE SUPPOSE SUPPOSE SUPPOSE

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

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

SUMMARY PAGE

Friends Of Martinez						1.D. NUMBER 1293618
Contributions Received	(F	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTALT O DATE	Running in Both th	mary for Candidates e State Primary and
Monetary Contributions Schedule A, Line 3	\$	11,108.00	\$	12,383.00	General Elections	
2. Loans Received		0.00		0.00	1/1 (1	nrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	11,108.00	\$	12,383.00	20. Contributions	•
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	Received \$ 21. Expenditures	\$
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	11,108.00	\$	12,383.00	Made \$	\$
Expenditures Made					Expenditure Limit S	Summary for State
6. Payments Made Schedule E. Line 4	\$		\$	5,893.13	Candidates	, , ,
7. Loans Made Schedule H, Line 7		0.00		0.00	22 Cumulati	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$		\$	5,893.13	(If Subject to	/e Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		1,870.61		4,211.68	Date of Election	Total to Date
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	7,763.74	\$	10,104.81		_ \$
Current Cash Statement		4.075.00				_ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$			calculate Column B, add	, ,	\$
13. Cash Receipts Column A, Line 3 above		11,108.00		ounts in Column A to the responding amounts		Ψ
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last		_ \$
15. Cash Payments		5,893.13		ort. Some amounts in lumn A may be negative	! , ,	c
16. ENDING CASH BALANCE	\$	6,489.87		ures that should be otracted from previous		_
If this is a termination statement, Line 16 must be zero.			per	riod amounts. If this is		_ \$
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only		Amounts in this section may be
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	different from amounts re	ported in Column B.
18. Cash Equivalents See instructions on reverse	\$	0.00	art	() .		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	4,211.68			FPPC To	FPPC Form 460 (June/0 II-Free Helpline: 866/ASK-FPF

SUMEDULE F Type or print in ink. CALIFORNIA Statement covers period Amounts may be rounded to whole dollars. **FORM** from 01/21/2007 through 02/17/2007 Page __16 of_17

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Friends Of Martinez

Schedule F

Accrued Expenses (Unpaid Bills)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc.

campaign consultants CTB CVC FIL contribution (explain nonmonetary)* office expenses civic donations PET petition circulating candidate filing/ballot fees

FND fundraising events IND independent expenditure supporting/opposing others (explain)*

legal defense

campaign literature and mailings

MBR member communications RAD radio airtime and production costs meetings and appearances RFD returned contributions

SAL TEL phone banks

polling and survey research POL POS postage, delivery and messenger services professional services (legal, accounting)

campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals TRS

staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

I.D. NUMBER

1293618

VOT voter registration

		90		FRI plintads	WEB information technology costs (internet, e-mail)				
N	NAME AND AD (IF COMMITTEE.	DRESS OF CREDITOR 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	
Ford Printing & 125 N Vineland City Of Industry	Av	91746		_IT	0.00	1,333.00	0.00	1,333.00	
Haskett Hany, (888 S Figueroa	Catherine St #1050)	•	OFC m	0.00	126.76	0.00	126.76	
Los Angeles Martinez, Robe		90017	F	FIL E2					
1700 Walworth Pasadena	AV CA	91104	0		1,925.00	0.00	0.00	1,925.00	
* Payments that are co summarized on Sched	ontributions o ule D.	r independent expenditures mu	st also be	SUBTOTALS \$	1,925.00	1,459.76 \$	0.00	3,384.76	

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 2,286.68

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 416.07

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and 1,870.61

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

Schedule F	
(Continuation Sheet)	
Accrued Expenses (Unpaid	Bills)

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

Statement covers period from 01/21/2007

CALIFORNIA FORM

SCHEDULE F (CONT.)

through 02/17/2007

Page 17 of 17

I.D. NUMBER 1293618

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*

Friends Of Martinez

NAME OF FILER

CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events

FND IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

MBR member communications MTG meetings and appearances
OFC office expenses

PET petition circulating

PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs

RAD Returned contributions
SAL campaign workers' salaries
TEL I.v. or cable airtime and production costs

TRS TSF staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D	* Payments that are contributions or inde	ependent expenditures n	must also be summarized on Schedule D.
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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
Political Data Inc 825 S Victory Blvd	POL	0.00	610.94	0.00	610.94
Burbank CA 91502					
Unison Printing Services Inc 515 S Palm Ave #4	LIT a	0.00	215.98	0.00	215.98
Alhambra CA 91803					
Vishwanath, Ransit 3181 E Sunnyslope Bl	LIT g	416.07	0.00	416.07	0.00
Pasadena CA 91107					
	SUBTOTALS	\$ 416.07	\$ 826.92	\$ 416.07	\$ 826.92

FPPC Form 460 (June/01)
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