

SECRETARY OF STATE

ELECTIONS

CAMPAIGN & LORSTING

RITCHESS PROGRA

STATE ASCHIVES

Cal-Access

PEGISTRIFS

Cal-Access Search

GO

Advanced Search

Cal-Access Home

Campaign Finance

Candidates & Elected Officials

Propositions & Ballot Measures

Committees, Parties, Major Donors & Slate Mailers

Daily/Late/ Special Filings

**Lobbying Activity** 

Resources

For Filers Only

**Political Reform** 

User's Manual

Campaign Finance:

# FRIENDS OF SAN LEANDRO MEASURES OO, PP, AND NN

#### **Election Cycle:**

2017 through 2018

A Historical

**View Information:** 

(Due to the amount of data, these pages may take some time to load.)

General Information

Contributions Received

Contributions Made

Expenditures Made

Late and \$5000+ Contributions Received

Late Contributions Made

Late Independent Expenditures

Electronic Filings

This is the official name of the committee, political party, or major donor as registered with the Secretary of State.

FILER ID:

1391126

**FILER PHONE:** 

(510) 569-7797

SUMMARY INFORMATION - FRIENDS OF SAN LEANDRO MEASURES OO, PP, AND NN (ID# 1391126)

CURRENT STATUS

**ACTIVE** 

This committee has not electronically filed a Form 460/461/450 for this election cycle. For further information, click on prior sessions to see if historical filings are available. Also check for late contribution filings if a major filing deadline has not yet occurred for this election cycle.

Statement of Organization Recipient Committee				CITY OF SAN LEAND	RO CALI	orm 410
Statement Type	Amendment List I.D. number:  # 1391126  The properties of the committee (If applicable)	List I.D. num #_13911 06/3	26 60 <u>/</u> 2017 Termination	JUL <b>3 1</b> 2017 CITY CLERK'S OFFIC		For Official Use Only
1. Committee Information			2. Treasurer and (	Other Principal Officers		
Friends of San Leandro Measure	s OO, PP, and NN		Kenneth Pon ( street Address (NO P.O. BO 1319 Washing	X)		
STREET ADDRESS (NO P.O. BOX)		_	CITY	STATE	ZIP CODE	AREA CODE/PHONE
234 Sunnyside Dr			San Leandro		94577	(510)414-2438
San Leandro CA  MAILING ADDRESS (IF DIFFERENT)		00E/PHONE 569-7797	Pauline Cutter			
PO Box 223, San Leandro CA 94	577-0022		234 Sunnyside	e Dr		
FAX / E-MAIL ADDRESS			CITY	STATE	ZIP CODE	AREA CODE/PHONE
kponcpa@sprynet.com			San Leandro		94577	(510)569-7797
	San Leandro		Pauline Cutter street address (no p.o. bo			
Attach additional information on appropr	iately labeled continuation s	heets.	234 Sunnyside	STATE	ZIP CODE 94577	area code/phone (510)569-7797
Executed onDATE	State of California that the Sty  Sty  SIGNA SIG	signature  ATURE OF CONTROLLING	y knowledge the informand correct.  OF TREASURER OR ASSISTANT TRE  OFFICEHOLDER, CANDIDATE, OR ST  OFFICEHOLDER, CANDIDATE, OR ST	ASURER  ATE MEASURE PROPONENT  ATE MEASURE PROPONENT	rue and comp	olete. I certify under

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE	7	•			CALIFORNIA 4	10
A 4 3 44	j. 1				Page 2	_
Friends of San Leandro Measures OO, PP, and N	iN				.d. number 1391126	
• All committees must list the financial institution where the campaign	ı bank accoun	t is located.			nia d	
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE	BANK ACCOUNT N	UMBER	¢:	
Comerica Bank	(510	))346-3340	1895052	106	·	
ADDRESS	CITY	*	STATE	ZIP CODE		
1301 East 14th St	, San	Leandro	CA	94577		
4. Type of Committee Complete the applicable sections.	4 2	*		The state of the s		- d
Controlled Committee				Carrella Maria de Carrella de		- 12°
<ul> <li>district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or candidate</li> <li>If this committee acts jointly with another controlled committee</li> </ul>				ontrolled committee.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOU (INCLUDE DISTRICT NUMB		YEAR OF ELECTION	PARTY	ş
					Nonpartisan	
	-				Nonpartisan	
Primarily Formed Committee Primarily formed to support or	oppose spec	ific candidates or meas	ures in a single electi	on. List below:		7.5.
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE	ETTER)	CANDIDATE(S (INCLU	OFFICE SOUGHT OR HELD C DE DISTRICT NO., CITY OR CO	R MEASURE(S) JURISDICTION DUNTY, AS APPLICABLE)	~ CHECK C	ONE
San Leandro Measures OO, PP, and NN		City of San Lean	dro		SUPPORT	OPPOSE
•	Steep		-	17de	SUPPORT	OPPOSE

Statement of C Recipient Con					Date St		FC	ORM 410
Statement Type	☐ <b>Initial</b> Not yet qualified ☐ or	Amendment List I.D. number: # 1391126	Termina List I.D. numb	ation – See Part 5 per:	CITY OF SA	AN LEAN <b>2 0</b> 2016	IDRO	For Official Use Only
	//	Date qualified as committee (If applicable)		 Termination	L CITY CLE			
1. Committee li	nformation			2. Treasurer and (	Other Principal	Officers		
Friends of Sar	Leandro Measures C	OO, PP, and NN		Kenneth Pon ( street address (no p.o. bo)	X)			
				1319 Washing	ton Av 223	STATE	ZIP CODE	AREA CODE/PHONE
				San Leandro		CA	94577	(510)414-2438
•		ZIP CODE AREA COD	DE/PHONE	NAME OF ASSISTANT TREASU	IRER, IF ANY	- OA	34377	(010)414 2100
San Leandro	CA 94		69-7797	Pauline Cutter				
			STREET ADDRESS (NO P.O. BO					
	San Leandro CA 9457	7-0022		234 Sunnyside	e Dr	STATE	ZIP CODE	AREA CODE/PHONE
	ynet.com			San Leandro	n, and the	CA	94577	(510)569-7797
COUNTY OF DOMICILE		an Leandro	2	Pauline Cutter	r			
				234 Sunnyside				
Attach additiona	information on appropriate	ly labeled continuation she	eets.	San Leandro	<b>5 D</b> 1	state CA	21P CODE 94577	area code/phone (510)569-7797
penalty of perj	reasonable diligence in preparty under the laws of the Star By DATE By DATE By DATE	te of California that the fo	SIGNATURE	y knowledge the informand correct.  OF TREASURER OR ASSISTANT TREASURER OR ASSIST	ASURER TATE MEASURE PROPONENT	nerein is tr	rue and comp	lete. I certify under

