

Secretary of State ALEX PADILLA

SECRETARY OF STATE

ELECTIONS

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User's Manual

Campaign Finance:

LOPEZ FOR CITY COUNCIL 2010, CORINA

Election Cycle:

2017 through 2018

Historical

View Information:

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

General Information

C Contributions Received

C Contributions Made

Expenditures Made

Late and \$5000+ Contributions Received

C 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.

HISTORICAL NAMES FOR THIS COMMITTEE

LOPEZ FOR CITY COUNCIL 2010, CORINA

LOPEZ FOR SAN LEANDRO CITY COUNCIL 2010, CORINA CARES! CORINA

FILER ID:

1324104

FILER PHONE:

(510) 520-1741

SUMMARY INFORMATION - LOPEZ FOR CITY COUNCIL 2010, CORINA (ID# 1324104)

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.





SECRETARY OF STATE

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Lobbying Activity

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Campaign Finance:

LOPEZ FOR CITY COUNCIL 2010, CORINA

Election Cycle:

- @ 2013 through 2014
- C Historical

View Information:

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

- General Information
- Contributions Received
- Contributions Made
- C Expenditures Made
- C Late and \$5000+ Contributions Received
- C Late Contributions Made
- C Late Independent Expenditures
- C Electronic Filings

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LOPEZ FOR CITY COUNCIL 2010, CORINA

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Recipient Co	Organization⁼ mmittee	Type or print in i	ink		Date Stamp		EMENT OF ORGA	
Statement Type	☐ Initial Not yet qualified ☐ or	Amendment List I.D. number: # 1324104		Fermination – See Part 5 D. number:	CITY OF SAN LEA	NDRO	For Official Use On	:10
	Date qualified as committee	Date qualified as committe (If applicable)	ee D	ate of Termination	CITY CLERK'S OF	FILE		
1. Committee Info	ormation			2. Treasurer and Othe	er Principal Officers		······································	
NAME OF COMMITTE				NAME OF TREASURER Vince J. Rosato STREET ADDRESS (NO P.O				
STREET ADDRESS (I	or City Council 2010			1542 141st Ave.	. <i>55</i> 7,			
1271 Washingt	•			CITY San Leandro	STATE CA	ZIP CODE 94578	AREA CODE 510-520-	
San Leandro	STATE CA	<u> </u>	CODE/PHONE 520-1741	NAME OF ASSISTANT TREA			-	
OPTIONAL: FAX / E-M	MAIL ADDRESS E COUNTY WHER	E COMMITTEE IS ACTIVE IF D	IFFERENT	CITY NAME OF PRINCIPAL OFFIC	STATE	ZIP CODE	AREA CODE	JPHONE
Alameda	THAN COUNTY	OF DOMICILE	CENCINI	STREET ADDRESS (NO P.O.	BOX)		——————————————————————————————————————	
Attach additional info	ormation on appropriately labeled co	ontinuation sheets.		CITY	STATE	ZIP CODE	AREA CODE	PHONE
B. Verification I have used all rea perjury under the latest text and text are secuted on Executed on Executed on Executed on	sonable diligence in preparing to aws of the State of California the Table 21 - 10 DATE DATE DATE	his statement and to the lat the foregoing is true and By By By By	1/1	SIGNATURE OF SIGNATURE OF SIGNATURE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OR STA	ISURER TE MEASURE PROP TE MEASURE PROP	ONENT	/ of
	···-			SIGNATURE OF CONTROLLING OF	FICEHOLDER CANDIDATE OF CTA	TE MEACURE PROP		

CITY OF SAN LEAMORO
ORCINES I SOIN
CITY CLERK'S OFFICE

Recipient Committee					CALIFORNIA FORM	410
INSTRUCTIONS ON REVERSE				~	Page 2	
COMMITTEE NAME		I.D. NUMBER				
Corina Lopez for City Council 2010		1324104				
4. Type of Committee Complete the applicable sections.						
Controlled Committee						
 List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election. 	measure _l	proponent. If candidate or o	fficeholder controll	ed, also list the elective o	office sought or held	, and
List the political party with which each officeholder or candidate is	affiliated	or check "non-partisan."				_
 If this committee acts jointly with another controlled committee, list 	t the name	e and identification number o	of the other controll	ed committee.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT (INCLUDE DISTRICT NUMBER II		YEAR OF ELECTION	PARTY	
Corina N. Lopez	San Le	eandro City Council Distric	et 5	2010	X Non-Partisan	
					☐ Non-Partisan	
List the financial institution where the campaign bank account is lo	ocated (co	ntrolled "candidate election"	committees only)	-		_
NAME OF FINANCIAL INSTITUTION	Al	REA CODE/PHONE	BANKACCO	UNT NUMBER		
Union Bank	5	10-483-7167	1220004	96 1390029140		
ADDRESS	CI	TY	STATE	ZIP CODE		
1145 E. 14th Street	S	an Leandro	CA	94577		
Primarily Formed Committee Primarily formed to support or oppose	specific co	undidates or messures in a single	a alastion. List below	,		
· ····································	apcomo co					
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR	LETTER)			R MEASURE(S) JURISDICTIO UNTY, AS APPLICABLE)		K ONE
					SUPPORT	OPPOSE
			···		SUPPORT	OPPOSE

RECEIVED AND FILED in the office of the Secretary of State of the State of Californian of Cali

Recipient Co	mmittee	Type or print in ink			Date	Statian 2	9 2 CALIF	ORNIA 410	
Statement Type	Not yet qualified or Date qualified as committee	Amendment List i.D. number: # Date qualified as committee (If applicable)	#/	nination – See Part 5 umber: of Termination	Han, Debra CITY OF SAM MAR: 3	1 LEAND 1 2010	d, Sacramehi Kogtary of Sta	r Official Use Only	
1. Committee Inf	ormation	4	2	. Treasurer and Ot			<u> </u>	····································	
NAME OF COMMITT Corina Cares! STREET ADDRESS (Corina Lopez for San Lea	andro City Council 2010		Vince J. Rosato STREET ADDRESS (NO F 1542 141st Ave.	<u> </u>	STATE	ZIP CODE	AREA CODE/PHONE	· (
1271 Washing	,			San Leandro		CA	94578	510-520-1741	
CITY San Leandro MAILING ADDRESS	sta C <i>A</i>		E/PHONE 52-2737	NAME OF ASSISTANT TO	·				
OPTIONAL: FAX / E				NAME OF PRINCIPAL OF	FICER(S)	STATE	ZIP CODE	AREA CODE/PHONE	
Alameda		HERE COMMITTEE IS ACTIVE IF DIFFEE NTY OF DOMICILE	RENT	STREET ADDRESS (NO	P.O. BOX)		······································		•
Attach additional ir	nformation on appropriately labels	ed continuation sheets.		CITY		STATE	ZIP CODE	AREA CODE/PHONE	- (
	easonable diligence in prepare laws of the State of Californ 2 0	ing this statement and to the best a that the foregoing is true and co By By By By By		Ane D	DE OFTREASUBER OB A	SSISTANT TREA	ASURER ATE MEASURE PROP	ONENT	
	DATE			SIGNATURE OF CONTROLLIN	NG OFFICEHOLDER, CAN	DIDATE, OR STA	ATE MEASURE PROP	ONENT	-

FPPC Form 410 (June/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Statement of Recipient Co	Organization mmittee	Type or print in ink			Date Sta	·	CALIF	ORNIA 410
Statement Type	☐ Initial Not yet qualified ☐ or	Amendment List I.D. number:	☐ Tern List I.D. r	nination – See Part 5 number:	CITY OF SAN		T \ \	or Official Use Only
		#_1324104	#		CITY CLERK		CE	
	Date qualified as committee	Date qualified as committee (If applicable)	Date	of Termination				
. Committee Inf	ormation		2	. Treasurer and Other	r Principal Office	rs		
NAME OF COMMITT				NAME OF TREASURER				
Corina Lopez 1	for City Council 2018			Vince Jerome Rosat				
				STREET ADDRESS (NO P.O.	BOX)			
OTDECT ADDRESS (NO 50 500			1542 141st Avenue				
STREET ADDRESS (NO P.O. BOX)			CITY	5	TATE Z	IP CODE	AREA CODE/PHONE
1271 Washing	ton #729			San Leandro		CA 9	4578	510-357-1755
CITY	STATE	ZIP CODE AREA CODE/	/PHONE	NAME OF ASSISTANT TREAS	SURER, IF ANY			
San Leandro	CA	94577 510-332-1	816					
MAILING ADDRESS	(IF DIFFERENT)			STREET ADDRESS (NO P.O.	BOX)			
				CITY		TATE Z	IP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-	MAILADDRESS							
				NAME OF PRINCIPAL OFFICE	ER(S)			· ·
COUNTY OF DOMIC		RE COMMITTEE IS ACTIVE IF DIFFERE	ENT					
	THAN COUNTY	OF DOMICILE		STREET ADDRESS (NO P.O.	BOX)		······································	
Attach additional in	formation on appropriately labeled o	continuation sheets.		CITY		STATE 2	ZIP CODE	AREA CODE/PHONE
. Verification I have used all re perjury under the	asonable diligence in preparing laws of the State of California tl	this statement and to the best on the foregoing is true and cor	of my knowle	edge the information conta	ained herein is true	and compl	ete. I certify	under penalty of
Executed on	1/31/11	Ву		Vine to	Pure / Co	ou Z		***
Executed on	4/04/44	Ву						
Executed on	DATE	Ву		SIGNATURE OF CONTROLLING OF				
Executed on	DATE	Ву		SIGNATURE OF CONTROLLING OF				
				S.S. WILLIAM OF SOM INCLUME OF	TO THE POST OF THE PARTY OF THE	, ON SIMIE MI		140-141

FPPC Form 410 (June/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Statement of Organization Recipient Committee	CALIFORNIA 410
INSTRUCTIONS ON REVERSE	Page 2
COMMITTEE NAME	i.D. NUMBER
4. Type of Committee Complete the applicable sections.	
Controlled Committee	

• List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and

 List the political party with which each officeholder or candidate is affiliated or check "non-partisan." 						
 If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. 						
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY			
Corina N. Lopez	San Leandro City Council District 5	2010	⊠ Non-Partisan			

☐ Non-Partisan

• List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

district number, if any, and the year of the election.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT N	UMBER	
Union Bank	510-483-7167	122000496 13	390029140	^
ADDRESS	CITY	STATE	ZIP CODE	
1145 E. 14th Street	San Leandro	CA	94577	

Primarily Formed Committee Primarily formed to support or oppose specific candidates	tes or measures in a single election. List below:	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE		
		SUPPORT	OPPOSE	
			1	
			J	
		SUPPORT	OPPOSE	
•	•	i i	i	

STATEMENT OF ORGANIZATION

One Walata Intention Otation (CANDIDATE INTENTION STATEMENT				
Candidate Intention Statement	Type or Print in Ink.		CITY OF SA	AN LEAND	ALIFORNIA FOR M	501
Check One: Initial			DEC 2	4 2009	For Official Us	e Only
			CITY CLE	RK'S OFFICE		
1. Candidate Information:			, <u> </u>			
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NU	MBER (optional)	E-MAIL (optional)	,	
Lopez, Corina N.	(510) 520-1741) 372-0453	E-MAIL (optional, YourOpinic		
STREET ADDRESS	CITY	(STATE	ZIP CODE	ziorsaniean	<u>droCityCou</u> ncil.c
1271 Washington Ave. #729	San Leandro		CA	94577		
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		Ī	DISTRICT NUMBER,		N-PARTISAN	
City Councilmember City of San Lea	andro		District 5	PARTY	:	`
OFFICE JURISDICTION		<u> </u>		<u> </u>		
☐ State (Complete Part 2.)			20 ⁻	10		
☑ City ☐ County ☐ Multi-County: —————	(Name of Multi-County Jurisdiction)		(Year of I			
(Year of Election) Primary/general election (Year of Election)	.Special/runoff election		•			
(Check one box) I accept the voluntary expenditure ceiling for the election s	tated above.					
☐ I do not accept the voluntary expenditure ceiling for the ele	ection stated above.					
Amendment: O I did not exceed the expenditure ceiling in the primary general or special run-off election.	or special election held on:		and I accept th	e voluntary expe	enditure ceiling	for the
(Mark if applicable)						
On/, I contributed personal funds in exce	ss of the expenditure ceiling for th	e election	stated above.			
3. Verification:						
I certify under penalty of perjury under the laws of the State of	of California that the foregoing is t	rue and co	orrect.			
Executed on	Signature (Can	didate)				

FPPC Form 501 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

OFFINAL LEANDRO

DEC \$ 45000

CITY CLERK'S OFFICE

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CALIFORNIA 460

Date Stamp

Cover rage			CITY OF SAN LEAN	
	Statement covers period 61/01/2018	Date of election if applicable: (Month, Day, Year)	JUL 3 1 2018	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2018	2010	CITY CLERK'S OFFICE	
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6 Complete Part 7)	☐ Preelection Statement☐ Semi-annual Statement☐ Termination Statement (Also file a Form 410 Te☐ Amendment (Explain be	ermination)	Statement dd-Year Report
	NUMBER 324104	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	021101	NAME OF TREASURER		
Corina Lopez for San Leandro City Council 2010		Linda Perry		
Comma Lopez for Carr Loanard City Coarron 2010		MAILING ADDRESS		
		1527 139th Avenue		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
1271 Washington Ave #729		San Leandro	CA 94578	(510)258-7787
CITY STATE ZIP COD		NAME OF ASSISTANT TREASURER	,	
San Leandro CA 94577	(510)332-1816		former treasurer) deceased	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CODE	E AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	S	
lindajperry@hotmail.com		lindajperry@hotmail.com		
. Verification		,, ,,		
I have used all reasonable diligence in preparing and reviewing	g this statement and to the best of my kr	nowledge the information contained	herein and in the attached schedule	s is true and complete. I
certify under penalty of perjury under the laws of the State of C)	
07/30/2018		2 mg	and the same of th	
Executed onOate	Ву	Signature of Treasurer or Assistant	Treasurer	
Executed on 7/30 Date 2018	BySignature of Control	ling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Sponsor	
Executed on	BySig	nature of Controlling Officeholder, Candidate, S	tate Measure Proponent	
Executed on	BySig	nature of Controlling Officeholder, Candidate, S	tate Measure Proponent	
				EDDC E 400 (1 /0040)

Recipient Committee Campaign Statement Cover Page — Part 2

			:-PART2
CALI F	FORN ORM	IA 🗸	160
Page	2	of	4

Officeholder or Candidate Controlled Committee	6. Primarily Formed B	allot Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASUR	E	
Corina Lopez	•		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	SUPPORT OPPOSE
City Council Member, City of San Leandro, District 5			☐ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 1271 Washington Ave #729 San Leandro CA 94577	Identify the controlling o	fficeholder, candidate, or state mea	asure proponent, if any.
Jan Leanur OA 34311	NAME OF OFFICEHOLDER,	CANDIDATE, OR PROPONENT	
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.	OFFICE SOUGHT OR HELD	DIS	TRICT NO. IF ANY
COMMITTEE NAME I.D. NUMBER			
NAME OF TREASURER CONTROLLED COMMITTEE?	7. Primarily Formed C	andidate/Officeholder Comn	nittee List names of
YES NO	οπicenoider(s) or candida	te(s) for which this committee is prim	апіу тогтеа.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER O	OR CANDIDATE OFFICE SOUGHT	OR HELD SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER O	OR CANDIDATE OFFICE SOUGHT	OR HELD SUPPORT
COMMITTEE NAME I.D. NUMBER	NAME OF OFFICEROUS DED	DE CANDIDATE OFFICE COLICUT	<u> </u>
	NAME OF OFFICEHOLDER (OR CANDIDATE OFFICE SOUGHT	SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE OFFICE SOUGHT	OR HELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			
CITY STATE ZIP CODE AREA CODE/PHONE		Attach continuation sheets if neces	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page		from	01/01/2018	CALIFORNIA FORM	460
EE INSTRUCTIONS ON REVERSE		through	06/30/2018	Page3 of	4
AME OF FILER				I.D. NUMBER	
Corina Lopez for San Leando City Council 2010				1324104	
	Calman A	Oakses D	0-1	6 0	

Corina Lopez for San Leando City Council 2010					1324104	
Contributions Received	(1	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$ \$	0.00 22861.00 22861.00 0.00 22861.00	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$	(
Expenditures Made 6. Payments Made	\$	0.00	\$	0.00	Expenditure Limit Summary for State Candidates	
7. Loans Made	\$		\$	0.00	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date (mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	0.00	\$ 	0.00	/ \$	
12. Beginning Cash Balance		0.00	add A to am of y am be	calculate Column B, if amounts in Column by the corresponding counts from Column B your last report. Some counts in Column A may negative figures that	*Amounts in this section may be different from amounts reported in Column B.	.(
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts	\$	0	pre this filed only fror	ould be subtracted from vious period amounts. If is the first report being if for this calendar year, y carry over the amounts in Lines 2, 7, and 9 (if		
18. Cash Equivalents			any).	FPPC Form 460 (Jan/2016)	

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

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0,	*	•	ويوخ	,		

Schedule B - Part 1

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Statement covers period

Loans Received		to whole dollars	5.		from 01/0	rers period 1/2018	CALIFORN FORM	^{IA} 460	
SEE INSTRUCTIONS ON REVERSE					through06/	30/2018	Page4	of4	
NAME OF FILER							I.D. NUMBER		l
Corina Lopez for San Leando City Counc	il 2010						1324104		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	j
Corina Lopez 1271 Washington Ave #729 San Leandro, CA 94577	Candidate			PAID S C FORGIVEN	\$ 22861.00	0%	s 23503	SPER ELECTION**	(
[†] ☑IND □ COM □ OTH □ PTY □ SCC		s 22861.00	s0	s0	1/01/15 DATE DUE	s0	_3/21/10_ DATE INCURRED	s <u>23503</u>	
				PAID FORGIVEN	s	% RATE	s	\$PER ELECTION**	
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$	
•	•	s	\$	PAID S FORGIVEN \$	\$	% RATE	\$	\$PER ELECTION**	
[†] □IND □ COM □ OTH □ PTY □ SCC	<u> </u>				DATE DUE	•	DATE INCURRED		ı
Schedule B Summary 1. Loans received this period		SUBTOTALS \$			0.00	(Enter (e) on Schedule E, Line 3)			(
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10	s of less than \$100.)					†C INI	contributor Codes D – Individual DM – Recipient Co		
(Include loans paid by a third party that 3. Net change this period. (Subtract Line Enter the net here and on the Summar	t are also itemized on Sche	•			0.00 May be a negative number)	PT	(other than F FH – Other (e.g., t Y – Political Party CC – Small Contril	ousiness entity) /	

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

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

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	Pro-	SAN LEANDRO	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period	(Month, Day, Year)	N 3 1 2018 ERK'S OFFICE	For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Private Of Calculation Committee Also Complete Part 5) (Also Complete Part 5)	imarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) Simarily Formed Candidate/ ficeholder Committee Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	Special Supple	rly Statement Odd-Year Report mental Preelection ent - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Corina Lopez for City Council 2010 STREET ADDRESS (NO P.O. BOX) 1271 Washington Ave #729 CITY STATE ZIP COD		Treasurer(s) NAME OF TREASURER Vince Jerome Rosatodeceas MAILING ADDRESS 1542 141st Avenue CITY San Leandro NAME OF ASSISTANT TREASURER, IF AN	STATE ZIP COD CA 94578	e area code/phone (510)357-1755
San Leandro CA 94577 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO CITY STATE ZIP COD OPTIONAL: FAX / E-MAIL ADDRESS Lindaiperry C Notmail Co	E AREA CODE/PHONE	Linda Perry MAILING ADDRESS 1527 139th Avenue CITY San Leandro OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODI CA 94578	(510)258-7787
I have used all reasonable diligence in preparing and reviewing tunder penalty of perjury under the laws of the State of California (Executed on	BySignature of Cont	wiedge the information contained herein and in Signature of Treasurer or Assistant Treasurer rolling Officeholder, Candidate State Measure Proponent or Res Signature of Controlling Officeholder, Candidate, State Measure F	ponsible Officer of Sponsor Proponent	is true and complete. I certify

Recipient Committee Campaign Statement Cover Page — Part 2

5.

