

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | |
|--|---|
| CALIFORNIA 2005/06 FORM 460 | Date Stamp 2000 JUL 28 PM 2:17 1 / 13 For Official Use Only |
|--|---|

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

Statement covers period
from 01/01/2010
through 06/30/2010

CITY OF SANTA ANA
CLERK OF COUNCIL

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
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primary Formed
- Controlled
- Sponsored
- Primary Formed Candidate/Officeholder Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection
- Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1280911

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Martinez for Council 2010

Treasurer(s)

NAME OF TREASURER
David L. Gould

STREET ADDRESS (NO P.O. BOX)
555 South Flower Street Suite 4210

MAILING ADDRESS
555 S Flower St Ste 4210

CITY Los Angeles STATE CA ZIP CODE 90071 AREA CODE/PHONE (213) 489-4792

CITY Los Angeles STATE CA ZIP CODE 90071 AREA CODE/PHONE (213) 489-4792

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

NAME OF ASSISTANT TREASURER, IF ANY
Michelle Moore Sanders

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS
555 S Flower St # 4210

OPTIONAL: FAX/E-MAIL ADDRESS
(213) 489-4818

CITY Los Angeles STATE CA ZIP CODE 90071 AREA CODE/PHONE (213) 489-4792

OPTIONAL: FAX/E-MAIL 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 foregoing is true and correct.

Executed on 07/25/2010 By David L. Gould SIGNATURE OF TREASURER
 Executed on 07/25/2010 By Michele Martinez SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page -- Part 2

| | |
|--------------------|-----|
| CALIFORNIA FORM | 460 |
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Michele Martinez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sought: City Council Member

City: Santa Ana STATE: CA ZIP: 92701

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
303 E 9th St # 406 Santa Ana CA 92701

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 to make expenditures on behalf of your candidacy.

| | | |
|---|---|--|
| COMMITTEE NAME FRIENDS OF MICHELE MARTINEZ FOR MAYOR | I.D. NUMBER 1308492 | CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME OF TREASURER DAVID L GOULD | | |
| COMMITTEE ADDRESS 555 S FLOWER ST STE 4210 | STREET ADDRESS (NO P.O.BOX) | |
| CITY LOS ANGELES | STATE CA | ZIP CODE 90071 |
| COMMITTEE NAME | AREA CODE/PHONE (213) 489-4792 | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O.BOX) | |

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|--|
| BALLOT NO. OR LETTER | JURISDICTION | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> 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 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

CITY STATE ZIP CODE AREA CODE/PHONE

Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Martinez for Council 2010

Statement covers period

from 20100101

through 20100630

I.D. NUMBER

1280911

Contributions Received

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date
20. Contribution Received \$ 0.00 \$ 0.00
21. Expenditures Made \$ 0.00 \$ 0.00

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 \$ 11308.00 | \$ 11308.00 |
| 2. Loans Received | Schedule B, Line 7 0.00 | 1675.11 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 \$ 11308.00 | \$ 12983.11 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 \$ 11308.00 | \$ 12983.11 |

Expenditures Made

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

| | | |
|------------------------------------|---------------------------------|------------|
| 6. Payments Made | Schedule E, Line 4 \$ 1077.96 | \$ 1077.96 |
| 7. Loans Made | Schedule H, Line 7 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 \$ 1077.96 | \$ 1077.96 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 0.00 | 0.00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 \$ 1077.96 | \$ 1077.96 |

Current Cash Statement

| | |
|-------------------------------------|---|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 \$ 449.21 |
| 13. Cash Receipts | Column A, Line 3 above 11308.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 0.00 |
| Cash Payments | Column A, Line 8 above 1077.96 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 \$ 10679.25 |

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

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).

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

| | |
|-----------------------|--|
| 18. Cash Equivalents | See instructions on reverse \$ 0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above \$ 1675.11 |

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
 from 20100101
 through 20100630

CALIFORNIA
 FORM
460
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SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 Martinez for Council 2010
 I.D. Number
 1280911

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 06/21/2010 | Amcal Vista Del Rio Fund L.P. 30141 Agoura Road Suite 100 Agoura Hills CA 91301 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 249.00 | 249.00 | |
| Rcpt Dt: 04/19/2010 | American Promotional Events West dba TNT Fireworks 555 N. Gilbert St. Fullerton CA 92833 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 249.00 | 249.00 | |
| Rcpt Dt: 04/05/2010 | Caribou Industries Inc. 1103 N. Broadway Santa Ana CA 92701 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 249.00 | 249.00 | |
| Rcpt Dt: 04/19/2010 | Irving Chase 129 W. Wilgch St. #100 Costa Mesa CA 92627 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Management Self Employed | 249.00 | 249.00 | |
| Rcpt Dt: 04/19/2010 | Ryan L. Chase 129 W. Wilson St. Suite 100 Cosata Mesa CA 92627 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Management S & A Properties | 249.00 | 249.00 | |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 10362.00

