

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink

COVER PAGE

Date Stamp	<b>CALIFORNIA FORM 460</b> Page 1 of 4 For Official Use Only
RECEIVED CITY OF WEST HOLLYWOOD 09 JUL 22 AM 9:44 OFFICE OF THE CITY CLERK	

Statement covers period from <u>January 1, 2009</u> through <u>June 30, 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<br><i>(Also Complete Part 5)</i>                 | <input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i>   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored   |   |
| <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<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

ID 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

West Hollywood CA 90069 310-652-5924

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Adam Devejian

MAILING ADDRESS

1271 Ozeta Terrace

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90069

NAME OF ASSISTANT TREASURER IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 7/1/2009  
Date

By [Signature] 7/1/2009  
Signature of Treasurer or Assistant Treasurer

Executed on 7-16-2009  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**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  
**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

**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>January 1, 2009</u>	<b>CALIFORNIA FORM 460</b>
through <u>June 30, 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

<b>Contributions Received</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
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
4 Nonmonetary Contributions	Schedule C, Line 3	0.00	0 00
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0 00	\$ 0 00

**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	\$ _____	\$ _____

<b>Expenditures Made</b>		<b>Column A</b>	<b>Column B</b>
6 Payments Made	Schedule E, Line 4	\$ 159 45	\$ 159 45
7 Loans Made	Schedule H, Line 3	0.00	0 00
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 159 45	\$ 159 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	\$ 159 45	\$ 159 45

**Expenditure Limit Summary for State  
Candidates**

<b>22 Cumulative Expenditures Made*</b> (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12 Beginning Cash Balance	Previous Summary Page, Line 16	\$ 2839.46
13 Cash Receipts	Column A, Line 3 above	0 00
14 Miscellaneous Increases to Cash	Schedule I, Line 4	0 00
15 Cash Payments	Column A, Line 8 above	159 45
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2680.01

*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
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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

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

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline 866/ASK-FPPC (866/275-3772)

**Schedule E  
Payments Made**

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

Statement covers period  
from January 1, 2009  
through June 30, 2009

SCHEDULE E

**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 | 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, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

SUBTOTAL \$ 0 00

**Schedule E Summary**

1	Itemized payments made this period (Include all Schedule E subtotals )	\$ <u>0 00</u>
2	Unitemized payments made this period of under \$100	\$ <u>159 45</u>
3	Total interest paid this period on loans (Enter amount from Schedule B, Part 1, Column (e) )	\$ <u>0 00</u>
4	Total payments made this period (Add Lines 1, 2, and 3 Enter here and on the Summary Page, Column A, Line 6 )	<b>TOTAL \$ <u>159 45</u></b>