COVER PAGE - PART 2

CALIFORNIA 460

Page _____ of ____4

Officeholder or Candidate Co	ntrolled Committee		6.	Primarily Formed Bal	lot Measur	e Committee	9		
NAME OF OFFICEHOLDER OR CANDIDAT	E			NAME OF BALLOT MEASURE					
Corina Lopez									
OFFICE SOUGHT OR HELD (INCLUDE LO San Leandro City Council Distr		R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDIC	TION		SUPPORT OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO.		STATE ZIP							E
1271 Washington #729	San Leandro	CA 94577		Identify the controlling o	fficeholder, c	andidate, or s	tate measure	e proponent, if any.	ĺ
	Can Ecandro	OA 94311		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR I	PROPONENT			
Related Committees Not Inclu- not included in this statement that are contributions or make expenditures or	controlled by you or are prin			OFFICE SOUGHT OR HELD			DISTRICT NO). IF ANY	
COMMITTEE NAME	I.D. NUM	IBER				-	<u> </u>		
NAME OF TREASURER	CONTRO	DLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate	ndidate/Off (s) for which th	iceholder Co	ommittee s primarily fo	List names of rmed.	
COMMITTEE ADDRESS STREET A	DDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE	
CITY	STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	i.d. nun	BER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	(
NAME OF TREASURER	CONTRO	ES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT ☐ OPPOSE	
COMMITTEE ADDRESS STREET A	DDRESS (NO P.O. BOX)					l		1 , , , , , ,	
CITY	STATE ZIP CODE	AREA CODE/PHONE		Atta	nch continuat	ion sheets if I	necessary		

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Corina Lopez for City Council 2010 1324104 **Calendar Year Summary for Candidates** Column A Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE General Elections 0 1. Monetary Contributions Schedule A, Line 3 \$ _____ 1/1 through 6/30 7/1 to Date (22861.00) 2. Loans Received Schedule B, Line 3 0 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ Received 0 0 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures \$_____ \$. Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ **Candidates** 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 0 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 0 (mm/dd/vy) 10. Nonmonetary Adjustment Schedule C, Line 3 n **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ ____ 22861.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ ____ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 1 Loans Received		Type or print in ounts may be ro to whole dollar	ounded		Statement cov	vers period 1/2017	SCHE CALIFORN FORM	IIA 460	
SEE INSTRUCTIONS ON REVERSE					through12/	31/2017	Page4	of	
NAME OF FILER							I.D. NUMBER		1
Corina Lopez for City Council 2010	•						1324104		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIC	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	3
Corina Lopez 1271 Washington #729 San Leandro, CA 94577	Candidate			PAID \$ FORGIVEN	22861.00	O %	s 23503	SPER ELECTION**	(
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		s 22861.00	s0	\$	0 1/1/15 DATE DUE	s0	3/21/10 DATE INCURRED	s23503	.
				PAID \$ FORGIVEN	s	% RATE	s	\$PER ELECTION ***	t
†□ IND □ COM □ OTH □ PTY □ SCC		s	s	\$	DATE DUE	s	DATE INCURRED	s	_
	;			PAID \$ FORGIVEN	_ s	% RATE	s	SPER ELECTION ***	•
† IND COM OTH PTY SCC		s	\$	s	DATE DUE	s	DATE INCURRED	s	1
		SUBTOTALS \$	0 \$	S	0 \$ 22861.00	·	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
1. Loans received this period			•••••	\$ _	0				
(Total Column (b) plus unitemized loans	of less than \$100.)					I .	Contributor Codes	;	

Enter the net here and on the Summary Page, Column A, Line 2.

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

** If required.

(Include loans paid by a third party that are also itemized on Schedule A.)

(Total Column (c) plus loans under \$100 paid or forgiven.)

2. Loans paid or forgiven this period\$

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

(May be a negative number)

PTY - Political Party

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

SCC - Small Contributor Committee

OVER PAGE	

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	CITY OF SAN'L	2017	FORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period 01/01/2017 through06/30/2017	Date of election if applicable: (Month, Day, Year)	CITY CLERK'S		For Official Use Only
1. Type of Recipient Committee: All Committees - C 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 To	ermination)	Quarterly Sta Special Odd Supplementa Statement - A	Year Report
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Corina Lopez for City Council 2010	.D. NUMBER 1324104)	Treasurer(s) NAME OF TREASURER Vince Jerome Rosato MAILING ADDRESS 1542 141st Avenue	-deceased		
STREET ADDRESS (NO P.O. BOX) 1271 Washington Ave #729 CITY STATE ZIP C San Leandro CA 945 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	77 (510)332-1816	San Leandro NAME OF ASSISTANT TREASUL Linda Perry MAILING ADDRESS 1527 139th Avenue	STATE CA RER, IF ANY	ZIP CODE 94578	AREA CODE/PHONE (510)357-1755
	ail. Com	San Leandro OPTIONAL: FAX / E-MAIL ADDR		21P CODE 94578	AREA CODE/PHONE (510)258-7787
4. Verification I have used all reasonable diligence in preparing and reviewi under penalty of perjury under the laws of the State of Californ Executed on Executed on Date Executed on Date Executed on Date	hia that the foregoing is true and correct. By	Ludi & Pr	Opponent or Responsible Officer	of Sponsor	e and complete. I certify

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGE-PART2
CALI F	FORNIA ORM	460
Page _	2	of4

NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE					
Corina Lopez									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	D DISTRICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT	
San Leandro City Council District 5								OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	ET) CITY San Leandro	STATE ZIP CA 94577		Identify the controlling of	iceholder, ca	ndidate, or s	tate measure	proponent, if	ny.
1271 Washington #729	Sail Lealiulo	CA 94577		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT			
Related Committees Not Included in to not included in this statement that are controlled contributions or make expenditures on behalf of	l by you or are primari	•		OFFICE SOUGHT OR HELD			DISTRICT NO	, IF ANY	
COMMITTEE NAME	I.D. NUMBER	₹					<u> </u>		
NAME OF TREASURER		ED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate(didate/Offic s) for which th	ceholder C is committee i	ommittee is primarily for	List names of med.	
	☐ YES	ED COMMITTEE?		Primarily Formed Car officeholder(s) or candidate(s) for which th	is committee i	ommittee is primarily for	med.	
COMMITTEE ADDRESS STREET ADDRESS (N	NO P.O. BOX)			officeholder(s) or candidate(s) for which th	OFFICE SOL	s primarily for	SUPPOR	:
COMMITTEE ADDRESS STREET ADDRESS (N	NO P.O. BOX)	□ NO AREA CODE/PHONE		officeholder(s) or candidate(candidate	OFFICE SOL	s <i>primarily for</i>	SUPPOI	T
,	NO P.O. BOX) ZIP CODE I.D. NUMBER	□ NO AREA CODE/PHONE		officeholder(s) or candidate(NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	candidate candidate candidate candidate	OFFICE SOL	S primarily for	SUPPOR SUPPOR SUPPOR OPPOSE SUPPOR OPPOSE	T RT RT
COMMITTEE ADDRESS STREET ADDRESS (N	ZIP CODE I.D. NUMBER CONTROLLE YES	NO AREA CODE/PHONE R ED COMMITTEE?		officeholder(s) or candidate(NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	candidate candidate candidate candidate	OFFICE SOL	JGHT OR HELD JGHT OR HELD	SUPPOR SUPPOR SUPPOR SUPPOR SUPPOR SUPPOR SUPPOR	T RT RT

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
State from	ment covers period 01/01/2017	CALIFORNIA 460
through	06/30/2017	Page3 of4
-!		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1324104 Corina Lopez for City Council 2010 Calendar Year Summary for Candidates Column B Column A **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and TOTALTODATE (FROMATTACHED SCHEDULES) **General Elections** n 1. Monetary Contributions Schedule A, Line 3 \$ 7/1 to Date 1/1 through 6/30 (22861.00) 2. Loans Received Schedule B. Line 3 20. Contributions n 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 0 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditure Limit Summary for State Expenditures Made** 0 **Candidates** n 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ n Date of Election Total to Date (mm/dd/vv) 10. Nonmonetary Adjustment Schedule C, Line 3 0 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ 22861.00 FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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SCHEDULE B-PART 1 Type or print in ink. Schedule B – Part 1 Statement covers period Amounts may be rounded **CALIFORNIA Loans Received** to whole dollars. 01/01/2017 **FORM** from 06/30/2017 Page _ through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1324104 Corina Lopez for City Council 2010 (d) OUTSTANDING (a) OUTSTANDING IF AN INDIVIDUAL, ENTER CUMULATIVE ORIGINAL INTEREST FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT AMOUNT PAID BALANCEAT OCCUPATION AND EMPLOYER BALANCE CONTRIBUTIONS AMOUNT OF RECEIVED THIS PAID THIS OF LENDER OR FORGIVEN (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) BEGINNING THIS CLOSE OF THIS PERIOD LOAN TODATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD THIS PERIOD PERIOD PERIOD CALENDAR YEAR ☐ PAID Corina Lopez Candidate 22861.00 0 23503 1271 Washington #729 RATE PER ELECTION* FORGIVEN San Leandro, CA 94577 22861.00 0 23503 3/21/10 1/1/15 DATE DUE DATE INCURRED TIND □ COM □ OTH □ PTY □ SCC CALENDAR YEAR ☐ PAID DATE PER ELECTION ** ☐ FORGIVEN DATE INCURRED DATE DUE T IND □ COM □ OTH □ PTY □ SCC CALENDAR YEAR ☐ PAID PER ELECTION** FORGIVEN DATE INCURRED DATE DUE †□IND □COM □OTH □PTY □SCC 0 \$ 22861.00 \$ 0\$ SUBTOTALS \$ (Enter (e) on Schedule E. Line 3) **Schedule B Summary** 1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) †Contributor Codes

(Include loans paid by a third party that are also itemized on Schedule A.)

(Total Column (c) plus loans under \$100 paid or forgiven.)

** If required.

2. Loans paid or forgiven this period

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

(May be a negative number)

IND - Individual

PTY - Political Party

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	Date Stamp	VDRO	1	
	Statement covers period from07/01/2016	Date of election if applicable: (Month, Day, Year)	JAN 3 1 201 CITY CLERK'S OF		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2016		Giri Gizinio or	,,,,,	
 ◯ State Candidate Election Committee ◯ Recall (Also Complete Part 5) □ General Purpose Committee ◯ Sponsored ◯ Small Contributor 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 T ☐ Amendment (Explain b	ermination)	Quarterly State Special Odd- Supplemental Statement - A	Year Report
	D. NUMBER 1324104)	Treasurer(s) NAME OF TREASURER Vince Jerome Rosato MAILING ADDRESS 1542 141st Avenue			
1271 Washington Ave #729		San Leandro	STATE CA	ZIP CODE 94578	AREA CODE/PHONE (510)357-1755
San Leandro CA 9457 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	77 (510)332-1816	NAME OF ASSISTANT TREASU Linda Perry MAILING ADDRESS	RER, IF ANY		
CITY STATE ZIP C OPTIONAL: FAX / E-MAIL ADDRESS	ODE AREA CODE/PHONE	1527 139th Avenue CITY San Leandro OPTIONAL: FAX / E-MAIL ADD	STATE CA RESS	ZIP CODE 94578	AREA CODE/PHONE (510)258-7787
4. Verification I have used all reasonable diligence in preparing and reviewir under penalty of perjury under the laws of the State of Californ Executed on Executed on Date Executed on Date	nia that the foregoing is true and correct	Signature of Treathdrer or Assistant	opponent or Responsible Officer of State Measure Proponent		e and complete. I certify

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER PAGE - PART				
CALIF FO	FORNIA DRM	460			
Page _	2_	of4			

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Corina Lopez					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND E	BALLOT NO. OR LETTER	JURISDICTIO	1	☐ SUPPORT ☐ OPPOSE	
San Leandro City Council District 5					
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	11 415 41 A 117 A	. Eff b. I day . com	ididate, or state measure	nrononent if any
1271 Washington #729 Sa	an Leandro CA 94577				- proponent, it any
<u> </u>		NAME OF OFFICEHOLDER,	CANDIDATE, OR PRO	OPONENI	
Related Committees Not Included in this of included in this statement that are controlled by contributions or make expenditures on behalf of your	y you or are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER				
	I.D. HOWBER				
	CONTROLLED COMMITTEE?	7. Primarily Formed Cofficeholder(s) or candida	ate(s) for which this	eholder Committee s committee is primarily for OFFICE SOUGHT OR HELI	rmed.
	CONTROLLED COMMITTEE?	officeholder(s) or candida	ate(s) for which this	s committee is primarily fo	rmed.
COMMITTEE ADDRESS STREET ADDRESS (NO	CONTROLLED COMMITTEE?	officeholder(s) or candida	or candidate	s committee is primarily fo	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	CONTROLLED COMMITTEE? YES NO P.O. BOX)	officeholder(s) or candida NAME OF OFFICEHOLDER	or Candidate OR Candidate OR Candidate	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	CONTROLLED COMMITTEE? YES NO P.O. BOX) ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER	OR CANDIDATE OR CANDIDATE OR CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
	CONTROLLED COMMITTEE? YES NO P.O. BOX)	officeholder(s) or candida NAME OF OFFICEHOLDER	or candidate	OFFICE SOUGHT OR HELI	rmed.

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 07/01/2016 CALIFORNIA 460 FORM Page 3 of 4

SUMMARY PAGE

				through _	12/31/2010	Page of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUMBER
Corina Lopez for City Council 2010						1324104
Contributions Received	•	Column A TOTAL THIS PERIOD OMATTACHED SCHEDULES)	\$	COLUMN B CALENDAR YEAR TOTAL TODATE 0	Calendar Year Sun Running in Both th General Elections	nmary for Candidates ne State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ _ -	0	\$ _	(22861.00) 0 0	20. Contributions Received \$ 21. Expenditures Made \$	through 6/30 7/1 to Date \$(
Expenditures Made 6. Payments Made	\$ _ -	0 0 0	\$ _ -	0 0 0 0 0	Candidates	Summary for State ive Expenditures Made* to Voluntary Expenditure Limit) 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	\$	0 0	amo corr fron repo Coli figu sub peri the for carr fron	calculate Column B, add bunts in Column A to the responding amounts in Column B of your last ort. Some amounts in turn A may be negative res that should be tracted from previous for amounts. If this is first report being filed this calendar year, only yo ver the amounts in Lines 2, 7, and 9 (if	*Amounts in this section reported in Column B.	may be different from amounts
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above			any		FPPC Toll-Free Help	FPPC Form 460 (January/05) oline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 1 Loans Received						
		N REVERS	SE			
Corina l	Lopez fo	r City Co	ouncil 2			
	(OF LENDEI	₹			
271 W	ashingto					
☑ IND	□ сом	□ отн	☐ PTY			
	chedoans EE INSTR AME OF F Corina FULL N Corina I 271 W San Lea	chedule B - oans Receive EE INSTRUCTIONS COME OF FILER Corina Lopez fo FULL NAME, STRE (IF COMMITTE Corina Lopez 271 Washingto San Leandro, Co	chedule B – Part oans Received EE INSTRUCTIONS ON REVERS AME OF FILER Corina Lopez for City Co FULL NAME, STREET ADDRE OF LENDEI (IFCOMMITTEE, ALSO ENTE Corina Lopez 271 Washington #729 San Leandro, CA 94577			

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

Statement covers period 07/01/2016	california 460
through12/31/2016	Page4 of4
	I.D. NUMBER
	1324104

Corina Lopez for City Council 2010							1324104	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Corina Lopez 1271 Washington #729 San Leandro, CA 94577	Candidate	PERIOD		PAID \$0 FORGIVEN	s 22861.00	O_%	s <u>23503</u>	SPER ELECTION**
		s 22861.00	s0	\$ <u>0</u>	1/1/15 DATE DUE	s0	3/21/10 DATE INCURRED	s23503
TIM IND COM OTH PTY SCC				PAID S FORGIVEN	\$	% RATE	\$	\$PER ELECTION **
†□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	s	DATE DUE	s	DATE INCURRED	s
TO IND COM OTH PTY SCC				PAID \$ FORGIVEN	\$	% RATE	\$	\$ PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC		s	s	s	DATE DUE	\$	DATE INCURRED	S
		SUBTOTALS	s 0	\$ 0	\$ 22861.00	\$ 0		

Schedule B Summary

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

1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period\$ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

†Contributor Codes

IND-Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

Enter the net here and on the Summary Page, Column A, Line 2.

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

AREA CODE/PHONE

AREA CODE/PHONE

(510)258-7787

(510)357-1755

Recipient Committee Type or print in ink. CITY OF SAN LEANDR Campaign Statement **FORM** Cover Page (Government Code Sections 84200-84216.5) JUL 19 2016 Date of election if applicable: Statement covers period For Official Use Only (Month, Day, Year) 01/01/2016 CITY CLERK'S OFFICE from 06/30/2016 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Quarterly Statement Primarily Formed Ballot Measure Officeholder, Candidate Controlled Committee State Candidate Election Committee Committee ✓ Semi-annual Statement Special Odd-Year Report O Controlled ∩ Recall Termination Statement Supplemental Preelection (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1324104 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Vince Jerome Rosato Corina Lopez for City Council 2010 MAILING ADDRESS 1542 141st Avenue STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE CA 94578 1271 Washington Ave #729 San Leandro NAME OF ASSISTANT TREASURER, IF ANY AREA CODE/PHONE CITY ZIP CODE STATE 94577 (510)332-1816 Linda Perry San Leandro CA MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 1527 139th Avenue CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE 94578 CA San Leandro OPTIONAL: FAX / F-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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

acce an reaction of the property of the proper	
penalty of perjury under the laws of the State of California that the foregoing is	true and correct.
Executed on Date By	Signature of Treasure for Assistant Treasurer
Executed on Date Date By	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on By	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on By	ySignature of Controlling Officeholder, Candidate, State Measure Proponent

PPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California rint in ink.

