Recipien. ommittee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	RECEIVE	200	CALIFORNIA 460 2001/02 FORM	
(CONTINUENT COURT COUNTY OF A PARTY OF A PAR	Statement covers period from 07/01/2007	Date of election in police ble: 4 P 2	-5-	1 of 5	
SEE INSTRUCTIONS ON REVERSE	through12/31/2007	03/06/2007 CITY (LL) CITY OF FASALE			
	omplete Parts 1, 2, 3, and 4. Ballot Measure Committee Primarily Formed Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain below)	☐ Quarterly Staten ☐ Special Odd-Ye: ☐ Supplemental Pr Statement - Atta	ar Report reelection	
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends Of Martinez	D. NUMBER 1293618	Treasurer(s) NAME OF TREASURER Kinde Durkee			
STREET ADDRESS (NO PO. BOX) 1212 S Victory BI CITY STATE ZIP CI Burbank CA 9150 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.)2	MAILING ADDRESS 1212 S VICTORY BI CITY BURDANK NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS		AREA CODE/PHONE (818) 260-0669	
CITY STATE ZIP C	ODE . AREA CODE/PHONE	ČITY	STATE ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS 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	of California that the foregoing is true at By Kinde Durk Roberta M	and correct. Kee Signature of Treasurer or Assistant Treasurer artinez Kalutz Munk	consible Officer of Sponsor roponent	FPPC Form 460 (June/01)	
			FPPC Toll-Free	e Helpline: 866/ASK-FPPC State of California	

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460

Page 2 of 5

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Roberta Martinez					
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	N AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
School Board, City Of Pasaden					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND					
1700 Walworth Av	Pasadena CA 91104	Identify the controlling of	fficeholder, can	didate, or state measu	re proponent, if a
1700 Walworld 7W		NAME OF OFFICEHOLDER, C.	ANDIDATE, OR PRO	OPONENT	
	in this Statement: List any committees rolled by you or are primarily formed to receive alf of your candidacy.	OFFICE SOUGHT OR HELD		DISTRICT	O, IF ANY
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Co		names of officeholder(s)	or candidate(s) for
NAME OF TREASURER	CONTROLLED COMMITTEE?	which this committee is pri	marily formed.		
	• 1		marily formed.	OFFICE SOUGHT OR HE	D SUPPOR
COMMITTEE ADDRESS STREET ADDRE	. YES NO	which this committee is pri	marily formed.		_D SUPPOR
COMMITTEE ADDRESS STREET ADDRE	YES NO	which this committee is pri	R CANDIDATE	OFFICE SOUGHT OR HE	D SUPPOR OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRI	YES NO ESS (NO P.O. BOX) TATE ZIP CODE AREA CODE/PHONE	Which this committee is pri	R CANDIDATE	OFFICE SOUGHT OR HE	D SUPPOR OPPOSE SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDRI	YES NO ESS (NO P.O. BOX) TATE ZIP CODE AREA CODE/PHONE	Which this committee is pri	R CANDIDATE R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HE	D SUPPORE SUPPORE OPPOSE SUPPORE OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY ST. COMMITTEE NAME	YES NO ESS (NO PO. BOX) TATE ZIP CODE AREA CODE/PHONE I.D. NUMBER	Which this committee is pri	R CANDIDATE R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HE	D SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY ST. COMMITTEE NAME NAME OF TREASURER	TATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	Which this committee is pri	R CANDIDATE R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HE	D SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends Of Martinez

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

						1200010
Contributions Received		COlumn A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		COIUMN B CALENDAR YEAR TOTALT ODATE	Running in Both ti	mmary for Candidates he State Primary and
Monetary Contributions	\$	0.00	s	18985.00	General Elections	
2. Loans Received Schedule B, Line 7	-	0.00	•	0.00	1/1	through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	18985.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions		0.00		0.00	21. Expenditures	»
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	0.00	\$	18985.00	Made \$	 \$ <u></u>
Expenditures Made		004.5		1000 F 65	Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$		\$	18927.23	Candidates	•
7. Loans Made Schedule H, Line 7		0.0.0		0.00	22 0	to a Francia ditama a Marit A
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	901.94	\$	18927.23	22. Cumulat (If Subject	ive Expenditures Made* to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		-510.46		2382.84	Date of Election	Total to Date
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	391.48	\$	21310.07		\$
Current Cash Statement					1	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	959.71	To	calculate Column B. add		_
13. Cash Receipts		0.00	am	ounts in Column A to the		\$
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	responding amounts in Column B of your last		\$
15. Cash Payments Column A. Line 8 above		901.94		ort. Some amounts in lumn A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	57.77	figu	ures that should be otracted from previous		\$
If this is a termination statement, Line 16 must be zero.			per	iod amounts. If this is first report being filed		\$
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only ry over the amounts		. Amounts in this section may be
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	different from amounts r	reported in Column B.
18. Cash Equivalents	\$	0.00	"'	17.		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	2382.84			FPPC T	FPPC Form 460 (June/0 ⁻ oll-Free Helpline: 866/ASK-FPP

Schedul Payments Made	Type or prir Amounts may l to whole d	pe rounded		Statement covers period from		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends Of Martinez				thro	ugh 12/3 //2007	Page _4	of 5	
Therius Oriviarune2						12936	18	
CODES: If one of the following codes accurately de CMP campaign paraphernalia/misc. campaign consultants cTB cortibution (explain nonmonetary)* ctvic donations candidate filing/ballot fees fND IND independent expenditure supporting/opposing others (explain legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and : POS postage, del	nmunications d appearance: ses slating s survey resears ivery and mes	S		escribe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, and staff/spouse travel, lodging, transfer between committee voter registration information technology costs	luction costs d meals and meals s of the sam	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (F COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R	DESCRIPTION	N OF PAYMENT		AMOUNT PAID	
Durkee & Associates 1212 S Victory BI Burbank CA 91502		OFC					117.16	
Durkee & Associates 1212 S Victory BI		PRO					783.88	

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

2. Unitemized payments made this period of under \$100

Burbank

Schedule E Summary

91502

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

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SUBTOTAL \$

901.04

901.04

901.94

0.90

0

٤	DULE F	:

Schedule	₽ F		
Accrued	Expenses	(Unpaid	Bills)

independent expenditure supporting/opposing others (explain)*

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

Statement covers period 07/01/2007

through 12/31/2007

CALIFORNIA FORM

Page 5

I.D. NUMBER 1293618

SEE INSTRUCTIONS ON REVERSE NAME OF FILER
Friends Of Martinez

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*
CVC civic donations

candidate filing/ballot fees

CNS campaign consultants

fundraising events

legal defense

FIL FND

IND

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

MBR member communications MTG meetings and appearances

OFC PET 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

RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs TEL TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

TSF VOT transfer between committees of the same candidate/sponsor

VOT voter registration
WEB information technology costs (internet, e-mail)

LIT campaign literature and mailings	PRO professional services PRT print ads	(legal, accounting)	VOT voter registration tech	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
Durkee & Associates	PRO				
1212 S Victory BI		968.30	0.00	510.46	457.84
Burbank CA 91502					
Martinez, Roberta	FIL				
1700 Walworth Av		1925.00	0.00	0.00	1925.00
Pasadena CA 91104					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 2893.30 \$	0.00 \$	510.46	2382.84

Schedule F Summary

_	· · · · · · · · · · · · · · · · · · ·	
1.	I. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	\$ 0
2	2. 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.)	\$510.46
3	8. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	-510.46

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