

STATEMENT OF ECONOMIC INTERESTS

Date Received
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COVER PAGE

Please type or print in ink.

MARTINEZ

2011 MAR 23 PM 4:50
Michelle

C

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

CITY OF SANTA ANA
CLERK OF COUNCIL

1. Office, Agency, or Court

Agency Name

City of Santa Ana

Council member

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: Orange county Council of Govt's

Position: Board member

2. Jurisdiction of Office (Check at least one box)

State

Judge (Statewide Jurisdiction)

Multi-County

County of

City of Santa Ana

Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2010, through December 31, 2010.

Leaving Office: Date Left ____/____/____
(Check one)

The period covered is ____/____/____, through December 31, 2010.

The period covered is January 1, 2010, through the date of leaving office.

Assuming Office: Date ____/____/____

The period covered is ____/____/____, through the date of leaving office.

Candidate: Election Year _____

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Ver

MAIL
(Bus

DAY

I ha

herein and in any attached schedules is true and complete. I acknow

I certify under penalty of perjury under the laws of the State of C

Date Signed

3/23/2011

(month, day, year)

COVER PAGE

Please type or print in ink.

MARTINEZ

Michele

C

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

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Agency Name

City of Santa Ana

Council member

Division, Board, Department, District, if applicable

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Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

29 Civic Center Plaza

Santa Ana

CA

92701

DAYTIME TELEPHONE NUMBER

(714) 642-6900

E-MAIL ADDRESS

mmartinez@Santa-Ana.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/23/2011

(month, day, year)

Signature

(File, legibly signed statement with your filing official)

COVER PAGE

Please type or print in ink.

NAME OF FILER

Martinez (LAST)

Michele (FIRST)

C (MIDDLE)

1. Office, Agency, or Court

Agency Name

Southern California of Governments (SCAG)

Division, Board, Department, District, if applicable

Your Position

District 14 - Board member

If filing for multiple positions, list below or on an attachment.

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

State

Judge (Statewide Jurisdiction)

Multi-County

County of

City of

Other Southern CAL REGION

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2010, through December 31, 2010.

Leaving Office: Date Left (Check one)

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Candidate: Election Year

Office sought, if different than Part 1:

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Total number of pages including this cover page:

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Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

89 CIVIC CENTER PLAZA SANTA ANA CA 92702

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

(714) 847-6900

E-MAIL ADDRESS

mmartinez@santa-ana.org

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(month, day, year)

Signature

(File the originally signed statement with your filing official.)

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Official Use Only

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Please type or print in ink. MARTINEZ Michele C
NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name
Work Investment Board CA proxy for Mayor Pulido
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

3. Type of Statement (Check at least one box)

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-or- (Check one)
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 - Schedule A-2 - Investments - schedule attached
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 - None - No reportable interests on any schedule
- or-
- Total number of pages including this cover page: _____
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 - Schedule E - Income - Gifts - Travel Payments - schedule attached

5. Verification

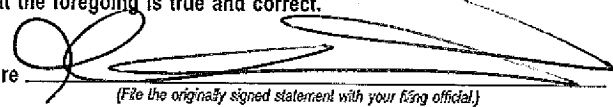
29 Civic Center Plaza Santa Ana CA 92702
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER (714) 647-6900 E-MAIL ADDRESS mmartinez@santa-ana.org

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/23/2011
(month, day, year)

Signature 
(File the originally signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Martinez

▶ STREET ADDRESS OR PRECISE LOCATION
303-E 9th #420

CITY
Santa Ana CA 92701

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

▶ STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Edison

ADDRESS (Business Address Acceptable)
Vendor - Santa Ana

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MM 4/12/2010 Vendor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 12 2010</u>	<u>250.00</u>	<u>1 ticket estrella Awards</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
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___/___/___	\$ _____	_____

Comments: _____