COVER PAGE - PART 2

CALIFORNIA 460

FORM

Page ____2 of ___4

Officeholder or Candidate Contro		NAME OF BALLOT MEASU	IRF		
		William Of Bridge Harris			
Corina Lopez	TON AND DISTRICT MUMPER IS ARRUGARIES	BALLOT NO. OR LETTER	JURISDICTIO	NC	SUPPORT
OFFICE SOUGHT OR HELD (INCLUDE LOCATI		D. LEEGT TO. GIVE LEVY LEVY			OPPOSE
San Leandro City Council District	5				
RESIDENTIAL/BUSINESS ADDRESS (NO. ANI	D STREET) CITY STATE ZIP	Identify the controlling	ng officeholder, car	ndidate. or state mea	sure proponent, if any
1271 Washington #729	San Leandro CA 94577	NAME OF OFFICEHOLDE			
		NAME OF OFFICEROLDE	ER, CANDIDATE, OR PR	OFONENT	
	ed in this Statement: List any committees ntrolled by you or are primarily formed to receive ehalf of your candidacy.	OFFICE SOUGHT OR HEL	LD	DISTRIC	T NO. IF ANY
COMMITTEE NAME					
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed officeholder(s) or candi	lidate(s) for which this	s committee is primari	ly formed.
NAME OF TREASURER	CONTROLLED COMMITTEE?		lidate(s) for which this		ly formed.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADD	CONTROLLED COMMITTEE? YES NO RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	officeholder(s) or candi	lidate(s) for which this	s committee is primari	HELD SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS CITY , S	CONTROLLED COMMITTEE? YES NO RESS (NO P.O. BOX)	officeholder(s) or candi	R OR CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE
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NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS CITY , S	CONTROLLED COMMITTEE? YES NO RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDE	ER OR CANDIDATE ER OR CANDIDATE ER OR CANDIDATE ER OR CANDIDATE	OFFICE SOUGHT OR OFFICE SOUGHT OR OFFICE SOUGHT OR OFFICE SOUGHT OR	HELD SUPPORT OPPOSE HELD SUPPORT OPPOSE, HELD SUPPORT OPPOSE, HELD SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Stater	nent covers period 01/01/2016	CALIFORNIA 460
through .	06/30/2016	Page3 of4
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE		through	
NAME OF FILER			I.D. NUMBER
Corina Lopez for City Council 2010			1324104
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED 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 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0 0 0	\$0 (22861.00) \$0 \$	1/1 through 6/30 7/1 to Date 20. Contributions
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment Schedule F, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 0 0 0 0	\$0 \$0 00 \$0	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 0 \$ 0 \$ 0 \$ 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (January/05)
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$22001.00		FPPC Form 460 (January)05 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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	لأتصدة	냋	71	~	

Sched	ule	B –	Part	1
Loans	Red	eive	ed .	

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

Statement covers period from01/01/2016	california 460 form
through06/30/2016	_ Page4 of4

SEE INSTRUCTIONS ON REVERSE					through	30/2016	Page4	of4	
NAME OF FILER							I.D. NUMBER		
Corina Lopez for City Council 2010					1		1324104		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVED THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	} -
Corina Lopez 1271 Washington #729 San Leandro, CA 94577	Candidate	00004.00	0	PAID \$O FORGIVEN	s 22861.00	O_%	s <u>23503</u>	SPER ELECTION**	~
[†] ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		s 22861.00	s0	s0	1/1/15 DATE DUE	s0	3/21/10 DATE INCURRED	s23503	_
to up Good Good Gray Gray		s	s	PAID SFORGIVEN S	DATE DUE	% RATE	\$ DATE INCURRED	S PER ELECTION **	ŧ
TO COM OTH PTY SCC				PAID \$ FORGIVEN	. \$	%	s	CALENDAR YEAR \$ PER ELECTION ***	- k
†□ IND □ COM □ OTH □ PTY □ SCC	<u></u>	s	s	\$	DATE DUE	s	DATE INCURRED	s	7
•		SUBTOTALS \$	0:	\$ (\$ 22861.00		1 1 1 1 1	<u> </u>	1
Schedule B Summary					0	(Enter (e) on Schedule E, Line 3)			•

1.	Loans received this period	.\$_	<u> </u>
2.	Loans paid or forgiven this period	. \$.	0
	(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)		
			n

†Contributor Codes IND-Individual COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ (May be a negative number) Enter the net here and on the Summary Page, Column A, Line 2.

SCC - Small Contributor Committee

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

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

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in		Date Stamp	
(Government Code Sections 84200-84210.3)	Statement covers period from07/01/2015	Date of election if applicable: (Month, Day, Year)	JAN 2 7 2016	Page 1 of 4 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2015		ITY CLERK'S OFFIC	Ł
1. Type of Recipient Committee: All Committees - ✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ☐ General Purpose Committee ○ Sponsored ☐	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/	2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Term ☐ Amendment (Explain below	nination)	quarterly Statement pecial Odd-Year Report upplemental Preelection tatement - Attach Form 495
 Small Contributor Committee Political Party/Central Committee Committee Information 	Officeholder Committee (Also Complete Part 7) I.D. NUMBER 1324104	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Corina Lopez for City Council 2010		Vince Jerome Rosato MAILING ADDRESS 1542 141st Avenue		
STREET ADDRESS (NO P.O. BOX) 1271 Washington Ave #729		сітү San Leandro		P CODE AREA CODE/PHONE 2578 (510)357-1755
CITY STATE ZIP San Leandro CA 945 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O		NAME OF ASSISTANT TREASURER Linda Perry MAILING ADDRESS	R, IF ANY	
OPTIONAL: FAX / E-MAIL ADDRESS	CODE AREA CODE/PHONE	1527 139th Avenue CITY San Leandro OPTIONAL: FAX / E-MAIL ADDRES	CA 94	P CODE AREA CODE/PHONE 2578 (510)258-7787
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Caliform Date Executed on	rnia that the foregoing is true and correct. By	Signature of Treasure for Assistant Treasure for Controlling Officeholder, Candidate, State Measure Propon	asurer lent or Responsible Officer of Spons	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State	Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2 COVER PAGE - PART 2

CALIFORNIA 460

FORM 2 of 4

orina Lopez				NAME OF BALLOT MEASURE				
Jilla Lubez								
FICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF A	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
an Leandro City Council District 5								OPPOSE
SIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP						
	Leandro	CA 94577		Identify the controlling of	ficeholder, ca	ndidate, or sta	ite measure i	proponent, if any
Tri vvasimigion #125				NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT		
elated Committees Not Included in this	Statement: 1:	-tittaaa						
Hated Committees Not Included in this included in this statement that are controlled by y ntributions or make expenditures on behalf of your	ou or are primarily			OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
MMITTEE NAME	I.D. NUMBER					1		
		*	7.	Primarily Formed Car	ndidate/Offic	ceholder Co	mmittee Li	ist names of
ME OF TREASURER		COMMITTEE?		officeholder(s) or candidate	s) for which th	is committee is	primarily form	ied.
070557 4000500 (NO.D.	☐ YES	□ NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
MMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)							OPPOSE
Y STATE Z	IP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	C SUPPORT
•						1		
						i		SUPPORT OPPOSE
MMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	SHT OR HELD	
	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUC	SHT OR HELD	SUPPORT
MMITTEE NAME								
	CONTROLLE	D COMMITTEE?		NAME OF OFFICEHOLDER OR			GHT OR HELD	SUPPORT OPPOSE
MMITTEE NAME	CONTROLLE							SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Staten from	nent covers period 07/01/2015	CALIFORNIA 460
through _	12/31/2015	Page3 of4
•		I.D. NUMBER 1324104

Corina Lopez for City Council 2010 Column A Calendar Year Summary for Candidates Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and (FROMATTACHED SCHEDULES) **General Elections** 1/1 through 6/30 7/1 to Date 0 (22861.00)Loans Received Schedule B, Line 3 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** Candidates 22. Cumulative Expenditures Made* SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ _____ (If Subject to Voluntary Expenditure Limit) 0 O Date of Election Total to Date (mm/dd/yy) **Current Cash Statement** To calculate Column B. add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ ___ 22861.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

» (m)									
Schedule B – Part 1 Loans Received		Type or print in ink. Amounts may be rounded to whole dollars.				ers period 1/2015	CALIFORNIA 460		
EE INSTRUCTIONS ON REVERSE					through12/	31/2015	Page 4	of4	
AME OF FILER							I.D. NUMBER		ĺ
Corina Lopez for City Council 2010							1324104		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	i
Corina Lopez 1271 Washington #729 San Leandro, CA 94577	Candidate			PAID s	22861.00	O %	s 23503	CALENDAR YEAR S PER ELECTION**	(
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	•	s 22861.00	s0		0 1/1/15 DATE DUE	s0	3/21/10 DATE INCURRED	s 23503	
				PAID \$ FORGIVEN	s	% RATE	s	S PER ELECTION **	
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	s	
		\$		PAID S FORGIVEN S	s	RATE	s	SPER ELECTION**	
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		*	3	3	DATE DUE	3	DATE INCURRED		i
		SUBTOTALS \$	0 \$	S	0 \$ 22861.00	·- ·)		(
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
Loans received this period(Total Column (b) plus unitemized loans	s of less than \$100.)			\$_	0	1	Contributor Codes		

2. Loans paid or forgiven this period\$ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC-Small Contributor Committee

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

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

Recipient Committee	Type or print in	ink.	Date Stamp	CAL	COVER PAGE
Campaign Statement Cover Page			CITY OF SAN L	EANDRO	FORM 400
Government Code Sections 84200-84216.5)	Statement covers period 01/01/2015 06/30/2015	Date of election if applicable: (Month, Day, Year)	JUL 202 CITY CLERK'S		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through				
○ State Candidate Election Committee C ○ Recall (Also Complete Part 5)	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee) Controlled) Sponsored lso Complete Part 6)	2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te	•	Quarterly Sta Special Odd- Supplementa Statement - A	Year Report
Small Contributor Committee O Political Party/Central Committee	rimarily Formed Candidate/ ifficeholder Committee Iso Complete Part 7)	Amendment (Explain of	eiow)		
	. NUMBER 324104	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Corina Lopez for City Council 2010		Vince Jerome Rosato MAILING ADDRESS 1542 141st Avenue			<u> </u>
STREET ADDRESS (NO P.O. BOX) 1271 Washington Ave #729		CITY San Leandro	STATE CA	ZIP CODE 94578	AREA CODE/PHONE (510)357-1755
CITY STATE ZIP CO San Leandro CA 94577	7 (510)332-1816	NAME OF ASSISTANT TREASUR	RER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	OX	MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS		
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	a that the foregoing is true and correct. By	Signature of Controlling Officeholder, Candidate, State Measure Pro	Treasurer oponent or Responsible Officer		ue and complete. I certify
Date Executed on	Ву	Signature of Controlling Officeholder, Carididate, S	Note Messure Preparer		

. Officeholder or Candidate Cont	trolled Committe	е		6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE	·····				NAME OF BALLOT MEASURE				······································
Corina Lopez									
OFFICE SOUGHT OR HELD (INCLUDE LOCA	TION AND DISTRICT N	JMBER IF APPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
San Leandro City Council District	t 5								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. A	ND STREET) CITY	STATE	E ZIP						
1271 Washington #729	San Leand	ro CA	94577		Identify the controlling of			ate measure	proponent, if any.
	· · · · · · · · · · · · · · · · · · ·				NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PR	OPONENT		
Related Committees Not Include not included in this statement that are contributions or make expenditures on the statement of	ontrolled by you or ar	e primarily forme			OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D	. NUMBER	······································					<u> </u>	
				7.	Primarily Formed Can	didate/Offic	eholder Co	ommittee <i>I</i>	ist names of
NAME OF TREASURER		NTROLLED COMM		••	officeholder(s) or candidate(s				
OCIANTES ADDRESS OFFICE ADDRESS ADDRES	<u></u>	YES !	NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
COMMITTEE ADDRESS STREET ADD	DRESS (NO P.O. BOX)								SUPPORT OPPOSE
CITY	STATE ZIP CODE	AREA C	ODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT ☐ OPPOSE
COMMITTEE NAME	i.D	. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	1	ONTROLLED COMM			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET AD	DRESS (NO P.O. BOX)						<u> </u>		
CITY	STATE ZIP CODE	AREA C	ODE/PHONE		Atta	ch continuatio	on sheets if r	necessary	

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statem	ent covers period 01/01/2015	CALIFORNIA 460
through _	06/30/2015	Page3 of4
		i.D. NUMBER 1324104

NAME OF FILER Corina Lopez for City Council 2010 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0 (22861.00)20. Contributions 0 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received n 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ ____ **Expenditures Made Expenditure Limit Summary for State** Candidates 0 0 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 0 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 Total to Date Date of Election (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____ To calculate Column B. add n amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14. then subtract Line 15 \$ ______ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ ____ 22861.00 FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

S	chec	lule	B -	Part	1
i	oans	Rec	eiv	ed	

** If required.

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

Type or print in ink.

SCHEDU	JLEB-	PART 1
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Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars. Statement covers period from						CALIFORNI FORM	⁴ 460
OFF INSTRUCTIONS ON DEVERSE					through06/3	30/2015	Page4	of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		··					I.D. NUMBER	
Corina Lopez for City Council 2010							1324104	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIV THIS PERIC	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Corina Lopez 1271 Washington #729 San Leandro, CA 94577	Candidate			PAID \$ FORGIVEN		O_%	s_23503	SPER ELECTION**
[†] ☑IND □ COM □ OTH □ PTY □ SCC		s <u>22861.00</u>	s0	s	0 1/1/15 DATE DUE	s0	3/21/10 DATE INCURRED	s23503
M IND COM COM CITY CO				PAID S FORGIVEN S	\$	RATE	s	SPERELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$		DATE DUE	3	DATE INCURRED	CALENDARYEAR
				\$FORGIVEN	\$	% RATE	s	\$PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC		s	s	s	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0	\$	0 \$ 22861.00	\$ 0		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loan	s of less than \$100.)		••••••	\$_	0	1	Contributor Codes	;
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 	0 paid or forgiven.)		•••••	\$_	0	- C	OM – Recipient Co (other than	PTY or SCC) business entity)
3. Net change this period. (Subtract Lin Enter the net here and on the Summar	e 2 from Line 1.)ry Page, Column A, Line 2.		••••••	. NET \$ _	(May be a negative number)	. <u> </u>	CC-Smail Contri	DULOI COITHINGE

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

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	_	Date Stamp	ANDRO	LIFORNIA 460
(2010)	Statement covers period	Date of election if applicable: (Month, Day, Year)	JAN 3 0 20		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2014		CITY CLERK'S O	FFICE	
 Type of Recipient Committee: All Committees – Co ✓ Officeholder, Candidate Controlled Committee 	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure	2. Type of Statement:		□ Overterly Ste	tomont
 ◯ State Candidate Election Committee ◯ Recall (Also Complete Part 5) ◯ General Purpose Committee 	Committee Controlled Sponsored Also Complete Part 6)	Semi-annual Statement Termination Statement (Also file a Form 410 T	ermination)	Quarterly Sta Special Odd- Supplementa Statement - A	Year Report
Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)		1		
3. Committee information	D. NUMBER 1324104	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Corina Lopez for City Council 2010		Vince Jerome Rosato Mailing Address 1542 141st Avenue			
STREET ADDRESS (NO P.O. BOX) 1271 Washington Ave #729		сіту San Leandro	STATE CA	ZIP CODE 94578	AREA CODE/PHONE (510)357-1755
San Leandro CA 9457 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	7 (510)332-1816	NAME OF ASSISTANT TREASU	RER, IF ANY		
WALLING ADDRESS (II DITTERENT) NO. AND STREET ON T.O. E	307	MAILING ADDRESS			
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDI	RESS		_
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	a that the foregoing is true and correct. By	owledge the information contained he		l schedules is tru	e and complete. I certify
Executed on	ByBy	ontrolling Officeholder, Candidate, State Measure Pro- Signature of Controlling Officeholder, Candidate, S		f Sponsor	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent		EDDO F 400 / l (05)

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Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460

Page 2 of 4

	ommittee	0.	Primarily Formed Balle				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Corina Lopez				JURISDICTIO			•
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	ISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N] SUPPORT] OPPOSE
San Leandro City Council District 5							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)) CITY STATE ZIP		Identify the controlling of	ficeholder car	ndidate or sta	ate measure	proponent, if any.
1271 Washington #729 Sa	an Leandro CA 94577		NAME OF OFFICEHOLDER, CA				
			NAME OF OFFICEHOLDER, CA	NDIDAIE, OR FR	OPONENT		
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	y you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate(ndidate/Offic s) for which thi	is committee is	primarily forn	ist names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUC	SHT OR HELD	☐ SUPPORT ☐ OPPOSE
							—
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE COMMITTEE NAME	ZIP CODE AREA CODE/PHONE I.D. NUMBER		NAME OF OFFICEHOLDER OR			GHT OR HELD	
Citi	I.D. NUMBER CONTROLLED COMMITTEE? YES NO			CANDIDATE	OFFICE SOU		OPPOSE SUPPORT

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Staten from	nent covers period 07/01/2014	CALIFORNIA 460
through _	12/31/2014	Page3 of4
		I.D. NUMBER

Corina Lopez for City Council 2010						1324104	
Contributions Received		Column A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and		
 Monetary Contributions	\$	0 0	·	(22861.00) 0 0	20. Contributions Received \$	hrough 6/30 7/1 to Date \$ (
Expenditures Made 6. Payments Made	\$	0 0 0	\$	0 0 0 0 0 0	Candidates 22. Cumulativ	Summary for State ve Expenditures Made* o Voluntary Expenditure Limit) Total to Date	
Current Cash Statement 12. Beginning Cash Balance	\$	0 0 0	an co fro rej Co fig su pe the for ca	calculate Column B, add nounts in Column A to the rresponding amounts in Column B of your last port. Some amounts in plumn A may be negative ures that should be btracted from previous riod amounts. If this is a first report being filed this calendar year, only rry over the amounts in Lines 2, 7, and 9 (if	*Amounts in this section reported in Column B.	\$(C
Cash Equivalents and Outstanding Debts 18. Cash Equivalents		22064 00	an		FPPC Toll-Free Helpli	FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)	

Sche	edule	B-	Part 1
Loar	s Re	ceive	ed

** If required.

Type or print in ink. Amounts may be rounded

SCHEDU	JLEB-	PART1
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Schedule B – Part 1 Loans Received						ers period 1/2014	CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE			<u>.</u> .		through12/	31/2014	Page 4	of4	
NAME OF FILER							I.D. NUMBER		
Corina Lopez for City Council 2010							1324104		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Corina Lopez 1271 Washington #729 San Leandro, CA 94577	Candidate	22861.00	. 0	FORGIVEN	s 22861.00 0 1/1/15		s 23503 3/21/10	S—————————————————————————————————————	
[†] ☑ IND □ COM □ OTH □ PTY □ SCC]	J	J	DATEDUE		DATE INCURRED		
				PAID \$ FORGIVEN	\$	% RATE	\$	S PER ELECTION **	
†□ IND □ COM □ OTH □ PTY □ SCC		s	s	s	DATE DUE	s	DATE INCURRED	\$	
			s	\$FORGIVEN	s	RATE %	s	\$PERELECTION**	
$^{\dagger}\Box$ IND \Box COM \Box OTH \Box PTY \Box SCC					DATE DUE		DATE INCURRED		
		SUBTOTALS S	0	\$	0 \$ 22861.00	\$ 0			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		(
Loans received this period (Total Column (b) plus unitemized loan		•••••		\$_	0	- 	Contributor Codes	;	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	D paid or forgiven.)			\$_	0	- C	ND – Individual COM – Recipient Co (other than NTH – Other (e.g., TY – Political Part	PTY or SCC) business entity)	
3. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 2.			. NET \$ _	(May be a negative number)	s	CC – Small Contri	butor Committee	
*Amounts forgiven or paid by another party also	must be reported on Schedule A.	7							