Statement of Organization Recipient Committee		·				IFORNIA 410
			<del>-</del>		Page 2	هر ۴۰۰ په
Friends of San Leandro Measures 00, PP, and	dro Measures OO, PP, and NN  a financial institution where the campaign bank account is located.  AREA CODE/PHONE (510)346-3340  CITY  San Leandro  Complete the applicable sections.  Attrolling officeholder, candidate, or state measure proponent. If of the year of the election.  A which each officeholder or candidate is affiliated or check "non atty with another controlled committee, list the name and identification of the controlled committee of the con				1.D. NUMBI 1391	
All committees must list the financial institution where the campaign	n bank accour	nt is located.			-	
NAME OF FINANCIAL INSTITUTION	, AREA C	ODE/PHONE	BANK ACCOU	NT NUMBER		
Comerica Bank	(51.0	0)346-3340	18950	52106		
ADDRESS	CITY *	•	STATE .	ZIP CODE	4 4	,
1301 East 14th St	San	Leandro	CA	94577		
4. Type of Committee Complete the applicable sections:	777 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 17 11 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177					
Controlled Committee						۰,
<ul> <li>List the political party with which each officeholder or candidat</li> <li>If this committee acts jointly with another controlled committee</li> </ul>		•		r controlled commit	tee.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	73	ELECTIVE OFFICE SOU (INCLUDE DISTRICT NUMB		YEAR OF EL	ECTION	PARTY
•						Nonpartisan
200						Nonpartisan
Primarily Formed Committee Primarily formed to support or	oppose spe	cific candidates or mea	sures in a single el	ection. List below:		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR I	LETTER)			LD OR MEASURE(S) JURISD R COUNTY, AS APPLICABLE		2 CHECK ONE
San Leandro Measures OO, PP, and NN		City of San Lear	ndro		-	SUPPORT OPPOSE
		· · · · · · · · · · · · · · · · · · ·				

١.	⇒ 'ધ્	3
ş¥.	$\mathcal{M}$	7

## Late Contribution Report

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

ATE	CONTRI	RUTTON	REPORT

NAME OF FILER Friends of San Leandro Measures	OO PP NN	Date of 11/07/2016	Dale Stamp	california 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (Fapplessis)	Report NoLCR-20161107		For Official Use Only
(510) 569-7797	1391 126			
STREET ADDRESS		☐ Amendment		
234 Sunnyside Dr		to Report No		
CITY	STATE ZIP CODE	No. of Pages 2	1/2	
Car Leondro	CA 94577	No. or rages		<u> </u>

## Late Contribution(s) Received

DATE. RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. HUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL ENTER COCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT (
11/07/2016	Sheet Metal Workers' International Association Local Union No 104 Issues Comm 2610 Crow Canyon Rd 300  San Ramon ID: 1351785	Itee IND  COM OTH PTY SCC		3000.00
l	ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	,	
1	ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		

*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

Reason for Amendment:	

#### Type or print in ink.

Late Contril	bution Report		Amounts may	be rounded to whole dollars.			LATE CONTRIBUT	TION REPORT
NAME OF FILER Friends of San Le	andro Measures OO PP N	IN		Date of This Filing			CALIFORNIA FORM	497
AREA CODE/PHONE	NUMBER	1.D. NUMBER (2 applicable) 1391126		Report No			For Official (	Use Only
STREET ADDRESS				Amendment to Report No				
CITY		STATE	ZIP CODE	No. of Pages		2/2		
Late Contri	ibution(s) Made							
DATE MADE	FULL NAME, MAILI	NG ADDRESS AND ZIP O	CODE OF RECIPIENT NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION		AMOUNT OF CONTRIBUTION		FELECTION PLICABLE)
							ł	

Ballot ID: Dist: Ballot ID: Dist: Ballot ID: Dist: Ballot ID: Dist

Reason for Amendment:

FPPC Form 497(June/01) FPPC Tall-Free Helpline: 866/ASK-FPPC

Kenneth Pon CPA 510 895 2018

6.0 10

## Type or print in ink.

	NTRIBUTIO	LATE CON		noie dollais.	may be rounded to	Amounts		люп кероп	Late Contribu
497	MS	CALIFO	Date Stamp	11/02/2016	Date of This Filing		IN .	ndro Measures OO PP N	AME OF FILER Friends of San Lean
Only	Official Us	For		LCR-20161102			I.D. NUMBER (1 applicable)	JMBER	REA CODE/PHONE NU
					Report No.		1391126		510) 569-7797
					☐ Amendm to Report N				TREET ADDRESS 34 Sunnyside Dr
			1/2		(explain below)  No. of Page	ZIP CODE	STATE		ITY
	·				No. of Page	94577	CA		San Leandro
								tion(s) Received	_ate Contribut
CEIVED		EMPLOYER OF BUSINESS)	IF AN INDIVIDUAL ENTER OCCUPATION AND B IF SELF-EMPLOYED, ENTER MARE OF	CONTRIBUTOR CODE *	RIBUTOR	ND ZIP CODE OF CONT O ENTER I.D. KUNNBER)	IE, MAILING ADDRESS AF		DATE. RECEIVED
2000.0				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		CA 94577	officers' Association P	San Leandro Police C 901 E 14th St San Leandro ID: 1332467	11/02/2016
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC					I
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC				ID:	1
				OTH PTY SCC IND COM OTH PTY				ID:	1

#### **Late Contribution Report**

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

LATE CONTRIBUTION REPORT

NAME OF FILER Friends of San Lea	andro Measures OO PP I	NN	Date of This Filing			CALIFORNIA FORM	497
AREA CODE/PHONE I	NUMBER	I.D. NUMBER (Lapplicable) 1391126	Report No			For Official L	Jse Only
STREET ADDRESS			Amendment to Report No				
CITY		STATE ZIP CODE	No. of Pages	2/2			
Late Contri	bution(s) Made				<u> </u>	<del></del>	
DATE MADE	FULL NAME, MAIL (IF C	ING ADDRESS AND ZIP CODE OF RECIPIENT ONDRITTEE, ALSO ENTER LD. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	L.	AMOUNT OF CONTRIBUTION	DATE OF	ELECTION (
			Dell				
	ID:		B <b>all</b> Dist				
·	ID:		Ba <b>l</b> Dis				
1							(
•	ID:	•	Bal Dis	lot t:			(
1							
I	ID:		Ba Di:	llot st:			
Reason for Americ	iment:						

Kenneth Pon CPA 510 895 2018

n	100	
•2		

#### **Late Contribution Report**

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

LATE CONTRIBUTION REPORT

NAME OF FILER Friends of San Leandro Measures OO PP NN		Date of This Filing10/31/2016	Date Stamp CITY OF SAN LEANDKI		
AREA CODE/PHONE NUMBER (510) 569-7797	I.D. NUMBER (1 applicable) 1391126		Report NoLCR-2016103	OCT <b>3 1</b> 2016	For Official Use Only
STREET ALLIRESS 234 Sunnyside Dr			Amendment to Report No	CITY CLERK'S OFFICE	
CITY San Leandro	STATE ZIPO	CODE 577	(explain below)  No. of Pages 2	1/2	

