

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA FORM 460

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For Official Use Only

Statement covers period
from 10/21/18
through 12/31/18

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

11/6/18

CITY OF FOSTER CITY/
EMIO

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RECEIVED

Date Stamp

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
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 5)

- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☒ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1411354

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

Deborah Martinez for City Council 2018 (FPPC 1411354)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Foster City CA 94404

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

N/A

CITY STATE ZIP CODE AREA CODE/PHONE

N/A

OPTIONAL: FAX / E-MAIL ADDRESS

N/A

Treasurer(s)

NAME OF TREASURER

Roberto Martinez

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

N/A

CITY STATE ZIP CODE AREA CODE/PHONE

N/A

OPTIONAL: FAX / E-MAIL ADDRESS

N/A

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to certify under penalty of perjury under the laws of the State of California that the foregoing

and schedules is true and complete. I

Executed on 11/6/18
Date

By

Executed on 11/6/18
Date

By

Executed on
Date

By

Executed on
Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Clear Cover Pg1

Print Form

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Deborah Martinez for City Council 2018

Statement covers period
from 10/21/18
through 12/31/18

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I.D. NUMBER
1411354

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 300.00	7321
Loans Received..... Schedule B, Line 3	(-300.00)	10
SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 0	\$ 7321
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 0	\$ 7321

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

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

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 126.98	\$ 4320.98
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 126.98	\$ 4320.98
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 126.98	\$ 7320.98

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
/ /	\$
/ /	\$

Current Cash Statement

Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 3126.98
13. Cash Receipts..... Column A, Line 3 above	0
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	126.98
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0

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.

Clear Summ Pg

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Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 10/21/18
through 12/31/18

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Deborah Martinez (FPPC 1411354)

DATE RECEIVED	FULL NAME, STREET 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)
12/31/18	Deborah Martinez [REDACTED] Foster City CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	3000. ⁰⁰	\$ 6000. ⁰⁰	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 3000.⁰⁰

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 3000.⁰⁰
- Amount received this period – unitemized monetary contributions of less than \$100\$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 3000.⁰⁰

***Contributor Codes**

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
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through 12/31/18

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NAME OF FILER

Deborah Martinez (FPPC 1411354)

I.D. NUMBER

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
<u>Deborah Martinez</u> <u>[REDACTED]</u> <u>Foster City, CA 94404</u> † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>3000.00</u>	<u>0</u>	<input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN <u>3000.00</u>	<u>0</u>	<u>0</u> % RATE	<u>3000.00</u>	CALENDAR YEAR <u>10/1/18</u> DATE INCURRED PER ELECTION** <u>3000.00</u>
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	\$ _____ RATE	\$ _____ DATE INCURRED	\$ _____ PER ELECTION**
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	\$ _____ RATE	\$ _____ DATE INCURRED	\$ _____ PER ELECTION**
SUBTOTALS \$ _____ \$ _____ \$ _____ \$ _____								

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 3000.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ (-3000.00)
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>10/21/18</u> through <u>12/31/18</u>	CALIFORNIA FORM 460
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NAME OF FILER

Deborah Martinez for City Council 2018

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
<input checked="" type="radio"/> ID fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
<input type="radio"/> 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 COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Vista Print [REDACTED]	LIT	Business Cards Magnets	\$126.98

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 126.98
2. Unitemized payments made this period of under \$100	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 126.98

Clear Sch. E

Print Form