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

Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)			Type or prin	t in ink.	Date Star	EANDRO	CALIFORNIA 460 FORM
EE INSTRUCTIONS ON REVERSE	,	from .	1/01/2014 6/30/2014	Date of election if applicab (Month, Day, Year) ————————————————————————————————————	OTY CLERK'S		For Official Use Only
T (D :: 10 -: 11				0. 7			
. Type of Recipient Committee ☑ Officeholder, Candidate Controlled ○ State Candidate Election Comm ○ Recall (Also Complete Part 5) ☐ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee	Committee ittee	Primarily I Committee Contro Spons (Also Comple	Formed Ballot Measure e billed bored te Part 6) Formed Candidate/ der Committee	2. Type of Statement ☐ Preelection Stateme ☐ Semi-annual Stateme ☐ Termination Stateme (Also file a Form 41 ☐ Amendment (Expla	ent nent ent 0 Termination)	Special Supplen	y Statement Odd-Year Report nental Preelection nt - Attach Form 495
3. Committee Information		1.D. NUMBE 132410		Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NA Corina Lopez for San Leandro		•		NAME OF TREASURER Vince Jerome Rosat MAILING ADDRESS 1542 141st Avenue	to		
STREET ADDRESS (NO P.O. BOX) 1271 Washington #729				сітү San Leandro	STAT CA		AREA CODE/PHONE (510)357-1755
San Leandro MAILING ADDRESS (IF DIFFERENT) NO.	CA 94	577 D. BOX	AREA CODE/PHONE (510) 332-1816	NAME OF ASSISTANT TREA	ASURER, IF ANY		
CITY		CODE	AREA CODE/PHONE	CITY	STAT	TE ZIP CODI	E AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL A	ADDRESS		
Executed on Executed on Executed on Executed on Date Executed on Executed on			By	Signature of Treasurer of Assistance of Controlling Officeholder, Candidate, StatesMeasurer of Controlling Officeholder, Candidate,	stant Treasurer The Proponent or Responsible Of the State Measure Proponent	>	is true and complete. I certify
Date			-,	Signature of Controlling Officeholder, Candida	ate, State Measure Proponent		EDDC Form 460 / January/05)

CALIFORNIA 460

Page 2 of 4

Officeholder or Candidate Cont	rolled Committee		6.	Primarily Formed Balle	ot Measure (Committee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE		A**-	
Corina Lopez							
OFFICE SOUGHT OR HELD (INCLUDE LOCA	TION AND DISTRICT NUMBE	R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
San Leandro City Council, Distric	.t 5						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. A)		STATE ZIP					
1271 Washington #729	San Leandro	CA 94577		Identify the controlling of	liceholder, can	didate, or state meas	ure proponent, if any
12.7 1140g.to1120				NAME OF OFFICEHOLDER, CA	NDIDATE, OR PRO	OPONENT	
Related Committees Not Includ not included in this statement that are co contributions or make expenditures on b	ontrolled by you or are pri			OFFICE SOUGHT OR HELD	, ,	DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NU	MBER					
		ALLED AALBUTTEE	7.	Primarily Formed Can	didate/Offic	eholder Committe	e List names of
NAME OF TREASURER	CONIR	OLLED COMMITTÉE? ES ∏ NO		officeholder(s) or candidate(s) for which this	committee is primarily	formed.
COMMITTEE ADDRESS STREET ADD	DRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
CITY	STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NU	MBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
NAME OF TREASURER	CONTR	OLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	I LI SUPPORT
COMMITTEE ADDRESS STREET ADI	DRESS (NO P.O. BOX)						OPPOSE
J. J							-

· SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

NAME OF FILER 1324104 Corina Lopez for City Council 2010 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 0 1. Monetary Contributions Schedule A, Line 3 \$ _____ 7/1 to Date 1/1 through 6/30 (23503)2. Loans Received Schedule B. Line 3 20. Contributions n SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0 n 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 0 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made** Expenditure Limit Summary for State Candidates 0 22. Cumulative Expenditures Made* 0 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 Date of Election Total to Date n (mm/dd/vv) 10. Nonmonetary Adjustment Schedule C. Line 3 O **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14. then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 23503.00 FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 1 Loans Received	Type or print in lnk. Amounts may be rounded			Statement cov	vers period 1/204	CALIFORNI FORM	A 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Corina Lopez for City Council 2010			<u></u>		through	30/2014		of4
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTERES PAID THIS PERIOD	S AMOUNT OF	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Corina Lopez 1271 Washington #729 San Leandro, CA 94577	Candidate			\$(\$(FORGIVEN	<u>s22861</u>	RATE	s 2500	\$ PER ELECTION**
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		s 22861	s0	s	1/1/15 DATE DUE	s	3/21/10 DATE INCURRED	s23503
				\$ FORGIVEN	_ s	RATE	s	\$ PER ELECTION **
† IND COM OTH PTY SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	s
				PAID \$ FORGIVEN	s	RATE	s	\$
† IND COM OTH PTY SCC		s	s	s	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS \$	i :	\$	\$ 22861	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line		
Loans received this period (Total Column (b) plus unitemized loans				\$ _	0	- [†Contributor Codes	

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

(Total Column (c) plus loans under \$100 paid or forgiven.)

2. Loans paid or forgiven this period\$ _

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

PTY - Political Party

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

Recipient Committee Campaign Statement Cover Page — Part 2 COVER PAGE-PART 2
CALIFORNIA FORM 460

	d Committee	• • • • • • • • • • • • • • • • • • • •	arny i orinica bar	or measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME	OF BALLOT MEASURE				
CORINA LOPEZ							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBER IF APPLICABLE)	BALLO	T NO. OR LETTER	JURISDICTIO	N		SUPPORT
SAN LEANDRO CITY COUNCIL DIST	TRICT 5						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	REET) CITY STATE ZIP	• • •		m		4	If any
1271 WASHINGTON #729	SAN LEANDRO, CA 94577		ify the controlling o			te measure p	roponent, it any
		NAME	OF OFFICEHOLDER, CA	NDIDALE, OR PR	OPONENI		
Related Committees Not Included in not included in this statement that are controlle contributions or make expenditures on behalf of	ed by you or are primarily formed to receive	OFFIC	E SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER	-					
	1						
NAME OF TREASURER	CONTROLLED COMMITTEE?	office.	narily Formed Can holder(s) or candidate	(s) for which thi	s committee is	primarily forme	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS	☐ YES ☐ NO	office.		(s) for which thi		primarily forme	
COMMITTEE ADDRESS STREET ADDRESS	☐ YES ☐ NO	office NAME	holder(s) or candidate	(s) for which thi	s committee is	primarily forme	support
COMMITTEE ADDRESS STREET ADDRESS CITY STATE	YES NO (NO P.O. BOX)	NAME NAME	holder(s) or candidate	(s) for which thi CANDIDATE CANDIDATE	OFFICE SOUG	primarily forme	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	☐ YES ☐ NO (NO P.O. BOX) ZIP CODE AREA CODE/PHONE	NAME NAME	holder(s) or candidate OF OFFICEHOLDER OR OF OFFICEHOLDER OR	(s) for which thi CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	PRIMARILY FORMS SHT OR HELD SHT OR HELD SHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS CITY STATE COMMITTEE NAME	YES NO (NO P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME NAME	holder(s) or candidate OF OFFICEHOLDER OR OF OFFICEHOLDER OR	(s) for which thi CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	PRIMARILY FORMS SHT OR HELD SHT OR HELD SHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Type or print in ink.

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers per 7/1/13	california 460
through12/31/13	Page3 of4
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER **CORINA LOPEZ FOR CITY COUNCIL 2010** 1324104 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 0 1/1 through 6/30 7/1 to Date (23503)20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ Received 0 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 0 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ _____ 0 Candidates 0 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 0 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ (If Subject to Voluntary Expenditure Limit) 0 Date of Election Total to Date 0 (mm/dd/yy) 0 0 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 1 Loans Received		Type or print in ounts may be ro to whole dollar	ounded		Statement co	vers period 11/13	SCHE CALIFORN FORM	IIA 460
SEE INSTRUCTIONS ON REVERSE					through1	2/31/13	Page4	of
NAME OF FILER							I.D. NUMBER	
CORINA LOPEZ FOR CITY COUNCIL 2	010						1324104	į
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIC	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
CORINA LOPEZ	CANDIDATE			☐ PAID				CALENDARYEAR
1271 WASHINGTON #729 SAN LEANDRO, CA 94577				\$	_ \$22861	RATE	s <u>2500</u>	8
		22861		FORGIVEN	1/1/15		2/24/40	PERELECTION
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	s	\$	DATE DUE	\$	3/21/10 DATE INCURRED	\$23503
				PAID \$ FORGIVEN		% RATE	s	\$ PER ELECTION **
[†] □ IND □ COM □ OTH □ PTY □ SCC		5	\$	\$	DATE DUE	\$	DATE INCURRED	8
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	_ \$	RATE	\$	\$ PER ELECTION**
†□IND □COM □OTH □PTY □SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	8
		SUBTOTALS \$	\$	3	\$ 22861	\$		
Schedule B Summary					<u> </u>	(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans	of less than \$100.)	••••••	••••••	\$	0	[†	Contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or forgiven.)		•••••	\$	0	. 0	ND – Individual COM – Recipient Co (other than I DTH – Other (e.g., PTY – Political Party	PTY or SCC) business entity)
3. Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.) Page, Column A, Line 2.	**********************	••••••••••	NET \$	(May be a negative number)	s	SCC - Small Contrib	utor Committee

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

** If required.

Recipient Committee Campaign Statement Cover Page	Type or print in i	nk.	CITY OF SAN L	CALIFORNIA 460
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year)	JUL 3 1 2	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure committee Controlled Sponsored No Complete Part 6) rimarily Formed Candidate/ Officeholder Committee No Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) CORINA LOPEZ FOR CITY COUNCIL 2010 STREET ADDRESS (NO P.O. BOX) 1271 WASHINGTON #729 CITY STATE ZIP CO		Treasurer(s) NAME OF TREASURER VINCE JEROME ROSA MAILING ADDRESS 1542 141ST AVENUE CITY SAN LEANDRO NAME OF ASSISTANT TREASURE	STATE CA	ZIP CODE AREA CODE/PHONE 94578 510-357-1755
SAN LEAN CA 94577 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS	ox	MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDR	STATE	ZIP CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	a that the foregoing is true and correct. By	Signature of Controlling Officeholder, Candidate, Candidate, Candidate, Candidate, Candidate, Ca	Treasurer ponent or Responsible Officer of state Measure Proponent	

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

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER PAGE - PART 2						
	FORNIA DR M	4	60				
Peso	2	of	5				

	Controlled Committee	6.	Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDID	ATE	-	NAME OF BALLOT MEASURE			
CORINA LOPEZ						
OFFICE SOUGHT OR HELD (INCLUDE L	LOCATION AND DISTRICT NUMBER IF APPLICABLE)	-	BALLOT NO, OR LETTER	JURISDICTI	1.	SUPPORT
SAN LEANDRO CITY COUN	NCIL DISTRICT 5					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (N	NO. AND STREET) CITY STATE ZIP	_		- <u>-</u>		
1271 WASHINGTON	SAN LEANDRO, CA 94577		Identify the controlling of	ficeholder, ca	ndidate, or state measure	proponent, if an
		-	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT	
	cluded in this Statement: List any committee are controlled by you or are primarily formed to receing on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER	_				
NAME OF TREASURER	CONTROLLED COMMITTEE?	- 7.	Primarily Formed Can officeholder(s) or candidate(
NAME OF TREASURER COMMITTEE ADDRESS STREE	CONTROLLED COMMITTEE? YES NO TADDRESS (NO P.O. BOX)	7. -		s) for which thi		med.
COMMITTEE ADDRESS STREE	☐ YES ☐ NO	-	officeholder(s) or candidate(S) for which thi	s committee is primarily for	SUPPORT OPPOSE
	TADDRESS (NO P.O. BOX)	-	officeholder(s) or candidate(CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREE	T ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHON	-	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREE CITY COMMITTEE NAME NAME OF TREASURER	TADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHON I.D. NUMBER CONTROLLED COMMITTEE?	-	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT SUPPORT

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

SUMMARY PAGE Statement covers period CALIFORNIA **FORM** 1/1/13 from _ 6/30/13 through. I.D. NUMBER

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER CORINA LOPZ FOR CITY COUNCIL 2012 1324104 Calendar Year Summary for Candidates Column B Column A **Contributions Received** TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTALTODATE General Elections 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date (23503)2. Loans Received Schedule B. Line 3 20. Contributions 0 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ Received 0 21. Expenditures 0 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ **Expenditures Made Expenditure Limit Summary for State** 28 6. Payments Made Schedule E, Line 4 \$ _____ Candidates 0 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 28 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ (If Subject to Voluntary Expenditure Limit) 0 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 0 0 10. Nonmonetary Adjustment Schedule C, Line 3 28 28 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ _____ **Current Cash Statement** 28 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ floures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 18. Cash Equivalents See instructions on reverse \$ _____ FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____

Schedule	B-Part 1
Loans Re	ceived

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

** If required.

Type or print in ink.

SCHEDULE B-PART1

Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.				Statement co	vers period /1/13	CALIFORNI FORM	460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through	6/30/13	Page4	of5
CORINA LOPZ FOR CITY COUNCIL 20	12						1324104	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(d) AMOUNT PAI OR FORGIVE THIS PERIOR	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
CORINA LOPEZ 1271 WSHINGTON #729 SAN LEANDRO, CA 94577	CANDIDATE	22861		PAID S FORGIVEN	s 22861 1/1/15	%	s <u>2500</u> 3/21/10	S PER ELECTION 23503
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		5	s	s	DATE DUE	\$	DATE INCURRED	\$
				PAID S FORGIVEN	s		s	S PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		5	s	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID S———— FORGIVEN	s		\$	\$ PER ELECTION**
† IND COM OTH PTY SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	5
		SUBTOTALS \$	}	\$	\$ 22861	\$ 0		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans)	s of less than \$100.)	•••••		\$	0		Contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)			\$	0	- C	TH – Other (e.g., TY – Political Part	PTY or SCC) business entity)
3. Net change this period. (Subtract Line Enter the net here and on the Summan	2 from Line 1.)y Page, Column A, Line 2.	••••	•••••••	NET \$	(May be a negative number)	S	CC – Small Contril	outor Committee

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 1/1/13	california 46
SEE INSTRUCTIONS ON REVERSE		through6/30/13 \	Page 5 of 5
NAME OF FILER CORINA LOPZ FOR CITY COUNCIL 2012			I.D. NUMBER 1324104

SEE INSTRUCTIONS ON REVERSE				through _	6/30/13	Page 5	of5
NAME OF FILER						I.D. NUMBER	?
CORINA LOPZ FOR CITY COUNCIL 2012			- <u></u>			1324104	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Candidate filling/ballot fees fundraising events Independent expenditure supporting/opposing others (explain)* legal defense LIT campaign literature and mailings	MBR member community meetings and office expensement petition circul PHO phone banks POL polling and second postage, deli	munications i appearant ses lating urvey reset very and m	ces	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/r TSF trans VOT voter	be the payment. airtime and production ned contributions palgn workers' salaries reable airtime and producted the travel, lodging, and spouse travel, lodging, and for between committees registration mation technology costs	uction costs meals and meals of the same o	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DE	SCRIPTION OF PA	AYMENT		AMOUNT PAID
				- · · ·			
							<u>C</u>
* Payments that are contributions or Independent expenditures m	iust also be summ	arized on	Schedule D.		SU	BTOTAL\$	
Schedule E Summary							_
1. Itemized payments made this period. (Include all Schedule E	E subtotals.)		***************************************		***************************************	\$	0
2. Unitemized payments made this period of under \$100							28
3. Total interest paid this period on loans. (Enter amount from §	Schedule B, Part	I, Columr	ı (e).)			\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. En							

Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Type or print in	ink.	CITY OF SAME	LAN	IFORNIA 460
EEE INSTRUCTIONS ON REVERSE	Statement covers period 7/1/12	Date of election if applicable: (Month, Day, Year)	JAN 3 1		For Official Use Only
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	omplete Parts 1, 2, 3, and 4. 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 Te	ermination)	☐ Quarterly Sta☐ Special Odd-☐ Supplementa Statement - A	Year Report
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) CORINA LOPEZ FOR CITY COUNCIL 2010 STREET ADDRESS (NO P.O. BOX) 1271 WASHINGTON #729 CITY STATE ZIP COUNCIL SAN LEANDRO CA 9457 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. II	ode area code/phone 7 510-332-1816 BOX	Treasurer(s) NAME OF TREASURER VINCE JEROME ROSA MAILING ADDRESS 1542 141ST AVENUE CITY SAN LEANDRO NAME OF ASSISTANT TREASUR MAILING ADDRESS	STATE CA RER, IF ANY	ZIP CODE 94578	AREA CODE/PHONE 510-357-1755 AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	ODE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDR	STATE	ZIP CODE	AREA CUDE/FRONE
I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Caliform 1/3/12	ia that the foregoing is true and correct. By	Signature of Controlling Officeholder, Candidate, St	Teasurer ponent or Responsible Officer tate Measure Proponent		te and complete. I certify