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. RUMBER)	CONTRIBUTIOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER IF SELF-EMPLOYED, BUTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/31/2016	IFPTE Local 21 Issues PAC Fund 1167 Mission St 2nd Flr  San Francisco ID: 1362080	☐ IND 図 COM ☐ OTH ☐ PTY ☐ SCC		2500.00
1	ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		
l	ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		

*Contributor Codes	
IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

Reason for Amendment:	

and the second

#### **Late Contribution Report**

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

LATE CONTRIBUTION REPORT

NAME OF FILER Friends of San Leandro Measures OO PP NN		Date of This Filing		CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (Fapplicable) 1391126	Report No.		For Official Use Only
STREET ADDRESS		Amendment to Report No	,	
GITY	STATE ZIP CODE	No. of Pages	2/2	

#### Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (F APPLICABLE)
			_	
l		Ballot		
	ID:	Dist:		
	·			·
l		Ballot		
	ID:	Dist		
1				
ı	r	Ballot		
	ID:	Dist:		
•				
l		Ballot		
	ID:	Dist:		

Reason for Amendment:

FPPC Form 497(June/01) FPPC Tail-Free Helpline: 866/ASK-FPPC Kenneth Pon CPA 510 895 2018

р. О

# **Late Contribution Report**

Friends of San Leandro Measures OO PP NN

I.D. NUMBER (Papplicable)

STATE

CA'

ZIP CODE

94577

1391126

NAME OF FILER

(510) 569-7797

STREET ADDRESS 234 Sunnyside Dr

San Leandro

CITY

AREA CODE/PHONE NUMBER

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

Date of This Filing \_\_

Report No.

☐ Amendment

to Report No.\_\_\_\_ (explain helow)

No. of Pages\_2

		LATE CONTRIBUTION REPORT
10/25/2016	Date Stamp	CALIFORNIA 497
LCR-20161025		For Official Use Only
ent D		
		l l

1/2

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER  (1) F3ELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/25/2016	INTERNATIONAL ASSOCIATION OF FIREFIGHTERS LOCAL 55 POLITICAL AC 369 15th St  OAKLAND ID: 892160	TION CAMMITT COM OTH PTY SCC	E ·	2000.00
l	ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		
I	ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		

*Contributor Codes IND - Individual COM - Recipient Committee (ather than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee		7	ć
Reason for Amendment:				
		<del></del>		D

## Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Friends of San Leandro Measures (	DO PP NN	Date of This Filing		CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (₹ appl.table) 1391126	Report No.		For Official Use Only
STREET ADDRESS		Amendment to Report No  [explain below]		
CITY	STATE ZIP CODE	No. of Pages	2/2	

#### Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (F APPLICABLE)	-
l		Ballot			
	ID:	Dist:			
ì		Ballot			
	ID:	Dist:			_
1		Ballot			
	ID:	Dist:			_
]		Raflot			
	ID:	Dist			_
I	ID:	Ballot Dist:			_

Reason for Amendment:

FPPC Form 497(June/01) FPPC Tall-Free Helpline: 866/ASK-FPPC Kenneth Pon CPA 510 895 2018

#### Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Friends of San Leandro Measures OO PP NN			Date of This Filing 10/21/2016	CITY OF SAN LEAND	FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (1 applicable)		Report No. LCR-201610	OCT 21 2016	For Official Use Only
(510) 569-7797 STREET ADDRESS 234 Sunnyside Dr	1391120			CITY CLERK'S OFFIC	E
CITY San Leandro	STATE.	ZIP CODE 94577	(explain below)  No. of Pages 2	1/2	

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. BURIDER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER  JF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/21/2016	MM/PG Bayfair Properties LLC 670 Water St  Washington DC 20024 ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		2000.00
1		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		
1	ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		

*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee	
Reason for Amendment:		

GHT OF SAN LE ANTION OF TO THE STORY OF THE

هسر

#### **Late Contribution Report**

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

LATE CONTRIBUTION REPORT

NAME OF FILER Friends of San Leandro Measures OO PP NN			Date of This Filing	CITY O	SAN LEANDROF	FORM 497	
AREA CODE/PHONE NUMBER 1.D. NUMBER (1 applicable) 1391126		Report No.	l .	T <b>2 1</b> 2016	For Official Use Only		
STREET ADDRESS			Amendment to Report No	CITY CI	LERK'S OFFICE		
CHTY		STATE ZIP CODE	No. of Pages		212		
Late Contri	bution(s) Made						$\overline{C}$
DATE MADE	FULL NAME, MAIL (IF C	ING ADDRESS AND ZIP CODE OF RECIPIENT DIMINITIEE, ALSO ENTER LD. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTI		AMOUNT OF CONTRIBUTION	DATE OF ELECTION (F APPLICABLE)	` -
							Kenneth Pon CPA 510 895 2018 ·
	ID:		Bai Dis	llot st:			on CPA
							51U 895
	ID:		Dis	llot st:			
ı							<b>\</b>
	ID:		Ba Di:	illot st:			_ ( )
1	ID:		Ba Di	illot st:			_
Reason for Amend	Iment:				_		

FPPC Form 497(June/01) FPPC Tall-Free Helpline: 866/ASK-FPPC

р, С

#### **Late Contribution Report**

Friends of San Leandro Measures OO PP NN

NAME OF FILER

(510) 569-7797 STREET ADDRESS

San Leandro

CITY

234 Sunnyside Dr

AREA CODE/PHONE NUMBER

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

Date of This Filing.

Report No.

☐ Amendment

No. of Pages\_2

to Report No.

(explain below)

10/20/2016

LCR-20161019

	LATE CONTRIBUTION REPORT
Dale Stamp	CALIFORNIA 497
	CITY OF SAN LEANDRO
	OCT 2 0 2016
1/2	CITY CLERK'S OFFICE

Late Contribution(s) Received

DATE. RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER  ()F SELF-EMPLOYED, ENTER NAME OF EUSINESS)	AMOUNT RECEIVED
10/19/2016	Cal Coast Companies LLC 11726 San Vicente Blvd 205  Los Angeles CA 90049 ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		5000.00
l	ID:	IND COM OTH PTY SCC		
l	ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		<u></u> 5

-	"Contributor Codes IND - Individual COM - Recipient Committee (ather than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

I.D. NUMBER (#applicable)

