

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

**Recipient Committee
Campaign Statement
Cover Page**

Statement covers period from <u>07/01/2024</u>	Date of election if applicable: (Month, Day, Year) <u>SEP 26 REC'D</u>
through <u>09/21/2024</u>	CITY CLERK

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee Primary Formed Ballot Measure Committee
 State Candidate Election Committee Controlled
 Recall Sponsored
(Also Complete Part 5)

General Purpose Committee Primary Formed Candidate/
 Sponsored Officeholder Committee
(Also Complete Part 6)

Small Contributor Committee Primary Formed Candidate/
 Political Party/Central Committee
(Also Complete Part 7)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Martin Devine for Hanford City Council 2024</u>	LD. NUMBER <u>1472849</u>
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Treasurer(s)

NAME OF TREASURER

Martin Devine

MAILING ADDRESS

CITY <u>Hanford</u>	STATE <u>CA</u>	ZIP CODE <u>93230</u>	AREA CODE/PHONE <u>[REDACTED]</u>
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL 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 [REDACTED]

Executed on 09/25/2024 Date _____

Executed on 09/25/2024 Date _____

Executed on _____ Date _____

Executed on _____ Date _____

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Propounder

Signature of Controlling Officeholder, Candidate, State Measure Propounder

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

**Recipient Committee
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Cover Page — Part 2**

COVER PAGE - PART 2
CALIFORNIA **460**
FORM

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Martin Devine

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

Hanford City Council, District B

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

[REDACTED] Hanford CA 93230

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

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES

NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

SUPPORT

OPPOSE

COMMITTEE NAME

I.D. NUMBER

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES

NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2024</u>	through <u>09/21/2024</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Martin Devine for Hanford City Council 2024

Contributions Received

	Column A (FROM ATTACHED SCHEDULES)	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	\$ <u>1000</u>	\$ <u>1000</u>
2. Loans Received	Schedule B, Line 3	\$ <u>735.46</u>	\$ <u>735.46</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>1735.46</u>	\$ <u>1735.46</u>
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u></u>	\$ <u></u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>1735.46</u>	\$ <u>1735.46</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>899.95</u>	\$ <u>899.95</u>
7. Loans Made	Schedule H, Line 3	\$ <u></u>	\$ <u></u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>899.95</u>	\$ <u>899.95</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u></u>	\$ <u></u>
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u></u>	\$ <u></u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>899.95</u>	\$ <u>899.95</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>1735.46</u>
13. Cash Receipts	Column A, Line 3 above	\$ <u></u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u></u>
15. Cash Payments	Column A, Line 8 above	\$ <u>899.95</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>835.51</u>

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ <u></u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>735.46</u>

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 A
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A
 CALIFORNIA **460**
 FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Martin Devine for Hanford City Council 2024

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1472849

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)
8/31/2024	Dave Ayers [REDACTED] Hanford, CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC	Physical Therapist	\$1000	\$1000	

SUBTOTAL \$

*Contributor Codes

IND - Individual
 COM - Recipient Committee
 (other than PTV or SCC)

OTH - Other (e.g., business entity)
 PTV - Political Party
 SCC - Small Contributor Committee

- Amount received this period – itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 1000
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____

- Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1000**

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Martin Devine for Hanford City Council 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	RAD	radio, airlines and production costs
CNS	campaign consultants	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	SAL	campaign workers' salaries
CYC	civic donations	TEL	tv or cable, airlines and production costs
FIL	candidate filing/ballot fees	TRC	candidate travel, lodging, and meals
FND	fundraising events	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	VOT	voter registration
LIT	campaign literature and mailings	WEB	information technology costs (internet, e-mail)
PRO			
PRT			

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wix www.wix.com	WEB		24.00
UZ Marketing www.uzmarketing.com	CMP		151.03
Wix www.wix.com	WEB		7.20

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals).....\$ 182.23
2. Unitemized payments made this period of under \$100.....\$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (a).).....\$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....**TOTAL \$ 182.23**

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 07/01/2024
through 09/21/2024

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Martin Devine for Hanford City Council 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.		
CNS	campaign consultants		
CTB	contribution (explain nonmonetary)*		
CYC	civic donations		
FIL	candidate filing/ballot fees		
FND	fundraising events		
IND	independent expenditure supporting/opposing others (explain)*		
LEG	legal defense		
LIT	campaign literature and mailings		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)			
Gary Feinstein feinsteinfotos.com	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	PRO		150.00
Harbor Freight Tools, [REDACTED]	CMP		8.88
Tractor Supply, [REDACTED]	CMP		22.68
UZ Marketing, www.uzmarketing.com	CMP		213.14
UZ Marketing, www.uzmarketing.com	LIT		230.46

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

SUBTOTAL \$ 625.16

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Martin Devine for Hanford City Council 2024

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)

Facebook, www.facebook.com

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		Ads	25.00
		Ads	25.00
CMP			11.56
WEB			24.00
			7.00
SUBTOTAL \$ 86.56			

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

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