Page ____2 of ___6

	mmittee	_			Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		Ī	NAME OF BALLOT MEASURE				
CORINA LOPEZ							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
SAN LEANDRO CITY COUNCIL DISTRICT	Т5	·			· • • • • • • • • • • • • • • • • • • •		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP						
1271 WASHINGTON SAM	N LEANDRO, CA 94577		Identify the controlling of	•		te measure p	proponent, if any
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of your	you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER	•				···	
	1						
NAME OF TREASURER	CONTROLLED COMMITTEE?		Primarily Formed Car				
NAME OF TREASURER	CONTROLLED COMMITTEE?		Primarily Formed Car officeholder(s) or candidate(is committee is p	primarily form	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P	☐ YES ☐ NO			s) for which th		primarily form	
COMMITTEE ADDRESS STREET ADDRESS (NO P	☐ YES ☐ NO	į	officeholder(s) or candidate	S) for which the	is committee is p	primarily form	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P	YES NO	i	officeholder(s) or candidate NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	Primarily form HT OR HELD HT OR HELD	SUPPORT SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P	YES NO P.O. BOX) ZIP CODE AREA CODE/PHONE	i	officeholder(s) or candidate	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	Primarily form HT OR HELD HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P. CITY STATE 2 COMMITTEE NAME	YES NO P.O. BOX) ZIP CODE AREA CODE/PHONE		officeholder(s) or candidate NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	(s) for which the CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	HT OR HELD HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P	ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		officeholder(s) or candidate NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	(s) for which the CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	HT OR HELD HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P	ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		officeholder(s) or candidate NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	(s) for which the CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	HT OR HELD HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO POSITION OF THE ADDRE	ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		Officeholder(s) or candidates NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	HT OR HELD HT OR HELD HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER CORINA LOPEZ FOR CITY COUNCIL 2010	 		through	12/31/12	Page 3 of 6 I.D. NUMBER 1324104
Contributions Received 1. Monetary Contributions	\$ (23503) 0 0	\$	Column B	Running in Both th General Elections 1/1 ti 20. Contributions Received \$ 21. Expenditures	hrough 6/30 7/1 to Date
Expenditures Made 6. Payments Made	\$ 0 714 0 0	•	714 0 714 0 0 714		Summary for State ve Expenditures Made* o Voluntary Expenditure Limit) Total to Date \$
Current Cash Statement 12. Beginning Cash Balance	\$ 0 642 714 28	arr con fro rep Go figu sur pe the for ca fro	calculate Column B, add nounts in Column A to the rresponding amounts m Column B of your last cort. Some amounts in plumn A may be negative ures that should be botracted from previous riod amounts. If this is a first report being filed this calendar year, only my over the amounts on Lines 2, 7, and 9 (if y).	*Amounts in this section reported in Column B.	\$may be different from amounts
18. Cash Equivalents				FPPC Toll-Free Helpli	FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 1 Loans Received		Type or print in points may be ro to whole dollar	ounded		Statement co	vers period /1/12	SCHE CALIFORN FORM	IA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER CORINA LOPEZ FOR CITY COUNCIL 20	01 9				through1	2/31/12	Page4 I.D. NUMBER 1324104	of6
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOI	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
CORINA LOPEZ 1271 WASHINGTON #729 SAN LEANDRO, CA 94577	CANDIDATE	23503		PAID \$ 642	s 22861		s 2500	CALENDAR YEAR S PER ELECTION
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	s	\$	1/1/15 DATE DUE	s	3/21/10 DATE INCURRED	\$ 23503
[†] □ IND □ COM □ OTH □ PTY □ SCC		s	\$	\$ FORGIVEN	S	% RATE	\$	\$ PER ELECTION *
				PAID PAID FORGIVEN	\$	RATE	s	CALENDAR YEAR \$ PER ELECTION***
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
Schedule B Summary Loans received this period (Total Column (b) plus unitemized loans		SUBTOTALS \$			2 \$ 22861	(Enter (e) on Schedule E, Line 3)		(
(iotal column (n) bigs guillettiiseg losns	ວ ປາ ເຮວຣ ແ ເສເາ ຊ ເປປ.)					I †C	Contributor Codes	

1.	Loans received this period	. \$	0
	(Total Column (b) plus unitemized loans of less than \$100.)	•	
2.	Loans paid or forgiven this period	. \$	642
	(Include loans paid by a third party that are also itemized on Schedule A.)		
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$	(22861) (May be a negative number)

IND - Individual

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

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

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

									SCHEDULEE
Schedule E	Type or print Amounts may b		!	S	tatemen	t covers period	CALIF	ORNIA	460
Payments Made	to whole d			fron	n	7/1/12	FO	RM	700
				thro	ough	12/31/12	Page _	of	6
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		-			_		I.D. NU	MBER	
CORINA LOPEZ FOR CITY COUNCIL 2010							13241	04	
CODES: If one of the following codes accurately describes 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	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ses lating survey resea	ces	RAD RFD SAL TEL TRC TRS	radio a returne campai t.v. or candida staff/sp transfe voter re	e the payment. irtime and production d contributions Ign workers' salaries cable airtime and prod ate travel, lodging, and ouse travel, lodging, r between committees egistration ation technology costs	uction cos i meals and meals s of the sa	me candid	ate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAY	MENT		AMOI	UNT PAID
* Payments that are contributions or independent expenditures	must also be summ	arized on	Schedule D.			su	IBTOTAL	<u> </u> \$	
					<u></u>		 		
Schedule E Summary	_ ,,,,,						œ		0
1. Itemized payments made this period. (Include all Schedule									
2. Unitemized payments made this period of under \$100									
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Columr	ı (e).)		••••••		\$ _		72
4. Total payments made this period. (Add Lines 1, 2, and 3. E	inter here and on t	he Summ	ary Page, Colu	ımn A, Line 6	3.)	TO	TAL \$_		

Schedule I /liscellane	l eous Increases to Cash	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 7/1/12	CALIFORNIA 460
EE INSTRUCTION	IS ON REVERSE		through 12/31/12	Page 6 of 6
AME OF FILER				I.D. NUMBER
CORINA LO	PEZ FOR CITY COUNCIL 201@			1324104
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
11/20/12	CITY OF SAN LEANDRO 835 E. 14TH STREET SAN LEANDRO, CA 94577	REFUND OF C	CANDIDATE FILING FEE	642
				C
Attach addi	itional information on appropriately labeled continuation sheets.		SUBTOT	AL \$
Schedule I	Summary			
	ncreases to cash this period		\$	<u>642</u>
	d increases to cash of under \$100 this period			0
	interest received this period on loans made to others. (Sched			0
4. Total misc	ellaneous increases to cash this period. (Add Lines 1, 2, and	3. Enter here and on the	TOTAL \$	642

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

Recipient Committee Campaign Statement Cover Page	Type or print in i	-	Date Stamp		LIFORNIA 460
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable (Month, Day, Year)	JUL 3 1 , 201		e 1 of 5 For Official Use Only
State Candidate Election Committee Recall (Also Completo Part 5) General Purpose Committee Sponsored Small Contributor 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 Amendment (Explain	nt t Termination)	Special Odd	atement I-Year Report al Preelection Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) CORINA LOPEZ FOR CITY COUNCIL 2010 STREET ADDRESS (NO P.O. BOX) 1271 WASHINGTON #729	NUMBER 1324104	Treasurer(s) NAME OF TREASURER VINCE JEROME ROS MAILING ADDRESS 1542 141ST AVENUE CITY CANALLEANERS	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CO SAN LEANDRO CA 9457 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	7 510-332-1816	SAN LEANDRO NAME OF ASSISTANT TREASI	CA URER, IF ANY	94578	510-357-1755
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	DRESS		
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californi Executed on	a that the foregoing is true and correct. By	Signature of Controlling Officeholder, Candidate,	reponent or Responsible Officer of S		ue and complete. I certify
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Recipient Committee Campaign Statement Cover Page — Part 2

	COVERP	AGE-PART2
CALI F	FORNIA ORM	460
Page_	2	of

							
IAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
CORINA LOPEZ						· · · · · · · · · · · · · · · · · · ·	
FFICE SOUGHT OR HELD (INCLUDE LOCATIO	ON AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
SAN LEANDRO CITY COUNCIL D	DISTRICT 5		<u></u>				OFFOSE
ESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP						
271 WASHINGTON	SAN LEANDRO, CA 94577		Identify the controlling off			e measure p	proponent, ir
Provide the second seco			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PE	ROPONENT		
	d in this Statement: List any committees trolled by you or are primarily formed to receive thaif of your candidacy.		OFFICE SOUGHT OR HELD		ום	ISTRICT NO. I	F ANY
DMMITTEE NAME	I.D. NUMBER						
STREET, CLE CONT.	I.S. NOMBER						
errorrer e e dantan e M'ADPillan	i.o. Nomber						
AME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can	didate/Offic	ceholder Com	nmittee Lis	st names of ed.
		7.	officeholder(s) or candidate(s) for which th	is committee is p	rimarily form	st names of ed.
ME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s) for which th	ceholder Com is committee is p	rimarily form	st names of ed.
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Type or print in ink.
Amounts may be rounded to whole dollars.

		SUMMARY PAGE
fron	Statement covers period 1/1/12	CALIFORNIA 460
thro	6/30/12	Page3 of5
<u> </u>		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE						
NAME OF FILER CORINA LOPEZ FOR CITY COUNCIL 2010						1.D. NUMBER 1324104
Contributions Received	(Column A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)	an a maini a sabi	Column B CALENDAR YEAR TOTAL TODATE		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	(23503) 0 0	•	0 (23503) 0 0	1/1 the 20. Contributions Received \$	\$\$
Expenditures Made 6. Payments Made	\$	0 61 0 0	\$	61 0 61 0 0 0	Expenditure Limit S Candidates 22. Cumulativ (If Subject to Date of Election (mm/dd/yy)	Summary for State The Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$	0 0 61 100	an co fro rej Su fig su pe the ca for	calculate Column B, add nounts in Column A to the rresponding amounts on Column B of your last port. Some amounts in plumn A may be negative ures that should be btracted from previous priod amounts. If this is a first report being filed this calendar year, only my over the amounts on Lines 2, 7, and 9 (if	*Amounts in this section n reported in Column B.	nay be different from amounts
18. Cash Equivalents		00500	an	ıy).	FPPC Toll-Free Helpli	FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)

Schedule B-Part 1

Type or print in ink.
Amounts may be rounded

	SCHEDULE B - PART 1
Statement covers period om1/1/12	CALIFORNIA 460

Loans Received		to whole dollar	s.		from1/	1/12	FORM	400
SEE INSTRUCTIONS ON REVERSE					through6	/30/12	Page4	of5
NAME OF FILER							I.D. NUMBER	
CORINA LOPEZ FOR CITY COUNCIL 2	010						1324104	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
CORINA LOPEZ 1271 WASHINGTO #729 SAN LEANDRO, CA 94577	CANDIDATE	s 23503	s0	S FORGIVEN S	23503	% RATE	s 2500 3/23/10	sssss
[†] ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
				SFORGIVEN	s	% RATE	\$	SPER ELECTION **
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	\$
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†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
		SUBTOTALS \$	0 :	\$	0 \$ 23503			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans	s of less than \$100.)			\$	0	1	Contributor Codes	;
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that 	D paid or forgiven.)			\$	0	- C	TH - Other (e.g., TY - Political Part	PTY or SCC) , business entity) ty
3. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.) y Page, Column A, Line 2.	••••••	•••••	NET \$	(23503) (May be a negative number)	. s	CC - Small Contri	butor Committee

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

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.

Г			SCHEDULE E
	from	nt covers period 1/1/12	CALIFORNIA 460
	through _	6/30/12	Page5 of5
_			I.D NUMBER
			1324104

CEE INICTOLICATIONIC ON DEVEDSE				thro	ugh	6/30/12	Page	5 of_	5
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				L			I.D NUME	BER	
CORINA LOPEZ FOR CITY COUNCIL 2010							1324104	ļ.	
CODES: If one of the following codes accurately describes 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	MBR member com MTG meetings and OFC office expen PET petition circui PHO phone banks POL polling and s POS postage, deli	munications I appearance ses ating urvey researd very and mes	3	erwise, d RAD RFD SAL TEL TRC TRS TSF VOT WEB	radio ai returned campaig t.v. or c candida staff/spo transfer voter re	the payment. rtime and production of contributions of contributions and producte travel, lodging, and buse travel, lodging, and between committees of contribution technology costs	uction costs I meals and meals s of the sam		te/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE C	R D	ESCRIPTION	N OF PAYI	MENT		AMOUI	NT PAID
* Payments that are contributions or independent expenditures mi	ust also be summ	arized on S	chedule D.			ຣບ	BTOTAL\$		61
Schedule E Summary									_
1. Itemized payments made this period. (Include all Schedule E	E subtotals.)		••••••				\$		0
2. Unitemized payments made this period of under \$100									61
3. Total interest paid this period on loans. (Enter amount from S									0
4. Total payments made this period. (Add Lines 1, 2, and 3. En									61

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in		SAN LEANDF	ALIFORNIA 460 2001/02 FORM
(3000)	Statement covers period from12/31/10		07 2012	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/11	LCITY CLE	RK'S OFFICE	
1. Type of Recipient Committee: All Committees - Committe	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	 □ Preelection Statement ☑ Semi-annual Statement □ Termination Statement (Also file a Form 410 Termination) ☑ Amendment (Explain below) SCHEDULE B WAS INADVERT APPENDED 	Supplement Statement	dd-Year Report Intal Preelection I - Attach Form 495
(Committee Information	D. NUMBER 1324104	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) CORINA LOPEZ FOR CITY COUNCIL 2010		NAME OF TREASURER VINCE JEROME ROSATO MAILING ADDRESS 1542 141ST AVENUE		
STREET ADDRESS (NO P.O. BOX) 1271 WASHINGTON #729		SAN LEANDRO	STATE ZIP CODE CA 94578	AREA CODE/PHONE 510-357-1755
SAN LEANDRO CA 9457 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	7 510-332-1816	NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	**************************************	
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on	ia that the foregoing is true and correct. By	Signature of Treasurer or Aserstant Treasurer ontrolling Officeholder, Candidate, State Measure Proponent or Respons	sible Officer of Sponsor	true and complete. I certify
Date	Dy	Signature of Controlling Officeholder, Candidate, State Measure Prop	onent	•
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Prop	onent	EDDC Form 460 (January/05)

	COVER	PAGE-PART 2
	FORNIA DR M	460
Page _	2	of4

NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
CORINA LOPEZ								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION)	AND DISTRICT NUMBER IF APP	PLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ОМ		SUPPORT
SAN LEANDRO CITY COUNCIL DIS	STRICT 5	•						OPPOSE
RESIDENTIAUBUSINESS ADDRESS (NO. AND ST		STATE ZIP				···		
1271 WASHINGTON	SAN LEANDRO, CA	94577		Identify the controlling offi	ceholder, car	ndidate, or s	tate measure	proponent, if a
	0.111 === 1.10110, 0.11			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
Related Committees Not Included in not included in this statement that are control contributions or make expenditures on behalf	lied by you or are primarily fo			OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
							<u> </u>	
COMMITTEE NAME	I,D, NUMBER							
COMMITTEE NAME	I,D. NUMBER							
		OMMITTEE?	7.	Primarily Formed Cand	lidate/Offic	eholder C	ommittee <i>t</i>	ist names of
	CONTROLLED CO	OMMITTEE?	7.	Primarily Formed Canc officeholder(s) or candidate(s)	idate/Offic	eholder Cos committee is	ommittee <i>L</i> s primarily for	ist names of ned.
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Type or print in ink.

Amounts may be rounded to whole dollars.

| Statement covers period | 12/31/10 | CALIFORNIA | 460 | FORM | 12/31/11 | Page 3 of 4 | I.D. NUMBER | 12/31/10 | 12/31/10 | 12/31/10 | 12/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/10 | 13/31/

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1324104 CORINA LOPEZ FOR CITY COUNCIL 2010 Column B Calendar Year Summary for Candidates Column A **Contributions Received** TOTAL THIS PERIOD CALENDARYEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE **General Elections** 1. Monetary Contributions Schedule A. Line 3 S 7/1 to Date 1/1 through 6/30 (23503) (23503)20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 S Received 0 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made **Expenditures Made** Expenditure Limit Summary for State 0 Candidates 6. Payments Made Schedule E, Line 4 S 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 S _____ (if Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C. Line 3 **Current Cash Statement** 161 12. Beginning Cash Balance Previous Summery Page, Line 16 \$ To calculate Column B, add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 15, Cash Payments Column A, Line 8 above Column A may be negative 161 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 S figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 S _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 23503 FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schodule B - Bart 1

Type or print in ink.

Statement covers period	CA LEORNAL A CO
from12/31/10	FORM 450
12/31/11	4 4

SCHEDULE B-PART1

Loans Received	to whole dollars.			from12/	31/10	CALIFORNIA 460		
					4b	2/31/11	Page4	of4
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through		I.D. NUMBER	ui
CORINA LOPEZ FOR CITY COUNCIL 2	010						1324104	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOI	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS ETAG OT
CORINA LOPEZ 1271 WASHINGTON #729 SAN LEANDRO, CA 94577	CANDIDATE			\$O FORGIVEN	s <u>23503</u>	RATE	ş <u>2500</u>	CALENDAR YEAR S PER ELECTION
[†] ☑IND □COM □OTH □PTY □SCC		s23503	ş <u>0</u>	\$	1/1/15 DATE DUE	s0	3/23/10 CATE INCURRED	s <u>23503</u>
				☐ PAID				CALENDAR YEAR
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				PAID				CALENDAR YEAR
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		SUBTOTALS \$. 0 9	\$	0 \$ 23503	\$ 0		
Schedule B Summary		 				(Enter (c) on Schedule E, Line 3)		
1. Loans received this period				\$	0	ـــر -		
(Total Column (b) plus unitemized loans	s of less than \$100.)				•	t t	Contributor Codes VD – Individual	,
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) pald or forgiven.)			\$	0	- C	OM -Recipient Co	PTY or SCC) business entity)
Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.)y Page, Column A, Line 2.	••••••	••••••	NET \$	(23503) (May be a negative number)	s	CC-Small Contri	outor Committee

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

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

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	j	Date Stamp		LIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 12/31/10 through 12/31/11	Date of election if applicable: (Month, Day, Year)	JAN: 3 :1 20 ITY CLERK'S (12 Page	For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	inplete Parts 1, 2, 3, and 4. imarily Formed Ballot Measure ommittee Controlled Sponsored Complete Part 6) imarily Formed Candidate/ ficeholder Committee Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ter Amendment (Explain bel	mination)] Supplementa	Year Report
s committee information	510-332-1816	Treasurer(s) NAME OF TREASURER Vince Jerome Rosato MAILING ADDRESS 1542 141st Avenue CITY San Leandro NAME OF ASSISTANT TREASURE	STATE CA ER, IF ANY	ZIP CODE 94578	AREA CODE/PHONE 510-357-1755
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRE	STATE	ZIP CODE	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	that the foregoing is true and correct. By	wiledge the information contained here Signature of peasurer or assistant Tr Trolling Officeholder, Gandidate, Staffe Measure Propo Signature of Controlling Officeholder, Candidate, Staffe Signature of Controlling Officeholder, Candidate, Staffe	e Measure Proponent		e and complete. I certify

+ 4.11

FPPC Form 460 (January/05)
FPPC Toll-Free Heipline: 866/ASK-FPPC (866/275-3772)
State of California

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
	FORNIA DRM	460						
Page	2	of3						

	Committee	6.	Primarily Formed Ball	ot Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Corina Lopez							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)	<u> </u>	BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
San Leandro City Council District 5						[OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	T) CITY STATE	ZIP					
1271 Washington #729 S	an Leandro, CA 94577		Identify the controlling of	<u> </u>	<u> </u>	ate measure	proponent, if any
	· · · · · · · · · · · · · · · · · · ·		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PRO	PONENT		
Related Committees Not Included in the not included in this statement that are controlled to contributions or make expenditures on behalf of y	by you or are primarily formed to re		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate(
COMMITTEE ADDRESS STREET ADDRESS (NO	D P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	··
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CITY STATE	ZIP CODE AREA CODE/P	HONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
	ZIP CODE AREA CODE/P	HONE	NAME OF OFFICEHOLDER OR			GHT OR HELD	☐ SUPPORT
COMMITTEE NAME				CANDIDATE	OFFICE SOU		SUPPORT OPPOSE
	I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 12/31/10 CALIFORNIA 460 FORM 12/31/11 Page 3 of 3