STATE

CA

ZIP CODE

94577

1391126

AND SOLENCE TO VITA

ď

#### Late Contribution Donord

#### Type or print in ink.

Late Contribution Report		Amounts may be rounded to whole dollars.		LATE CONTRIBUTION REPORT
NAME OF FILER Friends of San Lean	ndro Measures OO PP NN	Date of This Filing		CALIFORNIA 497
AREA CODE/PHONE NU	I.D. NUMBER 61 applicable 1391126	Report No.		FOR Official Use Only CITY OF SAN LEANDRO
STREET ADDRESS		Amendment to Report No		OCT 2 0 2016
CITY	STATE ZI	No. of Pages	2/2	CITY CLERK'S OFFICE
Late Contrib	ution(s) Made			
DATE FULL NAME, IMAILING ADDRESS AND ZIP C MADE (IF COMMITTEE, ALSO ENTER LD. N			AMOUNI OF	

DATE MADE		FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (UF COMMITTEE, ALSO ENTER LD. NUMBER)	OR MEASURE AND JURISDICTION	A <b>HOUNT</b> OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)	_
_						
	•		Ballot			
		ID:	Dist:			_
-						
			Bailot			
		ID:	Dist:			
•						
	1					}
		l <sub>ID</sub> .	Bailot			C
		ID:	Dist:			_
•						
		10.	Ballot			
		ID:	Dist:			

Reason for Amendment:

FPPC Form 497(June/01) FPPC Tall-Free Helpline: 866/ASK-FPPC

Kenneth Pon CPA 510 895 2018

Statement of C Recipient Con						Date Stamp	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	FORNIA 410
Statement Type	☐ Initial  Not yet qualified ☐ or	Amendment List I.D. number:  # 1391126  Date qualified as committee (If applicable)	#			Y OF SAN LEANDRO OCT: <b>1.7</b> 2016 TY CLERK'S OFFICE		For Official Use Only
1. Committee In	nformation		2	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	d Ot	her Principal Officers		1-210万206米的图
Friends of San	Leandro Measures C	OO, PP, and NN		Kenneth Poi street address (no p.o	. BOX)			
STREET ADDRESS (NO P.C	D. BOX)			CITY		STATE	ZIP CODE	AREA CODE/PHONE
234 Sunnyside	e Dr			San Leandro		CA	94577	(510)895-2011
San Leandro	STATE CA 94	ZIP CODE AREA CODE/P 4577 (510)569		Pauline Cutt	ter	R, IF ANY		
PO Box 223, S	San Leandro CA 9457	7-4536		234 Sunnys	ide		710.0005	AREA CODE/PHONE
FAX / E-MAIL ADDRESS				CITY		STATE	ZIP CODE	
kponcpa@spr				San Leandre			94577	(510)569-7797
Alameda		an Leandro		Pauline Cut	ter			
				234 Sunnys	ide	Dr STATE	ZIP CODE	AREA CODE/PHONE
Attach additional	information on appropriate	ly labeled continuation sheet	ts.	San Leandr	О	CA	94577	(510)569-7797
penalty of perju	reasonable diligence in preparty under the laws of the State   // 12/2016	SIGNATURE	signature of	knowledge the inf nd correct.  FTREASURER OR ASSISTANT  FICEHOLDER, CANDIDATE, O  FFICEHOLDER, CANDIDATE, O	TREASU OR STATE OR STATE	URER  MEASURE PROPONENT  MEASURE PROPONENT	rue and com	
		3,314,1011						FPPC Form 410 (Jan/2016)

Statement of Organization Recipient Committee						CALIFO FOR		10
INSTRUCTIONS ON REVERSE	anet;						IVI	
COMMITTEE NAME		<del>.</del>				D. NUMBER		
Friends of San Leandro Measures OO, PP, and NN	1				[ ·	1391126		
• All committees must list the financial institution where the campaign b	ank accour	nt is located.			•	ř	S.PVA	
NAME OF FINANCIAL INSTITUTION	AREA C	ODE/PHONE	BANK ACC	OUNT NUMBER			·····	
Comerica Bank	(510	0)346-3340	1895	052106				
ADDRESS	CITY	·	STATE	ZIP (	ODE			
1301 East 14th St	San	Leandro	CA	94577				
4. Type of Committee Complete the applicable sections.		- 10°	h hay	<i>‡</i>	<del> </del>	18 3 8	मिन्द्र प्र	* *, *
Controlled Committee							· • · · · · · · · · · · · · · · · · · ·	<del></del>
<ul> <li>List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or candidate</li> </ul>				r controlled, al	so list the ele	ctive office :	sought or he	eld, and
If this committee acts jointly with another controlled committee,	list the na	me and identification n	umber of the ot	her controlled	committee.			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOU (INCLUDE DISTRICT NUMB		Y	EAR OF ELECTION		PARTY	
	7					☐ Nor	partisan	
						☐ Nor	partisan	•
Primarily Formed Committee Primarily formed to support or o	ppose spe	cific candidates or mea	sures in a single	election. List b	elow:	1		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET	TER)		s) OFFICE SOUGHT OR IDE DISTRICT NO., CIT			ţ	СНЕСК	CONE
San Leandro Measures OO, PP, and NN		City of San Lear	ndro				SUPPORT	OPPOSE
					<u>-</u>		SUPPORT	OPPOSE

ì	CITY OF SAN LEANDRO
Statement of Organization Recipient Committee Statement Type  Initial  Amendment List LD. number:    O9	OCT 17 2016  CITY CLERK'S FIGURE Date Stamp FILE CALIFORNIA 410  in the office of the Secretary of State of the State of California For Official Use Only  OCT 03 2016  #
11. Committee Information	2. Sireasurer and Other Principal Officers
Friends of San Leandro Measures OO, PP, and NN  STREET ADDRESS (NO P.O. BOX)  234 Sunnyside Dr  CITY STATE ZIP CODE AREA CODE/F	
San Leandro CA 94577 (510)	STREET ADDRESS (NO P.O. BOX)
FAX/E-MAIL ADDRESS proutter@comcast.net	CITY STATE ZIP CODE AREA CODE/PHONE
COUNTY OF DOMICILE  Alameda  JURISDICTION WHERE COMMITTEE IS ACTIVE  City of San Leandro	NAME OF PRINCIPAL OFFICER(S)  Pauline Cutter  STREET ADDRESS (NO P.O. BOX)
Attach additional information on appropriately labeled continuation sheet	234 Sunnyside Dr  CITY 1 STATE ZIP CODE AREA CODE/PHONE  STATE ZIP CODE (510)  CITY 1 CA 94577 (510)
penalty of perjury under the laws of the State of California that the fore	Kliffa lett
Executed on E	SIGNATURE OF TREASURER OR ASSISTANT TREASURER  ***  ***  ***  **  **  **  **  **
Executed onBySIGNATURE	RE DF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on By SIGNATURE	RE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  FPPC Form 410 (Jan/2016)

