

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	<b>CALIFORNIA FORM 460</b>
RECEIVED 2007 SEP 21 P 2:01	
Page _____ of _____	
For Official Use Only	

Statement covers period  
 from 8-14-07  
 through 9-21-07

Date of election if applicable:  
 (Month, Day, Year)  
Nov. 6, 2007

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 6)
- 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
- Supplemental Preelection Statement - Attach Form 495

### 3. Committee Information

I.D. NUMBER  
1300550

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
PAT DONOHUE FOR MARTINELLI  
TRUSTEE COMMITTEE

STREET ADDRESS (NO P.O. BOX)  
820 BARK ROW #480

CITY STATE ZIP CODE AREA CODE/PHONE  
SALINAS CA 93901-2408 831/422314

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

CITY STATE ZIP CODE AREA CODE/PHONE

### Treasurer(s)

NAME OF TREASURER  
JOAN VEAR

MAILING ADDRESS  
405 STANFORD ST  
WATSONVILLE CA 95076 831 724-8622

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

831 724 6878 GOLDI Z @ SBCGLOBAL.NET

### 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 9-21-07  
 Date

Executed on 9-21-07  
 Date

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

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

By [Signature]  
 Signature of Treasurer or Assistant Treasurer

By [Signature]  
 Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

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

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM 460</b>
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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

**PAT DONOHUE**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

**NATHAN LOWE  
DISTRICT TRUSTEE AREA 3**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**620 PARK ROW #480, SALINAS CA 93901**

**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	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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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
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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>8-14-07</u> through <u>9-21-07</u>	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

<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	\$ <u>1957.00</u>	\$ _____
2. Loans Received .....	Schedule B, Line 3	<u>—</u>	_____
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>1957.00</u>	\$ _____
4. Nonmonetary Contributions .....	Schedule C, Line 3	<u>—</u>	_____
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ <u>1957.00</u>	\$ _____

<b>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</b>		
	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	\$ <u>126.10</u>	\$ _____
7. Loans Made .....	Schedule H, Line 3	<u>—</u>	_____
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>126.10</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	<u>—</u>	_____
10. Nonmonetary Adjustment .....	Schedule C, Line 3	<u>—</u>	_____
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>126.10</u>	\$ _____

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

<b>Current Cash Statement</b>		<b>Column A</b>
12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts .....	Column A, Line 3 above	<u>1957.00</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	<u>—</u>
15. Cash Payments .....	Column A, Line 8 above	<u>126.10</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1830.90</u>

*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).

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ _____
<b>Cash Equivalents and Outstanding Debts</b>		
18. Cash Equivalents .....	See instructions on reverse	\$ _____
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>8-14-07</u> through <u>9-21-07</u>	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

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)
8-14-07	PAT DONOHUE	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 513.-	—	\$ 513.00
8-14-07	ANGIE MULLEN HADPT	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO OLIVEIRA PLASTERING	\$ 100.-	—	\$ 100.-
8-28-07	CAROL KIMBROUGH	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MFL-TEACHER HARTMEL	\$ 250.-		\$ 250.-
8-28-07	ANTONIO PARLUTIERUSZ	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 100.-		\$ 100.-
9-16-07	KEVIN McWILLIAMS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DENTIST SELFEMP.	\$ 100.-		\$ 100.-
				<b>SUBTOTAL \$ 1063.00</b>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1063.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 894.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 1957.00**

\*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 E  
Payments Made**

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

Statement covers period  
from 8-14-07  
through 9-21-07

SCHEDULE E  
**CALIFORNIA FORM 460**

Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

RAT DONOR'S FOR HAYDEN L. TRUSTEE COMMITTEE

130050

**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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>NEW RIVER PUBLISHING</u>	<u>LIT</u>	<u>CAMPAIGN BROCHURE</u>	<u>108.25</u>

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

SUBTOTAL \$ 108.25

**Schedule E Summary**

- |  |                        |
|--|------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$ <u>108.25</u>       |
| 2. Unitemized payments made this period of under \$100 .....   | \$ <u>17.85</u>        |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$ _____               |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | TOTAL \$ <u>126.10</u> |