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Corina Lopez for City Council 2010 1324104 Calendar Year Summary for Candidates Column A Column B Contributions Received CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 1. Monetary Contributions Schedule A, Line 3 \$ _____ 1/1 through 6/30 7/1 to Date 0 2. Loans Received Schedule B. Line 3 0 20 Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received Ω 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Ω n Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ _____ **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ _____ 0 0 Candidates 0 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 0 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) O Date of Election Total to Date O (mm/dd/vv) 0 O **Current Cash Statement** 161 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _______ To calculate Column B. add amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments...... Column A, Line 8 above Column A may be negative 161 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee	Type or print in	ink	Date Stamp	COVER PAGE
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type of print in		OF SAN LEANDRY	FORM 460
(Statement covers period from1/1/11	Date of election if applicable (Month, Day, Year)	UL 2 9 2011	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 6/30/11	11/2/10 CITY (CLERK'S OFFICE	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination ☐ Amendment (Explain below)	☐ Special C	v Statement Odd-Year Report ental Preelection nt - Attach Form 495
3 LOMBITGE INTOFMATION	D. NUMBER 1324104	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	102-110-1	NAME OF TREASURER		
Corina Lopez for City Council 2010		Vince Jerome Rosato		
Communication only Common action		MAILING ADDRESS		
		1542 141st Avenue		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	
1271 Washington #729		San Leandro	CA 94578	510-357-1755
CITY STATE ZIP CO San Leandro CA 9457'		NAME OF ASSISTANT TREASURER, IF A	NY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	BOX	MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	СІТҮ	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	·	W
4. Verification		 		
I have used all reasonable diligence in preparing and reviewing	g this statement and to the best of my kn	owledge the information contained herein and i	n the attached schedules i	s true and complete. I certify
under penalty of perjury under the laws of the State of Californi	a that the foregoing is true and correct.	1/: 1/2		
Executed on	Ву	(me) Rosato		
Date 7/27/11	-	Signature of Treasurer or Assistant Treasurer		
Executed on	BySignature of Co	ontrolling Officeholder (Candidate, State Measure Proponent or Re	esponsible Officer of Sponsor	-
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure	e Proponent	_
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure	e Proponent	_

Officeriolider of Candidate Com	trolled Committee	6.	Primarily Formed Ball	ot Measure	Committee	•	
NAME OF OFFICEHOLDER OR CANDIDATE	-	•	NAME OF BALLOT MEASURE			•	
Corina Lopez for City Council 20	10						_
OFFICE SOUGHT OR HELD (INCLUDE LOCA	ATION AND DISTRICT NUMBER IF APPLICABLE)	•	BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
San Leandro City Council Distric	t 5				_] OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. A	ND STREET) CITY STATE ZIP	•					
1271 Washington #729	San Leandro, CA 94577		Identify the controlling of	ficeholder, ca	ndidate, or st	tate measure	proponent, if any
	·	•	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT		
	led in this Statement: List any committees ontrolled by you or are primarily formed to receive behalf of your candidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER	•			<u></u>	<u> </u>	
		7.	Primarily Formed Car	ndidate/Offic	eholder Co	ommittee <i>L</i>	ist names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate('s) for which thi	is committee is	s primarily forn	
		7.		's) for which thi	is committee is		
	☐ YES ☐ NO	7.	officeholder(s) or candidate((s) for which thi	OFFICE SOU	s primarily forn	ned. ☐ SUPPORT
COMMITTEE ADDRESS STREET AD	☐ YES ☐ NO DRESS (NO P.O. BOX)	7.	officeholder(s) or candidate(CANDIDATE CANDIDATE	OFFICE SOU	s <i>primarily forn</i> IGHT OR HELD	SUPPORT SUPPORT
COMMITTEE ADDRESS STREET AD	☐ YES ☐ NO DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	S primarily form	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS CITY COMMITTEE NAME NAME OF TREASURER	TYES NO DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	7.	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	IGHT OR HELD IGHT OR HELD IGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE		through .	6/30/11 Page 3 of 3
NAME OF FILER Corina Lopez for City Council 2010			I.D. NUMBER 1324104
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED 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		\$ \$ \$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$ \$
Expenditures Made 6. Payments Made	\$		Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$\$
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.	161	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	00 500	from Lines 2, 7, and 9 (if any).	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement Cover Page	Type or print in	Type or print in ink.			LIFORNIA 460
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	from 10 17 10 through 12/31/10	Date of election if applicable: (Month, Day, Year)	JAN 31 CITY CLERK'S		For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	omplete Parts 1, 2, 3, and 4. 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 To	ermination)	Quarterly Sta Special Odd- Supplementa Statement - A	-Year Report
3 Committee Information	7 510-332-1816	Treasurer(s) NAME OF TREASURER Vince Jerome Rosato MAILING ADDRESS 1542 141st Avenue CITY San Leandro NAME OF ASSISTANT TREASU	STATE CA RER, IF ANY	ZIP CODE 94578	AREA CODE/PHONE 510-357-1755
CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS	DDE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDI	STATE	ZIP CODE	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on	a that the foregoing is true and correct. By	Signature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate, Sale Measure Processing and the Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate, Candidate, Candidate, Candidate, Candidate, Candidate, Candidate, Candidate,	Treasurer Opponent or Responsible Officer State Measure Proponent	ofSponsor	ue and complete. I certify

COVER PAGE - PART 2							
	ORNIA ORM	460					
Page _	2	of7					

ITION AND DISTRICT NUMBER IF APPLICABLE)					
TION AND DISTRICT NUMBER IF APPLICABLE)					
	BA	LLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
t 5					OPPOSE
ND STREET) CITY STATE ZIP				***	
San Leandro, CA 94577	_				re proponent, it
	NA	ME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	PONENT	
led in this Statement: List any committees ontrolled by you or are primarily formed to receive behalf of your candidacy.	OF	FICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
I.D. NUMBER	_				
CONTROLLED COMMITTEE?	off	iceholder(s) or candidate(s) for which this		ormed.
	off) for which this		ormed.
☐ YES ☐ NO	off NA	iceholder(s) or candidate(s	candidate	committee is primarily fo	D SUPPO
☐ YES ☐ NO DRESS (NO P.O. BOX)	NA NA	iceholder(s) or candidate(s	c) for which this	committee is primarily for OFFICE SOUGHT OR HEL	D SUPPOS D SUPPOS D SUPPOS D OPPOS
l	San Leandro, CA 94577 ed in this Statement: List any committees ontrolled by you or are primarily formed to receive ehalf of your candidacy.	San Leandro, CA 94577 Red in this Statement: List any committees controlled by you or are primarily formed to receive ehalf of your candidacy. I.D. NUMBER	San Leandro, CA 94577 Red in this Statement: List any committees controlled by you or are primarily formed to receive ehalf of your candidacy. I.D. NUMBER	San Leandro, CA 94577 Red in this Statement: List any committees controlled by you or are primarily formed to receive ehalf of your candidacy. I.D. NUMBER	San Leandro, CA 94577 Identify the controlling officeholder, candidate, or state measu NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT OFFICE SOUGHT OR HELD DISTRICT Notehalf of your candidacy.

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

		SOMMANTIAGE
Statement covers period from 10 /17/10		california 460
through	12/31/10	Page3 of7
		I.D. NUMBER
		1224104

OUR MAN DV DAGE

NAME OF FILER Corina Lopez for City Council 2010 1324104 Column A Column B **Calendar Year Summary for Candidates Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 9064 1/1 through 6/30 7/1 to Date 23503 10382 20. Contributions 10506 32567 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 887 0 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 10506 33434 Made TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 32406 10345 **Candidates** 6. Payments Made Schedule E, Line 4 \$ 0 7 Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 10345 32406 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 0 Date of Election Total to Date (mm/dd/vv) 0 0 10. Nonmonetary Adjustment Schedule C. Line 3 32406 10345 **Current Cash Statement** 1450 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 10506 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 10345 15. Cash Payments Column A, Line 8 above Column A may be negative 161 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ __ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse \$ _ FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule Monetary	A Contributions Received	Type Amount to	Statement covers period from 10/17/10			CALIFORNIA 46				
SEE INSTRUCTIO	DNS ON REVERSE			through	12/	31/10	Page	4	of7	
NAME OF FILER							L	JMBER		
Corina Lo	pez for City Council 2010						1324	104		
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 T PERIOD		CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	T	ELECTION O DATE EQUIRED	
		□IND □COM □OTH □PTY □SCC								(
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								(
			SUBTOTAL	\$						
Schedule	A Summary					*Cor	ntributor (Codes		=

- 1. Amount received this period itemized monetary contributions. (Include all Schedule A subtotals.)\$
- 124 2. Amount received this period – unitemized monetary contributions of less than \$100\$
- 3. Total monetary contributions received this period. 124

IND-Individual COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received		Type or print in bounts may be ro to whole dollar	ounded		Statement cov	•	SCHEDULEB-PART CALIFORNIA 460 FORM			
SEE INSTRUCTIONS ON REVERSE					through12	2/31/10	Page5	of		
NAME OF FILER							I.D. NUMBER			
Corina Lopez for City Council 2010							1324104			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
Corina Lopez 1271 Washington #729 San Leandro, CA 94577	Candidate			PAID s 0 FORGIVEN		% RATE	s 2500	s 23503		
To IND □ COM □ OTH □ PTY □ SCC		s13121	s10382	s	1/1/15 DATE DUE	s0	3/23/10 DATE INCURRED	s		
				PAID \$ FORGIVEN	s	RATE	s	\$PER ELECTION **		
†□IND □COM □OTH □PTY □SCC		s	\$	s	DATE DUE	s	DATE INCURRED	s		
				PAID \$ FORGIVEN	_ s	% RATE	s	\$ PER ELECTION**		
[†] □ IND □ COM □ OTH □ PTY □ SCC │		s	s	\$	DATE DUE	s	DATE INCURRED	s		
		SUBTOTALS \$	10382 \$	S (0 \$ 23503			(
Schedule B Summary 1. Loans received this period				\$	10382	(Enter (e) on Schedule E, Line 3)				

			10382
1.	Loans received this period	\$ -	
2.	Loans paid or forgiven this period\$	\$.	0
	(Total Column (c) plus loans under \$100 paid or forgiven.)		
	(Include loans paid by a third party that are also itemized on Schedule A.)		
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$.	(May be a negative number)

†Contributor Codes

IND-Individual

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

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

FPPC Form 460 (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

Statement covers period from 10 /17 /10	CALIFORNIA 460
through12/31/10	Page6 of 7
	I.D. NUMBER
	1324104

Payments Made		to whole dollars.				10/17/10	FORM 400		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Corina Lopez for City Council 2010					through	12/31/10	Page	MBER	of
CODES: If one of the following codes accurately describes 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	MBR r MTG r OFC c PET r PHO r POL r POS r PRO r	nember com meetings and office expen petition circulation ohone banks polling and so postage, deli	munications d appearance ses lating survey resear very and me	s	RAD rad RFD ret SAL car TEL t.v. TRC car TRS sta TSF trac VOT vot	cribe the payment. It is airtime and production urned contributions mpaign workers' salaries or cable airtime and production travel, lodging, an ff/spouse travel, lodging, nesfer between committee er registration technology costs	duction cost d meals and meals s of the sa	me candio	date/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE (DR DESC	CRIPTION OF	PAYMENT		AMC	OUNT PAID
Alliance Campaign Strategies 444 Estudillo Avenue San Leandro, CA 94577	J		CNS	Campaign Consu	lting	-			2500
AUTUMN PRESS 945 Camelia Street Berkeley, CA 94710			LIT	Mailer					5228
CreAsian 1269 MacArthur Blvd. San Leandro, CA 94577			MTG	Election Return 0	athering				558
* Payments that are contributions or independent expenditures m	nust also	be summ	arized on S	chedule D.		SL	JBTOTAL S	5	8286
Schedule E Summary									10055
1. Itemized payments made this period. (Include all Schedule	E subtot	tals.)					\$		10323
2. Unitemized payments made this period of under \$100			•••••		•••••		\$_		22
3. Total interest paid this period on loans. (Enter amount from	Schedul	le B, Part '	1, Column (e).)			\$		
4. Total payments made this period. (Add Lines 1, 2, and 3, Er	nter here	and on th	ne Summai	v Page, Column A. I	Line 6.)	TO	TAL \$_		10345

SCHEDULE E (CONT.) Schedule E Type or print in ink. Statement covers period **CALIFORNIA** (Continuation Sheet) Amounts may be rounded to whole dollars. */יד'*/10 **FORM Payments Made** from 12/31/10 through Page __ SEE INSTRUCTIONS ON REVERSE

NAME OF FILER I.D. NUMBER Corina Lopez for City Council 2010 1324104 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 MTG meetings and appearances returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CTB CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRC fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/spor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF professional services (legal, accounting) VOT voter registration LEG legal defense information technology costs (internet, e-mail) campaign literature and mailings PRT print ads WEB Ш NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Gilcrest Management POS 1000 1271 Washington Ave. Literature Distribution San Leandro, CA 94577 Alliance Campaigns **CNS** 1037 444 Estudillo Ave. Campaign consulting San Leandro, CA 94577

497 Contribution Report

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

497 CONTRIBUTION REPORT

AREA CODE/PHONE NUM 5/0 - 52 ² / STREET ADDRESS	74/ 1324/04 NASHINGTON # 729 STATE ZIP CODE 9NDRO CA 94577	Date of This Filing Report No. Amendment to Report No. (explain below) No. of Pages	1 460	CALIFO FOR CITY OF SAN LEANDRU FOR NOV 0 2 2010 CITY CLERK'S OFFICE	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU' (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/1	CORINA LOPEZ 1271 WASHINGTON #72 SAN LEANDRO, CA 9457	-9 7	IND COM OTH PTY SCC	CANDIDATE	7,000 ★ Check if Loan Provide interest rate
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ———————————————————————————————————
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
Reason for Amendm	ent: LATE CONTRIBUTION			*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business ent PTY – Political Party SCC – Small Contributor Commit	tity)

497 Contribution Report

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

497 CONTRIBUTION REPORT

AREA CODE/PHONE NUMB	1324/04 Vashington #729 STATE ZIPCODE PNDRO , CA 94577	Date of This Filing Report No. Amendmer to Report No. (explain below) No. of Pages	nt 440	Date Stamp ITY OF SAN LEANDRO NOV 0 1 2010 CITY CLERK'S OFFICE	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/28/10	CORINA LOPEZ 1271 WASHINGTON #72 SAN LEANDRO, CA 94577	.9	IND COM OTH PTY SCC	CANDIDATE	9,500 Check if Loan Provide interest rate
	,		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ———————————————————————————————————
		۶	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	A	☐ Check if Loan ———————————————————————————————————
Reason for Amendme	ent: LATE CONTRIBUTION			*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	tity)

FPPC Form 497 (November/07) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	Date Stamp CALIFORNIA 460 CTY OF SAN LEANDR
	Statement covers period from10/1/10	Date of election if applicable: OCT 2 1 2010 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/16/10	11/2/10 CITY CLERK'S OFFICE
Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	omplete Parts 1, 2, 3, and 4. 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
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Corina Lopez for City Council 2010 STREET ADDRESS (NO P.O. BOX) 1271 Washington #729	D. NUMBER 324104	Treasurer(s) NAME OF TREASURER Vince Jerome Rosato MAILING ADDRESS 1542 141st Avenue CITY STATE ZIP CODE AREA CODE/PHONE San Leandro CA DAFTR ATOR
San Leandro, CA 94577 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	510-520-1741	NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRESS
. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	By	ledge the information contained herein and in the attached schedules is true and complete. I certify Signature of Total Land Translation Signature of Total Land Translation Ling Office before, Cardidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	Bv	gnature of Controlling Officeholder, Candidate, State Measure Proponent gnature of Controlling Officeholder, Candidate, State Measure Proponent

CALIFORNIA 460

Page 2 of 8

Recipient Committee Campaign Statement Cover Page — Part 2

	te Controlled Committe			i illianiy i oililea bai	UL Measure	Committee		
NAME OF OFFICEHOLDER OR CA	NDIDATE			NAME OF BALLOT MEASURE				
Corina Lopez								
OFFICE SOUGHT OR HELD (INCLU	JDE LOCATION AND DISTRICT N	UMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ION		SUPPORT OPPOSE
San Leandro City Council	l District 5							
RESIDENTIAL/BUSINESS ADDRES	S (NO. AND STREET) CITY	STATE ZIP			· ·		.4	
1271 Washington #729	San Leand	dro, CA 94577		Identify the controlling o			te measure	proponent, ir any
	· · · · · · · · · · · · · · · · · · ·			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
Related Committees Not	t Included in this Stater	ment: List any committees						·
not included in this statement t contributions or make expendit	hat are controlled by you or a ures on behalf of your candid	re primarily formed to receive lacy.		OFFICE SOUGHT OR HELD		1	DISTRICT NO	. IF ANY
COMMITTEE NAME	1.1	D. NUMBER					 	· · · · · · · · · · · · · · · · · · ·
			7.	Primarily Formed Car				
NAME OF TREASURER		ONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate				
		ONTROLLED COMMITTEE?	7.		(s) for which th		primarily for	med.
			7.	officeholder(s) or candidate	(s) for which th	is committee is	primarily for	med.
		YES NO	7.	officeholder(s) or candidate	(s) for which the	is committee is	primarily for	SUPPORT OPPOSE
COMMITTEE ADDRESS ST	TREET ADDRESS (NO P.O. BOX)	YES NO	7.	officeholder(s) or candidate	(s) for which the	OFFICE SOUG	primarily for	support Oppose
COMMITTEE ADDRESS ST	TREET ADDRESS (NO P.O. BOX) STATE ZIP CODE	YES NO	7.	NAME OF OFFICEHOLDER OF	(s) for which the	OFFICE SOUG	primarily for SHT OR HELD SHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS ST	TREET ADDRESS (NO P.O. BOX) STATE ZIP CODE	YES NO AREA CODE/PHONE	7.	officeholder(s) or candidate	(s) for which the	OFFICE SOUG	primarily for SHT OR HELD SHT OR HELD	SUPPORT SUPPORT OPPOSE
COMMITTEE ADDRESS ST	STATE ZIP CODE	YES NO AREA CODE/PHONE D. NUMBER	7.	NAME OF OFFICEHOLDER OF	(s) for which the	OFFICE SOUG	primarily for SHT OR HELD SHT OR HELD	SUPPORT SUPPORT OPPOSE
COMMITTEE ADDRESS ST	STATE ZIP CODE	YES NO AREA CODE/PHONE D. NUMBER ONTROLLED COMMITTEE?	7.	NAME OF OFFICEHOLDER OF	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	Primarily for BHT OR HELD BHT OR HELD BHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS ST	STATE ZIP CODE	AREA CODE/PHONE D. NUMBER ONTROLLED COMMITTEE? YES NO	7.	NAME OF OFFICEHOLDER OF	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	Primarily for BHT OR HELD BHT OR HELD BHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS ST	STATE ZIP CODE	AREA CODE/PHONE D. NUMBER ONTROLLED COMMITTEE? YES NO	7.	NAME OF OFFICEHOLDER OF	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	Primarily for BHT OR HELD BHT OR HELD BHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS ST	STATE ZIP CODE	AREA CODE/PHONE D. NUMBER ONTROLLED COMMITTEE? YES NO	7.	NAME OF OFFICEHOLDER OF NAME OF OFFICEHOLDER OF NAME OF OFFICEHOLDER OF NAME OF OFFICEHOLDER OF	CANDIDATE CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUG	Primarily for BHT OR HELD BHT OR HELD BHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1324104 Corina for City Council 2010 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 8940 1644 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 13121 3500 2. Loans Received Schedule B. Line 3 20. Contributions 5144 22061 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 150 887 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 5294 22948 Made **Expenditures Made Expenditure Limit Summary for State** 5356 20611 Candidates 0 0 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 5356 20611 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Total to Date Date of Election 0 0 (mm/dd/yy) 20611 5356 **Current Cash Statement** 1662 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 5144 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 5356 15. Cash Payments Column A, Line 8 above Column A may be negative 1450 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ ____ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ ___ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse \$ _____ 13121 FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded

SCHEDULE A

Monetary	Contributions Received		whole dollars.		10/1/10		IFORNIA 460	
				through10	/16/10	Page .	4 of 8	
SEE INSTRUCTION	NS ON REVERSE				· · · · · · · · · · · · · · · · · · ·	I.D. NU	MBER	
•	City Council 2010							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/6/10	Nicholas LeCuyer 7759 S. Glencoe Way Centennial, CO 80122	☑IND □COM □OTH □PTY □SCC	Financial Services, Western Union	100	1	00	C	
10/7/10	Johan Klehs 5980 Skyfarm Drive Castro Valley, CA 94552-1637	☑IND □COM □OTH □PTY □SCC	Government Relations, Johan Klehs & Company, Inc.	100	1	100		
10/10/10	Bulmaro H. Lopez 260 - 3rd Street Soledad, CA 93960	☑IND □COM □OTH □PTY □SCC	Driver Massolo Trucking, Inc.	500		500		
10/14/10	Anthony A. Batarse, Jr. 10550 International Blvd. Oakland, CA 94603-3804	☑IND □COM □OTH □PTY □SCC	President, CEO, Lloyd A. Wise Co.	250	2	250		
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$,			
Amount re (Include all	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.) ceived this period – unitemized monetary contribution				IND- COM OTH	other) I – Other	al ent Committee than PTY or SCC) (e.g., business entity)	
	etary contributions received this period.		T - T -			– Politica – Small C	Contributor Committee	
(Add Line	s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.	TOTAL \$_	1644		FPPC	Form 460 (January/05)	

Schedule B – Part 1 Loans Received		Type or print in ounts may be ro to whole dollar	ounded		Statement cov	ers period 1/10	CALIFORNI FORM	^A 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Corina for City Council 2010		÷	; .		through10)/16/10	Page5 I.D. NUMBER 1324104	of8
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Corina Lopez 1271 Washington #729 San Leandro, CA 94577	Candidate	9621	3500	PAID S FORGIVEN	s 13121	% RATE	s <u>2500</u> 3/23/10	s 13121 PER ELECTION
[†] ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
[†] □ IND □ COM □ OTH □ PTY □ SCC		s	\$	\$ FORGIVEN	S	% RATE	\$	S PER ELECTION*
				PAID \$ FORGIVEN	s	% RATE	s	SPER ELECTION*
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	3500	\$	\$ 13121	\$		
Schedule B Summary 1. Loans received this period				\$	3500	(Enter (e) on Schedule E, Line 3)	(
 (Total Column (b) plus unitemized loans Loans paid or forgiven this period	s of less than \$100.) paid or forgiven.) are also itemized on Scheo	lule A.)		\$; NET \$	0 3500 (May be a negative humber)	- (Contributor Codes ND – Individual COM – Recipient Co (other than DTH – Other (e.g., PTY – Political Part SCC – Small Contril	: ommittee PTY or SCC) business entity)
Enter the net here and on the Summar	y Page, Column A, Line 2.				61 Banka Hemani)			

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

** If required.

Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE C Statement covers period **CALIFORNIA** 10/1/10 **FORM** from. 10/16/10 through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1324104 Coring for City Council 2010

Conna io	r City Council 2010					132410	T
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/8/10	Jerry Garcia 15200 Hesperian Ave San Leandro, CA 94578	☑IND □COM □OTH □PTY □SCC	Insurance Agent, State Farm Insurance	Banner	150	150	15
	-	☐IND ☐COM ☐OTH ☐PTY ☐SCC				,	
		☐IND☐COM☐OTH☐PTY☐SCC					
		□IND □COM □OTH □PTY □SCC					4
Attach add	ditional information on appropriately label	ed continuati	on sheets.	SUBTOTAL	150		

Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. 150 (Include all Schedule C subtotals.) 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

3. Total nonmonetary contributions received this period. 150

*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

FPPC Form 460 (January/05)

Schedule E Type or print in lnk. Amounts may be rounded to whole dollars.				Stateme	nt covers period		ALIFORNIA 460 FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through	10/16/10	Page I.D. NUMI		8
CODES: If one of the following codes accurately described CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance uses lating survey researd livery and me	s	RAD radio a RFD returne SAL campa TEL t.v. or TRC candid TRS staff/s TSF transfe VOT voter i	e the payment. airtime and production ed contributions ign workers' salaries cable airtime and prod late travel, lodging, and per between committees registration ation technology costs	costs uction costs I meals and meals s of the sam	e candidate/	'spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE C	DR DESC	RIPTION OF PAY	YMENT		AMOUNT	PAID
EM Two Technologies LLC 4860 Chambers Rd., #72 Denver, CO 80239		РНО	Robo Call					305
Sam's Signs Neon & Electrical, Inc. 16719 E. 14th Street San Leandro, CA 94578		CMP	Campaign Banne	r				175
bella Luna studios PO BOX 1824 Pleasanton, CA 94566		СМР	Photography					200
* Payments that are contributions or independent expenditures	nust also be summ	arized on S	chedule D.		su	BTOTAL\$		680
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule 2. Unitemized payments made this period of under \$100							5	98
	1		t					Λ

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

5356

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

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

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

SCHEDULE E (CONT.) **CALIFORNIA**

Statement covers period 10/1/10 **FORM** from 10/16/10 8 Page. I.D. NUMBER

through. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Corina for City Council 2010

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundralsing events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POS postage, del	d appearance uses lating s survey researd livery and mes	s ch ssenger services al, accounting)	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and retarnsfer between committees of the candidate travel, lodging, and retarnsfer between committees of the capture of the ca	ction costs neals id meals of the same candidate/sp	ponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DESCR	RIPTION OF PAYMENT	AMOUNT PA	ID
AUTUMN PRESS 945 Camelia Street Berkeley, CA 94710		CMP	Walk Piece			1940
Alliance Campaign Strategies 444 Estudillo Avenue San Leandro, CA 94577		CNS	Campaign Consul	ting		2500
Robert's AWARDS & ADVERTISING SPECIALISTS 1455 Hays Street San Leandro, CA 94577		CMP	Badges			138
* Payments that are contributions or independent expenditures must also	so be summarized on	Schedule D.		SUB	TOTAL \$	4578

Recipient Committee Campaign Statement	Type or print in i		Date Stamp	CALIFORNIA 460
Cover Page (Government Code Sections 84200-84216.5)			TY OF SAN LEAND	Page 1 of 10
	Statement covers period	Date of election if applicable: (Month, Day, Year)	001 99 2010	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through9/30/10	11/2/10	TY CLERK'S OFFI	<u>GE</u>
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	,	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	✓ Preelection Statement	t	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
? (Committee Intermation	D. NUMBER 1324104	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1024104	NAME OF TREASURER		
Corina Lopez for City Council 2010		Vince Jerome Rosato		
		1542 141st Avenue		
STREET ADDRESS (NO P.O. BOX) 1271 Washington #729		сіт <u>ү</u> San Leandro		21P CODE AREA CODE/PHONE 04578 510-357-1755
San Leandro. CA 9457	7 510-5530-1741	NAME OF ASSISTANT TREASU	JRER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox Saprili.	MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE Z	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	RESS	
Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California.	y this statement and to the best of my kno	wledge,the information contained h	erein and in the attached sc	hedules is true and complete. I certify
Executed on	By	Muce Johns	nt Treasurer	-
Executed on	By Signature of Con	politing Officeholder, Candidate, State Measure P	roponent or Responsible Officer of Spo	onsor
Executed on	By	Signature of Controlling Officeholder, Candidate,		
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	EDDC Form 460 / January/05)

onent FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

	COVER PAGE - PART 2					
	FORNIA DR M	460				
Page _	2	of _/O				

Officeholder or Candidate Co	ontrolled Committee		6.	Primarily Formed Ball	ot Measure	Committee	•	
NAME OF OFFICEHOLDER OR CANDIDA	ΝΤΕ			NAME OF BALLOT MEASURE				
Corina Lopez								
OFFICE SOUGHT OR HELD (INCLUDE LO	OCATION AND DISTRICT NUMB	BER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
San Leandro City Council Dist	trict 5							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO	O. AND STREET) CITY	STATE ZIP						
1271 Washington #729	San Leandro,	CA 94577		identify the controlling of		•	ate measure p	roponent, if any
				NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
Related Committees Not Incl not included in this statement that are contributions or make expenditures of	e controlled by you or are p	rimarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	= ANY
COMMITTEE NAME	I.D. N	UMBER			<u>.</u>		<u> </u>	
NAME OF TREASURER COMMITTEE ADDRESS STREET		ROLLED COMMITTEE? YES NO		Primarily Formed Can officeholder(s) or candidate(s) for which th	is committee is		ed.
				officeholder(s) or candidate(s) for which th	is committee is	primarily form	
				officeholder(s) or candidate(s) for which th	OFFICE SOU	primarily form	support
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX) STATE ZIP CODE	YES NO		officeholder(s) or candidate(S) for which the	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX) STATE ZIP CODE I.D. NI	YES NO AREA CODE/PHONE UMBER ROLLED COMMITTEE?		officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	S) for which the CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT SUPPORT SUPPORT OPPOSE
COMMITTEE ADDRESS STREET CITY COMMITTEE NAME NAME OF TREASURER	ADDRESS (NO P.O. BOX) STATE ZIP CODE I.D. NI CONT.	YES NO AREA CODE/PHONE UMBER		Officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	S) for which the CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET CITY COMMITTEE NAME NAME OF TREASURER	ADDRESS (NO P.O. BOX) STATE ZIP CODE I.D. NI	YES NO AREA CODE/PHONE UMBER ROLLED COMMITTEE?		Officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	S) for which the CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

NAME OF FILER Corina Lopez for City Council 2010 1324104 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and General Elections 7296 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 6554 9621 13850 16917 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 737 4. Nonmonetary Contributions Schedule C. Line 3 21. Expenditures 2825 s 12430 13850 17654 Made **Expenditures Made Expenditure Limit Summary for State** 12430 15255 6. Payments Made Schedule E. Line 4 \$ Candidates 0 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 12430 15255 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 Date of Election Total to Date 0 0 (mm/dd/vv) 15255 12430 **Current Cash Statement** 242 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ______ To calculate Column B. add 13850 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in 12430 15. Cash Payments...... Column A, Line 8 above Column A may be negative 1662 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ ______ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 9621 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A

Type or print in ink.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE				/30/10	Page 4 of /0
			through		
NAME OF FILER Corina Lopez for City Council 2010					I.D. NUMBER 1324104
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	OR CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN, 1 - DEC, 3	AR TO DATE
6/3/10 Christina Lopez 185 Palo Verde Terrace Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Eligibility Social Worker II, County of Santa Cruz, CA	200	200	· C
7/21/10 Laurie Scolari 172 Fairmont Street San Francisco, CA 94131	☑IND □COM □OTH □PTY □SCC	information requested	100	100	0
7/23/10 Brent Beavers 344 Lille Steet San Leandro, CA 94577	☑IND □COM □OTH □PTY □SCC	self-employed, investor	200	20	0
7/20/10 Mark Thomas, Dog Time, Inc 1671 Edgehill CT San Leandro, CA 94577	□IND □COM ☑OTH □PTY □SCC	business entity	250	25	0
9/27/10 Dana Cambra 1530 Vista Circle Santa Clara, CA 95054	☑IND □COM □OTH □PTY □SCC	VP of RDITG, Align Technology, Inc.	250	25	0
		SUBTOTAL	\$ 1000		
Schedule A Summary 1. Amount received this period – itemized monetary contribution (Include all Schedule A subtotals.)		\$		IND-ir	butor Codes ndividual Recipient Committee (other than PTY or SCC)
 Amount received this period – unitemized monetary contributions. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Control 		7296	OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit		

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from	/10	FO	RM	400
				through9/	30/10	Page	5 of	10
NAME OF FILER					·	I.D. NUME		
Corina Lope	ez for City Council 2010					132410	14	
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 CALENDAR Y (JAN. 1 - DEC	EAR	TO	LECTION DATE QUIRED)
9/28/10	Martin Capron 151 Callan Avenue, Suite 200 San Leandro, CA 94577	☑IND □COM □OTH □PTY □SCC	Martin Capron, MJC Employee Benefits and Insurance Services, Inc.		100			С
8/4/10	Michael Lopez 260 3rd Street Soledad, CA 93960	☑IND □COM □OTH □PTY □SCC	student	500	500			
9/27/10	Alameda County Firefighters Association 369 15th Street Oakland, CA 94612	□IND ☑COM □OTH □PTY □SCC	In# 892160	500	5	500		
9/15	The Sentinels c/o David D. Davini, 151 Callan Avenue, Suite 212, San Leandro, CA 94577	□IND □COM □OTH □PTY □SCC	I0# 782563	3000	3000			
9/7/10	Robert & Carol Molinaro PO Box 1048 Pleasanton, CA 94566	☑IND □COM □OTH □PTY □SCC	Pleasanton Garbage Service	500	5	00		С
			SUBTOTAL	4600				

*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

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink. Amounts may be rounded SCHEDULE A (CONT.)

Wionetai y	Continuations Received	to whole	dollars.	from7/1	/10	CALI F	orm 460
				through 9/3	30/10	Page_	6 of 10
NAME OF FILER Corina Lop	pez for City Council 2010					1.D. NU 1324	
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
9/14/10i	Roger and Marilyn Gallegos 1937 Loyola Ct. Claremont, CA 91711	☑IND □COM □OTH □PTY □SCC	Scientists, grad students, Western University	100	100		С
9/28/10	John Kaplan 364 Dowling San Leandro, CA 94577	☑IND □COM □OTH □PTY □SCC	Info Requested	250	2	250	
9/28/10	Dan Dillman 14808 East 14th Street San Leandro, CA 94578	☑IND □COM □OTH □PTY □SCC	Business Owner, XZAULT	100	1	100	
9/28/10	Eva Whitmore 4168 Piedmont Ave., Ste. E Oakland, CA 94611	☑IND □COM □OTH □PTY □SCC	Dr., Balance, Chiropractic Health Center	200	2	200	

Consultant, Galvan and

SUBTOTAL\$

Associates

☑IND □COM □OTH

PTY □scc

*Contributor Codes

IND-Individual

9/28/10

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

Gordan Galvan

PO Box 31101

San Leandro, CA 94578

SCC - Small Contributor Committee

500

500

1150

	7	Type or print in i	lnk				SCHE	DULE B-PART 1
Schedule B – Part 1 Loans Received	Piniamani agrana naviad					CALIFORN	^{IA} 460	
					from		FORM	
SEE INSTRUCTIONS ON REVERSE					through9	/30/10	Page	of/O
JAME OF FILER							I.D. NUMBER	
Corina Lopez for City Council 2010							1324104	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Corina Lopez 1271 Washington #729				PAID	_ s <u>9621</u>	% RATE	s 2500	calendar year s 9621
San Leandro, CA 94577 ☑ IND □ COM □ OTH □ PTY □ SCC		s3067	s6554	FORGIVEN	1/1/11 DATE DUE	s	3/23/10 DATE INCURRED	S
				PAID \$ FORGIVEN	_ \$	% RATE	s	CALENDAR YEAR \$ PER ELECTION ***
□ IND □ COM □ OTH □ PTY □ SCC		s	s	s	DATE DUE	s	DATE INCURRED	s
				PAID \$ FORGIVEN	_ \$	% RATE	\$	SPER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		s	s	s	DATE DUE	s	DATE INCURRED	s
		SUBTOTALS \$	6554 \$	3	\$ 9621	\$		
Schedule B Summary	**************************************					(Enter (e) on Schedule E, Line 3)		
. Loans received this period(Total Column (b) plus unitemized loans		•••••	***************************************	\$_	6554		Contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or forgiven.)			\$	0 6554	. [1]	ND – Individual COM – Reciplent Co (other than DTH – Other (e.g., PTY – Political Part	ommittee PTY or SCC) business entity) y
Not abance this period (Cultivest Line	Ofrom Line 4 \			NIET ¢	4000	5	CC – Small Contri	nator Countilities

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

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

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period 7/1/10 through 9/30/10			SCHEDULER LIFORNIA 460 FORM 460
NAME OF FILER Corina Lopez for City Council 2010						'	NUMBER 4104
CODES: If one of the following codes accurately describes 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	MBR member com MTG meetings and OFC office expen PET petition circui PHO phone banks POL polling and s POS postage, deli	munications d appearances ses lating survey researd livery and mes	S	RAD RFD RFD RFD RFD RFD RFD RFD RFD RFD RF	radio airtime and returned contribut campaign workers t.v. or cable airtim candidate travel, lestaff/spouse trave	production costs ions s' salaries e and production odging, and meals l, lodging, and meals committees of the	eals e same candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DESC	CRIPTION	OF PAYMENT		AMOUNT PAID
City of San Leandro 835 East 14th Street San Leandro, CA 94577		FIL	Ballot Statement	Fee			1200
Alliance Campaign Strategies 444 Estudillo Avenue, San Leandro, CA 94577		CNS	Campaign Consu	ılting			5500
California Latino Voters Guide 930 Colorado Blvd., Building #2 Los Angeles, CA 90041		LIT	Slate Card		- 	<u>3235-334</u> 34	450
* Payments that are contributions or independent expenditures m	ust also be summ	arized on So	hedule D.			SUBTOT	AL\$ 7150
Schedule E Summary							12355

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).)\$

75

12430

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	from7/1/10	FORM 460
SEE INSTRUCTIONS ON REVERSE		through 9/30/10	Page 9 of 10
NAME OF FILER			I.D. NUMBER
Corina Lopez for City Council 2010			1324104
CODES: If one of the following codes accurate	ely describes the payment, you may enter the code. Other	erwise, describe the payment.	

	member commetings and office expension petition circulty phone banks polling and so postage, deliko professional	munications I appearance ses ating urvey researd very and mes		RAD radio airtime and returned contribu SAL campaign worke TEL t.v. or cable airtir TRC candidate travel, TRS staff/spouse trav TSF transfer between VOT voter registration	utions rs' salaries me and production costs lodging, and meals el, lodging, and meals a committees of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR .	DESCRIPTION OF PAYMENT		AMOUNT PAID
Golden Gate Litho 11144 Golf Links Road Oakland, CA 94605		LIT	Remits and i	Business cards		483
Washington Manor HOA P.O. BOX 4291 San Leandro, CA 94579		PRT	Ad in Homed	owners Newsletter		140
Voter Guide Slate Cards 6285 W. Spring Street, Suite 202 Long Beach, CA 90808		LIT	Slate Cards			984
Calfiornia Vote Green 6285 W. Spring Street, Suite 202, Long Beach, CA 90808		LIT	Slate Cards			500
Prime Signs 925 University Ave., #B		СМР	Lawn Signs			1980