	; ,						
Recipient Committee	E. 11. 210.3	(0)			CALIF(		410
INSTRUCTIONS ON RÉVERSE					Page 2		ب
COMMITTEE NAME Friends of San Leandro Measures OO, PP., and N	NN				I.D. NUMBER		
• All committees must list the financial institution where the campaign	n bank account	t is located.					
NAME OF FINANCIAL INSTITUTION	AREA CO	DE/PHONE	BANK ACCOUN	T NUMBER	- 1000		
Comerica Bank	(510	)346-3340	189	3052106			
ADDRESS	CITY	<u> </u>	STATE	ZIP CODE			
1301 East 14th St	San	Leandro	CA	94577			
4. Type of Committee complete the applicable sections :::							
Controlled Committee							
<ul> <li>List the name of each controlling officeholder, candidate, or sta district number, if any, and the year of the election.</li> </ul>	ate measure p	roponent. If candidate	or officeholder co	ontrolled, also list the	elective offic	e sought or	held, and
se List the political party with which each officeholder or candidate	te is affiliated	or check "nonpartisan."					
• If this committee acts jointly with another controlled committee	e, list the nan	me and identification nu	mber of the othe	controlled committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGI (INCLUDE DISTRICT NUMBER		YEAR OF ELEC	TION	PART	Υ
						lonpartisan	<del></del>
•	,					lonpartisan	
Primarily Formed Committee Primarily formed to support or	oppose spec	ific candidates or measu	res in a single ele	ction. List below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR I	LETTER)			D OR MEASURE(S) JURISDIC COUNTY, AS APPLICABLE)	TION		IECK ONE
San Leandro Measures OO, PP, and NN		City of San Leand	lro			SUPPORT	OPPOSE
_		_	<del>.</del>			SUPPORT	OPPOSE

Ca	ecipient Committee ampaign Statement vernment Code Sections 84200-84216.5)	Type or print in i	nk.	Date Stamp		FORNIA 460 ORM
SEE	INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2017 through06/30/2017	Date of election if applicable: (Month, Day, Year)	JUL <b>3 1</b> 2017 CITY CLERK'S OFF		1 / 5 For Official Use Only
1.	Type of Recipient Committee: All Com  Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5.) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee		2. Type of Statem  Pre-election State  Semi-annual State  Termination State  Amendment (Exp	ement ement ement	<ul><li>☐ Special</li><li>☐ Supplen</li></ul>	y Statement Odd-Year Report nental Preelection ent - Attach Form 495
3.	Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEENDS of San Leandro Measures OO PP NN  STREET ADDRESS (NO P.O. BOX) 234 Sunnyside Dr	I.D.NUMBER 1391126 TTEE	Treasurer(s)  NAME OF TREASURER Kenneth Pon CPA  MAILING ADDRESS 1319 Washington Ave 22	3		
		P CODE AREA CODE/PHONE 510/569-7797 P.O. BOX	CITY San Leandro  NAME OF ASSISTANT TREAS Pauline Cutter	STATE CA URER, IF ANY	ZIP CODE 94577	AREA CODE/PHONE (510) 414-2438
	OPTIONAL: FAX/E-MAIL ADDRESS	P CODE AREA CODE/PHONE	MAILING ADDRESS 234 Sunnyside Dr  CITY San Leandro	STATE CA	ZIP CODE 94577	AREA CODE/PHONE 510/569-7797
	kponcpa@	eprynet.com	OPTIONAL: FAX/E-MAIL ADDF () -	RESS	cpa@sprynet.	
4.	Verification I have used all reasonable diligence in preparing is true and complete. I certify under penalty of percentage is true and complete. I certify under penalty of percentage is true and complete. I certify under penalty of percentage is true and complete. I certify under penalty of percentage is true and complete. I certify under penalty of penalty of penalty is true and complete. I certify under penalty of penalty o	and reviewing this statement and to the erjury under the laws of the State of Carlon Kenneth Pon CPA  SIGNATURE OF TREASURER OF CONTROLLING OFFICEHOLDER, CANDIDATE, STA	alifornia that the foregoing is tru	e and correct.	erein and in the	attached schedules

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

DATE

DATE

Executed on \_\_

By \_

FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

# Recipient Committee Campaign Statement MALINATORY Cover Page — Part 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)

CITY

COVER PAGE - PART 2
CALIFORNIA 460
FORM

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

na na

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

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

OC. Ballot Measure Committee

NAME OF BALLOT MEASURE

Measures OO PP NN

BALLOT NO. OR LETTER

JURISDICTION

OO.

City of San Leandro

STATE

AREA CODE/PHONE

na ZZ 99999 na na 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 to make expenditures on behalf of your candidacy. COMMITTEE NAME I.D.NUMBER 7 NAME OF TREASURER CONTROLLED COMMITTEE? ☐ YES □ио COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX) CITY STATE ZIP CODE AREA CODE/PHONE COMMITTEE NAME I.D.NUMBER NAME OF TREASURER CONTROLLED COMMITTEE? YES ; NO **COMMITTEE ADDRESS** STREET ADDRESS (NO P.O.BOX)

STATE

ZIP CODE

CITY

Measures OO PP NN						
BALLOT NO. OR LETTER	JURISDICTIO	N	X S	X SUPPORT		
00	City of San	Leandro			OPPOSE	
Identify the controlling officeholder, candidate, or state measure proponent, if any.						
NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT				
OFFICE SOUGHT OR HELD			DISTRICT N	10. IF /	ANY	
Primarily Formed C which this committee is primar		List names	of officehold	ler(s) o	or candidate(s) for	
NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	SHT OR HELI	D	SUPPORT OPPOSE	
NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	SHT OR HEL	D	SUPPORT OPPOSE	
NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	SHT OR HEL	D	SUPPORT OPPOSE	
NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HEL	D	SUPPORT OPPOSE	
Attac	n continuation	sheets if nece	essarv			