2. Amount received this period - unitemized contributions of less than \$100 \$ 946.00

3. Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 11308.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Martinez for Council 2010

I.D. Number

1280911

Statement covers period
from 20100101
through 20100630

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 04/30/2010 | Robert J. Cohen 3231 Brimhall Dr. Los Alamitos CA 90720 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Legal Aid Society of Orange County | 100.00 | 100.00 | |
| Rcpt Dt: 04/19/2010 | Barry A. Cottle 12012 Theta Rd. Santa Ana CA 92705 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Development C & C Development | 249.00 | 249.00 | |
| Rcpt Dt: 05/06/2010 | Caleb S. Everett 701 Minnesota St. Apt 214 San Francisco CA 94107 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President Career College Of Ca | 100.00 | 100.00 | |
| Rcpt Dt: 04/19/2010 | Allan Fainberg 129 West Wilson Street Suite 100 Cosa Mesa CA 92627 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Management Self Employed | 249.00 | 249.00 | |
| Rcpt Dt: 05/06/2010 | Scott Glabb 1737 Pitcairn Dr. Costa Mesa CA 92626 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher SAUSD | 100.00 | 100.00 | |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA
FORM **460**

Statement covers period
from 20100101
through 20100630

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Martinez for Council 2010

I.D. Number

1280911

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 04/02/2010 | Griffin Realty Corporation 385 Second Street Laguna Beach CA 92651 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 1000.00 | |
| Rcpt Dt: 06/25/2010 | Griffin Realty Corporation 385 Second Street Laguna Beach CA 92651 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 1000.00 | |
| Rcpt Dt: 05/06/2010 | J. L. Patterson & Associates Inc. 725 Town & Country Rd. Suite 300 Orange CA 92868 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| Rcpt Dt: 05/06/2010 | Benjamin G. Mendoza 2050 S. Garnsey St. Santa Ana CA 92707 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner Kily's Body Shop | 200.00 | 200.00 | |
| Rcpt Dt: 06/21/2010 | Northgate Gonzalez LLC 522 E. Vermont Avenue Anaheim CA 92805 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 249.00 | 249.00 | |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____

2. Amount received this period - unitemized contributions of less than \$100 \$ _____

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA
FORM **460**

Statement covers period
from 20100101
through 20100630

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Martinez for Council 2010

I.D. Number

1280911

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 06/30/2010 | Portrait Homes Inc. 265 N. Joy Street Suite 200 Corona CA 92879 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| Rcpt Dt: 05/06/2010 | Desi Reyes 528 N. Linwood Ave. Santa Ana CA 92701 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor Coldwell Bank | 125.00 | 125.00 | |
| Rcpt Dt: 05/07/2010 | Santa Ana Police Management Assoc PAC 20 Civic Center Plaza Santa Ana CA 92701 ID: 1318875 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 249.00 | 249.00 | |
| Rcpt Dt: 05/06/2010 | Southern California Edison 2244 Walnut Grove Ave. Rosemead CA 91770 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 249.00 | 249.00 | |
| Rcpt Dt: 04/09/2010 | Stockstill Communications 18800 Van Karman #190 Irvine CA 92619 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 249.00 | 249.00 | |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Martinez for Council 2010

I.D. Number

1280911

Statement covers period
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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 06/07/2010 | Christopher Townsend 26022 Horseshoe Cir. Laguna Hills CA 92653 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President TPA | 249.00 | 249.00 | |
| Rcpt Dt: 06/07/2010 | Michele Townsend 26022 Horseshoe Cir. Laguna Hills CA 92653 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Community Relations Director Pacific Life Insurance Co. | 1000.00 | 1000.00 | |
| Rcpt Dt: 05/06/2010 | United Latin Soccer League Inc. 2715 W 1st St. Unit B Santa Ana CA 92703 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| Rcpt Dt: 05/06/2010 | Lynette Verino 1315 N Tower Santa Ana CA 92706 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Analyst Auto Club of Shouthern California | 100.00 | 100.00 | |
| Rcpt Dt: 04/09/2010 | Judith H. Ware 1035 East 4th Street Santa Ana CA 92701 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner Ware Disposal | 249.00 | 249.00 | |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 04/21/2010 | Waste Management 915 L Street Suite 1430 Sacramento CA 95814 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000.00 | 1000.00 | |
| Rcpt Dt: 06/28/2010 | Water Techniques 2915 Daimler Street Santa Ana CA 92705 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |
| Rcpt Dt: 06/23/2010 | Deborah A. Willard 33961 Granada Dr. Dana Point CA 92629 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner | 100.00 | 100.00 | |
| Rcpt Dt: 06/23/2010 | Thomas E. Willard 33961 Granada Dr. Dana Point CA 92629 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed | 100.00 | 100.00 | |
| Rcpt Dt: 06/30/2010 | William Hezmalhalch Architects Inc. 2850 Redhill Avenue Suite 200 Santa Ana CA 92705 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner | 500.00 | 500.00 | |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA
FORM
460