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

Sacramento, CA 945825

SUBTOTAL \$

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

SEE INSTRUCTIONS ON REVERSE

LIT campaign literature and mailings

NAME OF FILER

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

PRT

print ads

Stateme	nt covers period	CALIFORNIA 160
from	7/1/10	FORM 40U
through	9/30/10	Page 10 of /b
		I.D. NUMBER

WEB information technology costs (internet, e-mail)

Corina Lopez for City Council 2010

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 returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating PET 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 independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor **TSF** LEG legal defense professional services (legal, accounting) voter registration

VOT

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER J.D. NUMBER) CODE OR AMOUNT PAID DESCRIPTION OF PAYMENT Van Austen Creative Web page and content design 548 Kenilworth Avenue **WEB** 743 San Leandro, CA 94577 EQM Periodical Ad 2039 West Avenue PRT 150 San Leandro, CA 94577 Creekside Bistro Fundraiser Food 500 Davis Street FND 225 San Leandro, CA 94577

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

SUBTOTAL \$

1118

and the second second				COVER PAGE
Recipient Committee	Type or print in i	nk.	Date Stamp	CALIFORNIA 160
Campaign Statement		17	CITY OF CAN LEANIDDO	
Cover Page		10	CITY OF SAN LEANDRO	FORM
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable (Month, Day, Year)	e: AUG 0 2 2010	Page of
	nom		CITY OF EDW'S DEELOE	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>6-30-10</u>	11-2-10	CITY CLERK'S OFFICE	<u> </u>
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statemer ☐ Semi-annual Statemer ☐ Termination Statemer (Also file a Form 410 ☐ Amendment (Explain	ent Specia nt Supple 0 Termination) Staten	erly Statement al Odd-Year Report lemental Preelection ment - Attach Form 495
3. Committee Information	D. NUMBER /324/04	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		
Corina Lopey for Cit	y Council 2010	MAILING ADDRESS	Rosato 1415+ Aue	
1271 Washington	1729	San Leandon	o CA 94	AREA CODE/PHONE 4578 510.520.174
	4577 510 526 17		SURER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS		
CITY STATE ZIP C	CODE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL AL	DDRESS	
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ Executed on State of Californ Date Date Date Date Date Date	By	Signature of Treasurer or Assis	L	les is true and complete. I certify
Executed onDate	Ву	Signature of Controlling Officeholder, Candida	ite, State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candida	ate, State Measure Proponent	EPPC Form 460 (January/05)

onent FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

COME TO SER TO THE STATE OF TH The state of the s Property of Manager and State of the State o the a new Care out the could be no at 小野 まっという 一 の 日本 不動の The same and the same of the s niadian of a comparation altagologique enconomistication des constantes des constantes describentes des des de 🖖 VIII (CRISE). SAP 13 T. MIN. TATABORENCESSIF AND TO THE TOTABORENCE TO THE TOTAB the second of th a similarity to the box of the statement board of the boa The state of the s January Lapton for Call Contraction 200 ·想到你 1. 一种的 1871年 Think a "Langary Lang हैना का छा ह AND TO SERVE ででな and an experimental content of the state of ** 文。在中国中国的社会的国际社会的国际社会主义的主义是一个人,但是他们的社会,也是他们的国际社会的,也是这种的一个人,可以是一个人的人,也是这种人的人,也可以是一种人的人们的 Comment of the commen The second of the file of the second of the O store that we will be a store to the store that t hom I will to th court 200 250 V.V. 10 - WO 15 The second of th With and the second contract the second second contract to the secon **新山村的地口,** The same of the sa and the second Man A State State of the State trine access ANIMALOR OF THE THE PARTY OF THE PROPERTY OF THE PARTY OF मिक्स्य व्यक्ति इव स्वस् A BOULENT FASTING Clamers and the man - N- 0 The state of with the table the is soonaha 1 3 1 DITY CLERK'S OFFICE CITY OF SAN LEANDRO After the street of the street dere ver lækkerrækter briter e erine e er let i ver år i get brokker vertigeren i i i i i i i i i i i i i i brokkere brokker m dodes "Snenis ignor f" Maria Con the stock th past reprised and Ec. Car

The state of the s ·阿拉斯·西班班斯斯·加斯克拉斯·罗拉斯 "在在一点,在我们们是是一种是一种是一种的一种,

Officeholder or Candidate Controlled Con	nmittee	6.	Primarily Formed Ballot	t Measure Committ	ee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Soul sanda Cota	Commercial D5					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	,	Identify the controlling office	ceholder, candidate, or	state measure	proponent, if any
[21] Washington 127	Santanaro Of (45//		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeholder for which this committee	Committee is primarily for	List names of med.
COMMITTEE ADDRESS STREET ADDRESS (NO P			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
CITY STATE :	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		Attac	h continuation sheets	if necessary	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA 460

SUMMARY PAGE

through 6-30

I.D. NUMBER

1324104

Corina hoper for ley le	ounce!		15~1.0
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED 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 2. Loans Received Schedule B, Line 3	\$ 3067 \$ 3067	\$	1/1 through 6/30 7/1 to Date 20. Contributions
SUBTOTAL CASH CONTRIBUTIONS	737 \$ 3804	\$ \$	Received \$
Expenditures Made 6. Payments Made	s <u>2825</u>	\$	Expenditure Limit Summary for State Candidates
7. Loans Made	\$ 2825 \$	\$	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date
10. Nonmonetary Adjustment	s <u>2825</u>	\$	(mm/dd/yy)/ \$
Current Cash Statement 12. Beginning Cash Balance	\$ 3067 \$ 2825 \$ 242	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	5d	from Lines 2, 7, and 9 (if any).	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Instructions for Summary Page Campaign Disclosure Statement

The Summary Page provides an overview of the committee's financial activities and is completed for each filing.

Column A reflects activities during the current reporting period as reported on Schedules A through H. It is not necessary to attach a blank schedule if there has been no reportable activity during the period, but it is necessary to enter a zero or the word "none" on the appropriate line in Column A of the Summary Page.

Column B figures should reflect the cumulative total since January 1 of the current calendar year.* Add the totals from Column B of the committee's last campaign statement (if any) to the corresponding amounts in Column A. If this is the first report being filed for a calendar year, only carry forward the amounts reported on Lines 2, 7, and 9 of Column B (if any) from the committee's last statement. (Note: The amounts reported on Lines 2, 7, and 9 of Column B should be the same as the total outstanding amounts disclosed in column (d) of Schedules B, F, and H, respectively, of the current report.)

When loans (Schedules B and H) and accrued expenses (Schedule F) are paid, the figures to be carried from the schedules to Lines 2, 7, and 9 of Column A may be negative numbers. In this case, be sure to show them as negative figures on the Summary Page (e.g., with a minus sign (-) or in parentheses), and subtract them when totaling Columns A and B.

*There are exceptions to the calendar year "cumulation period" for candidate elections and ballot measure elections held in January and early February, and for ballot measure qualification activities. Consult the FPPC Campaign Disclosure

<u>Manual</u> for your type of committee for additional information.

Current Cash Statement:

Lines 12-16 of the Summary Page should accurately reflect your current cash position. Beginning and ending cash balances should include the total amount of funds in your campaign checking and savings accounts, plus any investments that can be readily converted to cash, such as certificates of deposit, money market accounts, stocks and bonds, etc. (Officeholders and candidates are subject to bank account restrictions, and all committees should read the FPPC Campaign Disclosure Manual regarding appropriate uses of campaign funds.)

Line 12 (Beginning Cash Balance) must be the same as the ending cash balance reported on Line 16 of your previous statement's Summary Page. If this is your first campaign statement, enter zero on Line 12.

Line 16 (Ending Cash Balance) is the total of Lines 12, 13, and 14, minus Line 15.

If you are filing a termination statement, Line 16 must be zero.

Cash Equivalents:

"Cash equivalents" include investments that cannot be readily converted to cash, as well as the balance due on all outstanding loans the committee has made to others (from Line 7 of Column B of the Summary Page). Investments that can be readily converted to cash, such as certificates of deposit or money market funds, should be included in the cash on hand figures on Lines 12 and 16 of the Summary Page.

Summary for Primary and General Elections (Lines 20 and 21):

This section is only for committees that are:

- Controlled by a candidate who is being voted on in both the state primary and general elections (does not apply to controlled ballot measure committees); or
- Primarily formed to support or oppose candidates being voted on in both the state primary and general elections.

Complete this summary on the preelection and semi-annual statements for the general election, covering periods during the last six months of the year (July 1-December 31).

Expenditure Ceiling Summary for State Candidates (Line 22):

Candidates for elective state office who have accepted the voluntary expenditure ceiling for a particular election must disclose the total amount of expenditures made through the end of the reporting period that are subject to the expenditure ceiling for the election. Report the date of the election and total amount expended for that election. Report totals for the primary and general elections separately. This information is no longer required if the expenditure ceiling has been lifted. (See FPPC Campaign Disclosure Manual 1.)

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

Schedule B - Part 1 Loans Received

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

SCHEDULE B-PART 1 Statement covers period CALIFORNIA FORM 11

SEE INSTRUCTIONS ON REVERSE					through		Page	of
NAME OF FILER	0 0:/		1 -				I.D. NUMBER	
Corina hop	ay for City	Couri	1 2	370			1324	८०५
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	OUTSTANDING	(b) AMOUNT	(c) AMOUNT PAID	OUTSTANDING	(e) INTEREST	(f) ORIGINAL	(g) CUMULATIVE
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	RECEIVED THIS PERIOD	OR FORGIVEN	BALANCE AT CLOSE OF THIS PERIOD	PAID THIS PERIOD	AMOUNT OF LOAN	CONTRIBUTIONS TO DATE
	candidate	FERIOD		PAID	PERIOD			CALENDAR YEAR
Corina Lopez	to make B'			\$. 3067	%	, 2500	: 3067
	owner, Rusade	d	3067	FORGIVEN		RATE		PER ELECTION**
[†] ☑ IND □ COM □ OTH □ PTY □ SCC	Owner, Rinacle Vista (IT Managent Cons.)	s	s	\$	DATE DUE	\$	3/23/10 DATE INCURRED	s
				PAID				CALENDAR YEAR
				\$	\$	%	s	\$
				FORGIVEN		RATE		PER ELECTION **
[†] □ IND □ COM □ OTH □ PTY □ SCC		s	s	\$	DATE DUE	\$	DATE INCURRED	s
			la i	PAID				CALENDAR YEAR
				\$FORGIVEN	\$	RATE	\$	\$ PER ELECTION **
		*						PERELECTION
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	3067	;	\$ 3067	\$		
Schedule B Summary			0			(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$	3067			
(Total Column (b) plus unitemized loans	of less than \$100.)				<i>6</i> 6	1	Contributor Codes	
2. Loans paid or forgiven this period				\$			ND – Individual COM – Recipient Co	
(Total Column (c) plus loans under \$100 (Include loans paid by a third party that		ule A.)			- 0 / H		other than l OTH – Other (e.g., OTY – Political Party	
3. Net change this period. (Subtract Line	2 from Line 1.)			NET \$	3061		SCC - Small Contrib	
Futurable mot have and on the Occasion	D 0 1 4 11 0			(Ma	ay be a negative number)			

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

Enter the net here and on the Summary Page, Column A, Line 2.

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

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		CIN 101 21 1 101 1 11 11 11 11 11 11 11 11 11 11				The state of the s		The state of the s			اران به المساورة الم
		40 TI, JUE		the same of the sa	The state of the s	DOSE TO THE PARTY OF THE PARTY	The state of the s	The state of the s	, sales	TAN - CONTROL OF THE STATE OF T	A Commence of the commence of

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The Colonial of the Spirit Spi

Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE C Statement covers period CALIFORNIA -1-10 FORM I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER City Counal ZOIO Orina **CUMULATIVE TO** IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) PO Box 126 San Lorenzo, CA 94580 ПСОМ **™**OTH PTY SCC TIND COM OTH PTY SCC □IND COM OTH PTY SCC □IND COM OTH PTY SCC SUBTOTAL \$ Attach additional information on appropriately labeled continuation sheets. Schedule C Summary *Contributor Codes 1. Amount received this period – itemized nonmonetary contributions. IND - Individual COM - Recipient Committee (Include all Schedule C subtotals.) (other than PTY or SCC) OTH - Other (e.g., business entity) 2. Amount received this period – unitemized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period. PTY - Political Party

SCC - Small Contributor Committee

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Schedule E Payments Made

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Corina Lopez for City Council 2010

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

1324104

COTINA LOPEZ FOR C	ity	Cornel 2010		152410-1
CODES: If one of the following codes accurately describes	the	payment, you may enter the code. (Otherwise, o	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 C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Lerry Hamelton Photography 2756 Washington Are 8L 94577	LIT	Photography	150
Von Austen Creative 548 Kenilworth Ave son Leandro, CA 94577	WEB	Graphics and Webite development	431
AT # T 120 Juana Ave. San Leandro, CA 94577	P40	Campaign Phone	108

Schedule E Summary		4=: 4
1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	š	2780
2. Unitemized payments made this period of under \$100\$	\$	45
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	š	<u>ø</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.) 	2	825

SUBTOTAL\$

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or or house brond providence reselvent and a * * in all the class of the light fame profibering made, john a such chance of the change of I DEMECADAMENT TO MANTENANT FROM CHARLE AND COMPANY OF THE STATE OF TH WALLE CO. O. O. T. T. T. THE PROPERTY OF THE PROPERTY O Constant in the fight of the fight of the fight of the fight of the contract of the fight of the 3 THE CONTROL OF THE STATE OF THE THE PARTY OF THE P . (Park a main rechteren Ben de bere da aben da and de da ande bedeg de bester anergande Michelle Lett. A Third white tenters in particular, in the comment of the county क्रामित्रकाति मार्च स्थानी विविध्यास्य the forther of the sand extribution with note or for others has severy before week. I want to be a second THE STATE OF the s 04 The second section of the section of • :: 有类片 The all the ax AST CAR ANTHUR DE TINE SERVE atten entrace BER, I CEPTE 15, 4 31 A. C. 12 7.12 1. 1.93 on the time of the second of にいつ ç, İi SHOPE THE WAS CARRICHED SHOPE SHOPE FOR THE SHOPE WAS ASSESSED. BY A SHOPE FRANCE OF THE SHOPE SHOPE SHOPE SHOPE IN THE SHOPE display has explayed Cran Gordan Proposition of the second 京のないのでは 日本の ったながらがい And in special to the special control of the special s Ę a waltong the willing a series (A. 5) THE COURSE CHERT OF THE COURSE through the 自分表明 "一十二一一一一一一一一一一一一 the state of the first that it is the state of the state 4 25. A. B. Barler Carlottanton . 对 部門 的对人 外部 一下 大工机 (. ye. . then by the market were desired the 200 J. CLAS MA:

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 1-10-10 FORM 460

through 6-30-10 Page 7 of 7

I.D. NUMBER

13 24104

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Corina Lopez for City Council 2010

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 returned contributions CNS contribution (explain nonmonetary)* SAL campaign workers' salaries CTB OFC office expenses t.v. or cable airtime and production costs petition circulating CVC civic donations PET FII candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF ND LFG legal defense professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Community Outreach Associates PO Box 126. San Lorenzo, CA 94580 E-Mail Services WEB

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

SUBTOTAL \$

Codes:

CMP: Campaign paraphernalia/misc. Lawn signs, buttons, bumper stickers, T-shirts, potholders, etc. Includes costs of election night event.

CNS: Campaign consultants. Fees and commissions paid to professional campaign management or consulting firms.

CTB: Contributions. Contributions made to other candidates and committees. Use "CTB" for direct monetary contributions. For nonmonetary (in-kind) contributions, use "CTB" and, if one of the other codes accurately describes the expenditure, you may enter that code also. Otherwise, describe the payment. Also provide the name of the candidate or committee that received the nonmonetary contribution in the "Description of Payment" column.*

CVC: Civic donations. Donations to civic, nonprofit or education organizations; payments for community events.

FIL: Candidate Filing/Ballot Fees. Payments to election officials for candidate filing fees and fees charged for publication of a ballot statement.

FND: Fundraising events. Expenditures associated with holding a fundraising event, including payments for event space to hotels or halls, payments for food and beverages to restaurants, caterers and other vendors, and payments for speakers, entertainment, and decorations. Includes costs of house parties. (Use "LIT" for costs of invitations, brochures, and solicitations associated with fundraising events.)

IND: Independent expenditures. Payments for communications that support/oppose other candidates or measures that are not made in consultation or coordination with the candidates or a ballot measure committee. Use "IND" and, if one of the other codes accurately describes the independent expenditure, you may enter that code

also. Otherwise, describe the payment. Also provide the name of the candidate or ballot measure supported or opposed by the expenditure.*

LEG: Legal Defense. Attorney or other fees paid for legal defense.

LIT: Campaign literature and mailings.

Preparation, production, and distribution of campaign literature, direct mail pieces, fundraising solicitations, and door hangers. Includes costs of mailing lists, design/graphics, copy and layout, printing and photocopying. Includes payments to be on a slate mailer, and for absentee ballot mailers.

MBR: Member Communications. Payments for communications to members, employees, or shareholders of an organization, or their family members, for the purpose of supporting or opposing a candidate or ballot measure.

MTG: Meetings and appearances. Costs associated with meetings, press conferences, town halls, constituent meetings, etc.

OFC: Office expenses. Expenditures for office rent; utilities (including cellular phone service); purchase or rental of office equipment (computer, fax, photocopier, etc.) and furniture; office supplies, etc.

PET: Petition circulating. Includes payments for printing petitions and payments to signature gathering firms for ballot measure qualification drives.

PHO: Phone banks. Costs of phone banks.

POL: Polling and survey research. Costs of designing and conducting polls, reports on election trends, voter surveys, etc.

POS: Postage, delivery and messenger services. Includes U.S. Postal Service, Federal Express, United Parcel Service, and other delivery and courier services.

PRO: Professional services. Includes legal, accounting, and bookkeeping services.

PRT: Print space and production costs. Includes advertising space in newspapers, magazines and other publications, and billboard ads.

RAD: Radio airtime and production costs.

RFD: Returned contributions.

SAL: Campaign workers salaries. Includes state and federal payroll taxes.

TEL: Television or cable airtime and video production costs.

TRC: Candidate travel. Payments or reimbursements for travel, lodging, and meals of a candidate.

TRS: Staff/spouse travel. Payments or reimbursements for travel, lodging, and meals of a candidate's representative (staff), or member of the candidate's household.

TSF: Transfers. Only use this code to report the transfer of funds to another authorized committee of the same candidate or sponsoring organization. Report funds this committee gives to other committees on Schedule E, as contributions ("CTB") to those committees, not as transfers.

VOT: Voter registration costs.

WEB: Information technology costs. Includes payments for website design, e-mail, internet access, production of website and e-mail advertising.

*Payments that are contributions or independent expenditures to support or oppose other candidates, measures, and committees must also be summarized on Schedule D.

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