#### **Campaign Disclosure Statement Summary Page**

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

Statement covers period CALIFORNIA **FORM** from \_\_\_\_\_ 3/5 through \_\_\_\_

SUMMARY PAGE

FPPC Form 460 JAN/05

FPPC Toll-Free Helpline: 866/ASK-FPPC

SEE INSTRUCTIONS ON REVERSE . I.D. NUMBER NAME OF FILER Friends of San Leandro Measures OO PP NN 1391126 **Calendar Year Summary for Candidates** Column A Column B Contributions Received Running in Both the State Primary and CALENDAR YEAR TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 0.00 0.00 Schedule A. Line 3 1. Monetary Contributions ..... 1/1 through 6/30 7/1 to Date 0.00 0.00 Schedule B. Line 7 Loans Received ..... 20. Contribution 0.00 0.00 0.00 \$ 0.00 \$ SUBTOTAL CASH CONTRIBUTIONS..... Received Add Lines 1 + 2 0.00 0.00 Nonmonetary Contributions ..... Schedule C, Line 3 21. Expenditures 0.00 \$\_\_\_\_ 0.00 0.00 0.00 \$ \_\_\_\_ Made TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made** Candidates 8298.35 8298.35 \$ Schedule E, Line 4 6. Payments Made ..... 0.00 22. Cumulative Expenditures Made\* 0.00 7. Loans Made Schedule H. Line 7 (If Subject to Voluntary Expenditure Limit) 8298.35 8298.35 \$\_\_\_\_\_ SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 0.00 Total to Date 0.00 Date of Election 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 (mm/dd/yy) 0.00 0.00 10. Nonmonetary Adjustment ..... Schedule C. Line 3 8298.35 8298.35 \$ 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 **Current Cash Statement** To calculate Column B. add 8298.35 Previous Summary Page, Line 16 12. Beginning Cash Balance ..... amounts in Column A to the 0.00 corresponding amounts Column A, Line 3 above 13. Cash Receipts ..... from Column B of your last 0.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 report. Some amounts in 8298.35 Column A may be negative 15. Cash Payments ..... Column A. Line 8 above figures that should be 0.00 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$\_ carry over the amounts from Lines 2, 7, and 9 (if \*Since January 1, 2001. Amounts in this section may be **Cash Equivalents and Outstanding Debts** anv). different from amounts reported in Column B. 0.00 18. Cash Equivalents ..... See instructions on reverse 0.00 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above

Schedule E Payments Made		Type or print in ink.  Amounts may be rounded  to whole dollars.  State				Statement covers period CALIFORNIA FORM		
SEE INSTRUCTIONS ON REVERSE					through	4	/5	
NAME OF FILER						I.D. NUM	BER	
Friends of San Leandro Measures OO PP NN						139112	.6	
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC 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	MTG OFC PET PHO POL POS PRO		d appearai ses ilating s survey rese ivery and r	nces	RFD returne SAL campai TEL t.v. or o TRC candida TRS staff/sp rvices TSF transfer ing) VOT voter re	time and production costs of contributions on workers' salaries able airtime and production cote travel, lodging, and meals buse travel, lodging, and meal between committees of the significant technology costs (internet	s ame candidate/spo	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION OF PAYME	NT	AMOUNT PAID	
KaBOOM! 4301 Connecticut Av ML-1	ID:	,	CVC				4500.0	

	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	AMOUNT PAID	
430	BOOM! 01 Connecticut Av ML-1 ushington DC 20008	ID:	CVC		4500.00
Ker	nneth Pon CPA  Washington Av 223	ID:	PRO		650.00
Ker	n Leandro CA 94577 nneth Pon CPA 19 Washington Av 223	ID:	PRO		250.00
Sar	Leandro CA 94577				

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

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 (e).)

\$ 0.00

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

FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

8298.35

**SUBTOTAL \$** 

Schedule	E
<b>Payments</b>	Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	california 460
through	5/5
1	I.D. NUMBER

1391126

Friends of San Leandro Measures OO PP NN

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

CNS CTB CVC FIL FND IND LEG	campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MTG OFC PET PHO POL POS PRO		d appearar ses lating urvey rese very and n	nces	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production concandidate travel, lodging, and meals staff/spouse travel, lodging, and meat transfer between committees of the system registration information technology costs (internet	ls ame candidate/spons	sor
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		:	CODE	OR	DESCRIPTION O	F PAYMENT	AMOUNT PAID	

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	CODE OR DESCRIPTION OF PAYMENT	
San Leandro History Museum 320 W Estudillo Av	ID:	CVC		2888.35
San Leandro CA 94577				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	8288.35
Schedule E Summary		
Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	
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 (e).)	\$	<del></del>
4 Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6	5.) TOTAL \$	

Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in in	CITY OF SAN LEANDRU FORM				
SEE INSTRUCTIONS ON REVERSE	Statement covers period from10/23/2016 through12/31/2016	Date of election if applicable: (Month, Day, Year)	JAN 3 1 20 CITY CLERK'S O	For Official Use Only		
Type of Recipient Committee: All Committee     Officeholder, Candidate Controlled Committee     O State Candidate Election Committee     O Recall     (Also Complete Part 5.)     General Purpose Committee     O Sponsored     O Small Contributor Committee     O Political Party/Central Committee	tees - Complete Parts 1,2,3, and 4.  Ballot Measure Committee Primary Formed Controlled Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Stateme  Pre-election State  Semi-annual State  Termination State  Amendment (Expl	ment ement ment	☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form 495		
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Friends of San Leandro Measures OO PP NN	I.D.NUMBER 1391126	Treasurer(s)  NAME OF TREASURER Kenneth Pon CPA				
STREET ADDRESS (NO P.O. BOX) 234 Sunnyside Dr		MAILING ADDRESS 151 Callan Ave 306				
CITY STATE ZIP CO San Leandro CA 94577		CITY San Leandro	STATE CA	ZIP CODE AREA CODE/PHONE 94577 (510) 895-2011		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	BOX	NAME OF ASSISTANT TREASU Pauline Cutter	JRER, IF ANY			
CITY STATE ZIP CO	DE AREA CODE/PHONE	MAILING ADDRESS 234 Sunnyside Dr				
OPTIONAL: FAX/E-MAIL ADDRESS kponcpa@spn	vnet.com	CITY San Leandro	STATE CA	ZIP CODE AREA CODE/PHONE 94577 510/569-7797		
nponopa@ap.	,	OPTIONAL: FAX/E-MAIL ADDR (510) 895-2018	ESS kpor	ncpa@sprynet.com		
DATE   By   SIGNATURE OF C	ry under the laws of the State of Ca enneth Pon CPA SIGNATURE OF TREASURER OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE	Jifornia that the foregoing is true R ASSISTANT TREASURER TE MEASURE PROPONENT OR RESPONSIB	e and correct.	erein and in the attached schedules		
Executed on By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT  FPPC Form 460 (JAN/05)  FPPC Toll-Free Helpline: 866/ASK-FPPC  State of California					

