

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 34200-84216.5)

Type or print in ink

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
RECEIVED CITY OF WEST HOLLYWOOD	Page <u>1</u> of <u>4</u>
10 JAN 27 PM 2: 07	For Official Use Only
OFFICE OF THE CITY CLERK	

Statement covers period from <u>July 1, 2009</u> through <u>December 31, 2009</u>	Date of election if applicable (Month, Day, Year)
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SEE INSTRUCTIONS ON REVERSE

1 Type of Recipient Committee All Committees - Complete Parts 1, 2, 3, and 4

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Sponsored |
| <small>(Also Complete Part 2)</small> | <small>(Also Complete Part 2)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored | <small>(Also Complete Part 2)</small> |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2 Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

FO NUMBER
891964

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends of Steve Martin

STREET ADDRESS (NO P.O. BOX)

812 N Huntley Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>West Hollywood</u>	<u>CA</u>	<u>90069</u>	<u>310-652-5924</u>

MAILING ADDRESS (IF DIFFERENT FROM STREET OR P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL FAX / E MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Adam Devejian

MAILING ADDRESS

1271 Ozeta Terrace

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90069</u>	

NAME OF ASSISTANT TREASURER (IF ANY)

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 1/17/2010

Executed on 1-26-10

Executed on _____

Executed on _____

By [Signature]

By [Signature]

By _____

By _____

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink

COVER PAGE - PART 2

CALIFORNIA FORM 460	
Page <u>2</u> of <u>4</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Friends of Steve Martin

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
West Hollywood City Council

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP
812 N Huntley Drive West Hollywood CA 90069

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 make expenditures on behalf of your candidacy

COMMITTEE NAME	ID NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO PO BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	
COMMITTEE NAME	ID NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO PO BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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7. Primarily Formed Candidate/Officeholder 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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>July 1, 2009</u>	CALIFORNIA FORM 460
through <u>December 31, 2009</u>	
Page <u>3</u> of <u>4</u>	ID NUMBER <u>891964</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Steve Martin

Contributions Received		Column A TOTAL-15 PERIOD FROM 7/1/09 TO 12/31/09	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	
1 Monetary Contributions	Schedule A Line 3	\$ 0 00	\$ 0 00		
2 Loans Received	Schedule B Line 3	0 00	0 00		
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	0 00	0 00	20 Contributions Received	\$ _____ \$ _____
4 Nonmonetary Contributions	Schedule C Line 3	0 00	0 00	21 Expenditures Made	\$ _____ \$ _____
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	0 00	0 00		

Expenditures Made		Column A	Column B	Expenditure Limit Summary for State Candidates	
6 Payments Made	Schedule E Line 4	\$ 60 00	\$ 219 45	22 Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
7 Loans Made	Schedule F Line 3	0 00	0 00	Date of Election (mm/dd/yy)	Total to Date
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	60 00	219 45	_____/_____/_____	\$ _____
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	60 00	219 45		

Current Cash Statement		
12 Beginning Cash Balance	Previous Summary Page Line 16	\$ 2680 01
13 Cash Receipts	Column A Line 3 above	0 00
14 Miscellaneous Increases to Cash	Schedule I Line 1	0 00
15 Cash Payments	Column A Line 8 above	60 00
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15	\$ 2620 01

If this is a termination statement Line 16 must be zero

17 LOAN GUARANTEES RECEIVED	Schedule B Part 2	\$ 0 00
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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	\$ 0 00

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).

*Amounts in this section may be different from amounts reported in Column B

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from 7/1/2009 through 12/31/2009	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Steve Martin

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 tv or cable airtime and production costs
FIL candidate filing/ballot fees	PHD 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 e mail)

NAME AND ADDRESS OF PAYEE (IF CONTRIBUTOR IS AN INDIVIDUAL, LIST NAME AND ADDRESS)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

SUBTOTALS 0 00

Schedule E Summary

1 Itemized payments made this period (include all Schedule E subtotals)	\$	0 00
2 Unitemized payments made this period of under \$100	\$	60 00
3 Total interest paid this period on loans (Enter amount from Schedule B Part 1 Column (e))	\$	0 00
4 Total payments made this period (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6)	TOTAL \$	60 00