10 / 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 06/15/2010 | William A. Witte 1270 Pacific Ave. Laguna Beach CA 92651 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Related California | 500.00 | 1000.00 | |
| Rcpt Dt: 06/30/2010 | William A. Witte 1270 Pacific Ave. Laguna Beach CA 92651 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Related California | 500.00 | 1000.00 | |
| Rcpt Dt: 06/23/2010 | Robert Allen Witten 234 Via Serena Rancho Santa Margarita 92688 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher Broadway Education | 100.00 | 100.00 | |

SUBTOTAL \$ 10362.00

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B - Part 1 Loans Received

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

Statement covers period
from 20100101
through 20100630

SEE INSTRUCTIONS ON REVERSE

11 / 13

NAME OF FILER

I.D. NUMBER

Martinez for Council 2010

1280911

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER. (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|---|--|--|---|--|--------------------------------------|---|
| | | | | | | | | |
| Michele Martinez 303 E 9th St # 406 Santa Ana CA 92701 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | City Council Member City of Santa Ana | \$ 100.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 100.00 10/11/2009 | 0.00 % 0.00 | \$ 100.00 10/11/2005 | \$ 0.00 PER ELECTION** |
| Michele Martinez 303 E 9th St # 406 Santa Ana CA 92701 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | City Council Member City of Santa Ana | \$ 1575.11 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 1575.11 11/07/2009 | 0.00 % 0.00 | \$ 2007.56 11/07/2006 | \$ 0.00 PER ELECTION** |

SUBTOTALS \$ 0.00 \$ 0.00 \$ 1675.11 \$ 0.00

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period.
(Total Column (b) plus unitemized loans less than \$100.)
\$ 0.00
- Loans paid or forgiven this period
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
\$ 0.00
- Net change this period. (Subtract Line 2 from Line 1.)
Enter the net here and on the Summary Page, Column A, Line 2.
Net \$ 0.00
(may be a negative number)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Martinez for Council 2010

Statement covers period
from 20100101

through 20100630

12 / 13

I.D. NUMBER

1280911

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

| CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|------|----|---|-------------|
| CMP | | campaign paraphernalia/misc. | |
| CNS | | 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 | |
| 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 | |
| RFD | | returned contributions | |
| SAL | | campaign workers' salaries | |
| TEL | | t.v. or cable airtime and production costs | |
| TRS | | candidate travel, lodging, and meals | |
| TSE | | staff/spouse travel, lodging, and meals | |
| TSF | | transfer between committees of the same candidate/sponsor | |
| VOT | | voter registration | |
| WEB | | information technology costs (internet, email) | |

NAME AND ADDRESS OF PAYEE OR CREDITOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

DAVID L. GOULD COMPANY
555 So. Flower St., #4210

Los Angeles CA 90071

ID:

OFC

117.20

DAVID L. GOULD COMPANY
555 So. Flower St., #4210

Los Angeles CA 90071

ID:

PRO

370.10

DAVID L. GOULD COMPANY
555 So. Flower St., #4210

Los Angeles CA 90071

ID:

PRO

250.00

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

SUBTOTAL \$

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 990.30
- Unitemized payments made this period of under \$100. \$ 87.66
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 1077.96

Schedule E Payments Made

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

| | | |
|---|--|----------------------------------|
| Statement covers period from <u>20100101</u> | | CALIFORNIA FORM 460 |
| through <u>20100630</u> | | |
| I.D. NUMBER <u>1280911</u> | | 13 / 13 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Martinez for Council 2010

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

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Lou Delgado 177111 Leslie Ave. Cerritos CA 90703 | CMP | | ID: | 70.00 |
| Lou Delgado 177111 Leslie Ave. Cerritos CA 90703 | CMP | | ID: | 75.00 |
| Alex Flores 303 E 9th Street #406 Santa Ana CA 92701 | OFC | | ID: | 108.00 |

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

SUBTOTAL \$ 990.30

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100. \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____