Campaign Disclosure Statement		Type or print in ink.		<b>.</b>		MARY PAGE	
Summary Page		Amounts may be rounde to whole dollars.	Statement covers period		CALIFORNIA 460		
2			from	<del></del>	FORM		
SEE INSTRUCTIONS ON REVERSE			through		3/7		
NAME OF FILER		· · · · · · · · · · · · · · · · · · ·			I.D. NUMBER		
Friends of San Leandro Measures OO PP NN		<u>.</u>	·	Ł	1391126		
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		Summary for Ca h the State Prim		
1. Monetary Contributions	Schedule A, Line 3	\$ 12000.00	\$ 19600.00	. General Liectio	113	r	
2. Loans Received	Schedule B, Line 7	0.00	0.00		/1 through 6/30	7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>12000.00</u>	\$ <u>19600.00</u>	20. Contribution Received \$	0.00 \$	0.00	
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00	21. Expenditures			
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	12000.00	\$ 19600.00	Made \$	0.00 \$	0.00	
Expenditures Made				Expenditure Lir	nit Summary for	State	
6. Payments Made	. Schedule E, Line 4	\$ <u>11251.65</u>	\$ <u>11301.65</u>	Candidates	-		
7. Loans Made	Schedule H, Line 7	0.00	0.00		lative Expenditure		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>11251.65</u>	\$ <u>11301.65</u>	(If Subject	to Voluntary Expendit	ure Limit)	
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00	Date of Election (mm/dd/yy)	n · Tot	al to Date	
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00	. (Halledayy)			
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 11251.65	\$ <u>11301.65</u>	.	_ \$		
Current Cash Statement							
12. Beginning Cash Balance Previ	ous Summary Page, Line 16	\$	To calculate Column B, add				
13. Cash Receipts	Column A, Line 3 above	12000.00	amounts in Column A to the corresponding amounts				
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00	from Column B of your last report. Some amounts in				
15. Cash Payments	Column A, Line 8 above	11251.65	Column A may be negative				
16. ENDING CASH BALANCE Add Lines 12 + 1		\$8298.35	figures that should be subtracted from previous period amounts. If this is				
If this is a termination statement, Line 16 must be zero	J.	· · · · · · · · · · · · · · · · · · ·	the first report being filed				
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts			•	
Cash Equivalents and Outstanding D	ebts	-	from Lines 2, 7, and 9 (if any).	*Since January 1, 20	001. Amounts in this s	section may be	
18. Cash Equivalents	See instructions on reverse	\$0.00	_ [	diversif non amoun	nts reported in Colum	ii D.	

FPPC Form 460 JAN/05 FPPC Toll-Free Helpline: 866/ASK-FPPC

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.

TRANSPORNIA A RA Statement covers period

from	TORW
through	5/7
	I.D. Number
	1301126

NAME OF FILER Friends of San Leandro Measures OO PP NN

SEE INSTRUCTIONS ON REVERSE

SCHEDULE A

					100	1120
DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 11/02/2016	San Leandro Police Officers' Association PAC 901 E 14th St San Leandro CA 94577 ID: 1332467	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		2000.00	2000.00	
Rcpt Dt: 11/07/2016	Sheet Metal Workers' International Association Local 2610 Crow Canyon Rd 300  San Ramon CA 94583 ID: 1351785	Unidix Nedow Is OTH PTY SCC	sues Committee	3000.00	3000.00	

	SUBTOTAL \$	12000.00	
Schedule A Summary			*Contributor Codes
Amount received this period - contributions of \$100 or more.  (Include all Schedule A subtotals.)	\$		!ND - Individual COM - Recipient Committee (other than PTY or SCC)
2. Amount received this period - unitemized contributions of less than \$100	\$ <u></u>		OTH- Other PTY - Political Party
3. Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$		SCC - Small Contributor Committee

FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

	Towns on which to talk			SCHEDULE E	
Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period	california 2160 form	
SEE INSTRUCTIONS ON REVERSE			through	7/7	
NAME OF FILER				I.D. NUMBER	
Friends of San Leandro Measures OO PP NN				1391126	
CODES: If one of the following codes accurately describes the	ne payment, you i	may enter the code. (	Otherwise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC 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	POS postage, de	nd appearances nses ulating		ies production costs , and meals ing, and meals ttees of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
United States Postal Service 1777 Abram Ct	ID:	POS		4675.15	
San Leandro CA 94577  Yvonne Day Design 415 W Merle Ct	ID:	LIT		360.00	
San Leandro CA 94577					
* Payments that are contributions or independent expenditures must als	so be summarized o	n Schedule D.	SU	BTOTAL \$ 11251.65	
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include all S	chedule E subtot	als.)	teri	\$	
2. Unitemized payments made this period of under \$100.					
3. Total interest paid this period on loans. (Enter amount from					
4. Total payments made this period. (Add lines 1, 2, and 3. E				51	

#### **Certification of Records**

I hereby attest that the 7 pages contained herewith Form 460 Friends of San Leandro Measures OO PP NN received January 31, 2017, are true and correct copies of the original documents submitted to the City Clerk's Office in the City of San Leandro.

Deon Sailes, Deputy City Clerk

August 9, 2017

Date

**⊗** ♦♦♦ ⊗

Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in in	nk.	CITY OF SAN LEA	ANDDO 20	IFORNIA 001/02 ORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2016 through10/22/2016	Date of election if applicable: (Month, Day, Year)	OCT <b>27</b> 20 CITY CLERK'S O	· H	1 / 5 For Official Use Only
1. Type of Recipient Committee: All Commit  Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5.) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	tees - Complete Parts 1,2,3, and 4.  Ballot Measure Committee Primary Formed Controlled Sponsored (Also Complete Part 6.) Primary Formed Candidate/Officeholder Committee (Also Complete Part 7.)	2. Type of Statem  Pre-election State  Semi-annual State  Termination State  Amendment (Expl	ment ement ment	☐ Special ☐ Suppler	ly Statement Odd-Year Report mental Preelection ent - Attach Form 495
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Friends of San Leandro Measures OO PP NN  STREET ADDRESS (NO P.O. BOX) 234 Sunnyside Dr	I.D.NUMBER 1391126	Treasurer(s)  NAME OF TREASURER Kenneth Pon CPA  MAILING ADDRESS 151 Callan Ave 306			
CITY San Leandro  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	510/569-7797	San Leandro  NAME OF ASSISTANT TREASI Pauline Cutter	STATE CA JRER, IF ANY	ZIP CODE 94577	AREA CODE/PHONE (510) 895-2011
OPTIONAL: FAX/E-MAIL ADDRESS kponcpa@spr		MAILING ADDRESS 234 Sunnyside Dr  CITY San Leandro  OPTIONAL: FAX/E-MAIL ADDR	STATE CA	ZIP CODE 94577	AREA CODE/PHON 510/569-7797
DATE	d reviewing this statement and to the ry under the laws of the State of Caenneth Pon CPA SIGNATURE OF TREASURER OF T	(510) 895-2018  The best of my knowledge the information that the foregoing is true.  R ASSISTANT TREASURER	kpor ormation contained he e and correct.	erein and in th	

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

DATE

DATE

DATE

Ву\_

Executed on\_

Executed on\_

FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORM

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASU	DE		
na na			,	KE.		
			Measures OO PP NN			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBE	R IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO	NC	SUPPORT
			OO PP NN	City of Sar	n Leandro	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP	Identify the controlling	officeholder, cand	idate, or state measu	re proponent, if any.
na na	na	ZZ 99999	NAME OF OFFICEHOLDER	, CANDIDATE, OR P	ROPONENT	
			<del>-</del> \$		že.	
Related Committees Not Included in this not included in this statement that are controlled by you co contributions or to make expenditures on behalf of your c	or are primarily	List any committees formed to receive	OFFICE SOUGHT OR HELE	)	DISTRI	ICT NO. IF ANY
COMMITTEE NAME	I.D.NUME	BER	7. Primarily Forme which this committee is pr		Elist names of office	eholder(s) or candidate(s)
				imarily formed.	OFFICE SOUGHT OR	HELD
COMMITTEE NAME  NAME OF TREASURER		LLED COMMITTEE?	which this committee is pr	imarily formed.		
	CONTRO	LLED COMMITTEE?	which this committee is pr	imarily formed. OR CANDIDATE		HELD SUPPOR
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P	CONTRO YE	ILLED COMMITTEE? S	which this committee is provided in the NAME OF OFFICEHOLDER  NAME OF OFFICEHOLDER	imarily formed. OR CANDIDATE	OFFICE SOUGHT OR	HELD SUPPOR OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P	CONTRO	LLED COMMITTEE?	which this committee is provided in the NAME OF OFFICEHOLDER  NAME OF OFFICEHOLDER	imarily formed. OR CANDIDATE	OFFICE SOUGHT OR	HELD SUPPOR
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P	CONTRO YE	S NO	which this committee is provided in the NAME OF OFFICEHOLDER  NAME OF OFFICEHOLDER	OR CANDIDATE  OR CANDIDATE	OFFICE SOUGHT OR	HELD SUPPOR OPPOSE HELD SUPPOR OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P	CONTRO YE	S NO	NAME OF OFFICEHOLDER  NAME OF OFFICEHOLDER	OR CANDIDATE  OR CANDIDATE	OFFICE SOUGHT OR	HELD SUPPOR OPPOSE HELD SUPPOR OPPOSE HELD SUPPOR
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P	CONTRO YE	S NO	NAME OF OFFICEHOLDER  NAME OF OFFICEHOLDER	OR CANDIDATE  OR CANDIDATE	OFFICE SOUGHT OR	HELD SUPPOR OPPOSE HELD SUPPOR OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P	CONTRO YE CO.BOX) ZIP CODE	S NO	NAME OF OFFICEHOLDER  NAME OF OFFICEHOLDER	OR CANDIDATE  OR CANDIDATE  OR CANDIDATE	OFFICE SOUGHT OR	HELD SUPPOR OPPOSE HELD SUPPOR OPPOSE HELD SUPPOR OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P  CITY STATE  COMMITTEE NAME	CONTRO YE CO.BOX) ZIP CODE	SLLED COMMITTEE?  S	NAME OF OFFICEHOLDER  NAME OF OFFICEHOLDER  NAME OF OFFICEHOLDER  NAME OF OFFICEHOLDER	OR CANDIDATE  OR CANDIDATE  OR CANDIDATE	OFFICE SOUGHT OR  OFFICE SOUGHT OR  OFFICE SOUGHT OR	HELD SUPPOR OPPOSE HELD SUPPOR OPPOSE HELD SUPPOR OPPOSE

#### Campaign Disclosure Statement Summary Page

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

SL	JMN	//ARY	PAGE
----	-----	-------	------

| Statement covers period | CALIFORNIA 460 | FORM | 3/5 | | I.D. NUMBER | 1391126

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of San Leandro Measures OO PP NN

Friends of San Leanuro Measures COTT 1444			1391126
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE  General Electrical Control of the Con	ear Summary for Candidates Both the State Primary and ections
1. Monetary Contributions	\$ 7600.00 \$ 7600.00 \$ 0.00 7600.00	0.00 21. Expenditures	1/1 through 6/30 7/1 to Date  \$ 0.00 \$ 0.00  \$ 0.00
Expenditures Made  6. Payments Made	0.00	\$ 50.00 Candidates  0.00 22. C (If s  0.00 Date of 1 (mm/s)	umulative Expenditures Made* ubject to Voluntary Expenditure Limit) Election Total to Date
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse	\$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).  *Since Januar different from	y 1, 2001. Amounts in this section may be amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0.00_	.	FPPC Form 460 JAN/0 PPC Toll-Free Helpline: 866/ASK-FPPC

Schedule	Α	
Monetary	<b>Contributions</b>	Received

00	HED	 ٠.

Schedule A		Type or print in ink. Amounts may be rounded				SCHEDULE A		
	Monetary Contributions Received			nts may be rounded o whole dollars.	Statement covers period		CALIFORNIA 460	
_	SEE INSTRUCTION	NS ON REVERSE			through			4/5
	NAME OF FILER Friends of San	Leandro Measures OO PP NN			•			lumber 1126
	DATE RECEIVED	FULL NAME, MAILING 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 CALENDAR YI (JAN. 1 - DEC.	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)
<b>\</b> ,	Rept Dt: 10/21/2016	Bay Area Citizens PAC 6363 Christie Ave 2616 Emeryville CA 94608 ID: 1346828	☐ IND 区 COM ☐ OTH ☐ PTY ☐ SCC		500.00	50	0.00	
	Rept Dt: 10/19/2016	Cal Coast Companies LLC 11726 San Vicente Blvd 205 Los Angeles CA 90049 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		5000.00	5000	0.00	
	Rept Dt: 09/30/2016	Pauline Cutter for Mayor 2014 151 Callan Ave 306 San Leandro CA 94577 ID: 1367155	IND SCOM OTH PTY SCC		100.00	100	0.00	
	Rept Dt: 10/21/2016	MM/PG Bayfair Properties LLC 670 Water St Washington DC 20024 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		2000.00	2000	0.00	

	SUBTOTAL \$	7600.00	34.0 1.45.841	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Schedule A Summary  1. Amount received this period - contributions of \$100 or more.  (Include all Schedule A subtotals.)	\$	7600.00		*Contributor Codes IND - Individual COM - Recipient Committee
2. Amount received this period - unitemized contributions of less than \$100	\$	0.00		(other than PTY or SCC) OTH - Other
3. Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	. TOTAL \$	7600.00		PTY - Political Party SCC - Small Contributor Committee

- Att	
, San Jan 1	

#### Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	3
through	5/5
	I.D. NUMBER

1391126

NAME OF FILER

Friends of San Leandro Measures OO PP NN

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	
	campaign consultants		meetings and appearances	RFD	returned contributions	
			office expenses	SAL	campaign workers' salaries	(
	contribution (explain nonmonetary)*	PET	petition circulating		t.v. or cable airtime and production costs	~
	civic donations		phone banks		candidate travel, lodging, and meals	Ę
	candidate filing/ballot fees		polling and survey research		staff/spouse travel, lodging, and meals	$\sim$
	fundraising events				transfer between committees of the same candidate/spo	nsor
	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services		voter registration	
LEG	legal defense		professional services (legal, accounting)		information technology costs (internet, email)	
_LIT_	campaign literature and mailings	PRT	print ads	VVED	Information technology costs (internet, email)	
	MARKE AND ADDRESS OF DAVIE OF SPECITOR					_

LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)			
NAME AND ADDRESS OF PAYEE OR C (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	ID:				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	0.00
Schedule E Summary		
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	0.00
Unitemized payments made this period of under \$100.	\$	50.00
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 \$	50.00