

# Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE - LONG FORM

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- Special Odd-Year Campaign Report
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period from <u>Feb 26, 1994</u> through <u>March 31, 1994</u>	Date Stamp <u>MAR 31 1994</u>	Page <u>1</u> of <u>8</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>4/12/94</u>	CITY OF SAN LEANDRO	

## I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE  
Glenda Nardine

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
School Board Trustee Dist 6

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)  
938 Figueroa Dr.

CITY San Leandro Ca STATE Ca ZIP CODE 94578 AREA CODE/DAYTIME PHONE 510 351-2444

COMMITTEE NAME Committee to Re-elect Glenda Nardine I.D. NUMBER 940525

COMMITTEE ADDRESS (NO. AND STREET) Board Member  
938 Figueroa Dr.

CITY San Leandro Ca STATE Ca ZIP CODE 94578 AREA CODE/DAYTIME PHONE 510 351-2444

NAME OF TREASURER Leslie D. Nardine

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)  
938 Figueroa Dr.

CITY San Leandro Ca STATE Ca ZIP CODE 94578 AREA CODE/DAYTIME PHONE 510 351-2444

## II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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

Attach additional information on appropriately labeled continuation sheets.

## III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/31/94 At San Leandro Ca By Leslie D. Nardine  
DATE CITY AND STATE SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/31/94 At San Leandro Ca By Glenda Nardine  
DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

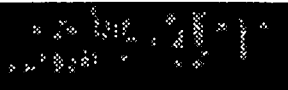
Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

# Allocation Page — Part I Contributions and Independent Expenditures Made From Campaign Funds

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

ALLOCATION - PART I

Statement covers period from <u>2/26/94</u>	
through <u>3/31/94</u>	
Page <u>2</u> of <u>8</u>	
I.D. NUMBER <u>940525</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Glenda Nardine Committee to reelect Glenda Nardine School Board

List each contribution and independent expenditure of \$100 or more made from campaign funds to other committees or to support or oppose other candidates or ballot measures.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				

\*See reverse regarding independent expenditures.

SUBTOTAL \$ 0

## ALLOCATION — PART I SUMMARY

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from campaign funds.  
(Include all Allocation Page — Part I subtotals.) ..... \$ \_\_\_\_\_
- Contributions and independent expenditures under \$100 made this period from campaign funds.  
(Do not itemize.) ..... \$ \_\_\_\_\_
- Total contributions and independent expenditures made this period from campaign funds.  
(Do not carry this total to the Summary Page.) ..... TOTAL \$ 0

# Allocation Page — Part II Contributions and Independent Expenditures Made From Personal Funds

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

ALLOCATION - PART II

Statement covers period  
from 2/26/94  
through 3/31/94

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE

Glenda Wardine Committee to re-elect Glenda Wardine School Board

List each contribution and independent expenditure of \$100 or more made from the officeholder or candidate's personal funds to support or oppose other officeholders, candidates and committees.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				

\*See reverse regarding independent expenditures.

SUBTOTAL \$ 0

## ALLOCATION — PART II SUMMARY

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from personal funds. (Include all Allocation Page — Part II subtotals.) ..... \$ \_\_\_\_\_
- Contributions and independent expenditures under \$100 made this period from personal funds. (Do not itemize.) ..... \$ \_\_\_\_\_
- Total contributions and independent expenditures made this period from personal funds. (Do not carry this total to the Summary Page.) ..... TOTAL \$ 0

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>2/26/94</u> through <u>3/31/94</u>	Page <u>4</u> of <u>8</u>
I.D. NUMBER <u>94 0525</u>	

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Glenda Nardine Committee to Re-elect Glenda Nardine School Board

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>398.00</u>	\$ <u>170.00</u>	\$ <u>568.00</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>60.00</u>	\$ <u>1,050.00</u>	\$ <u>1110.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>458.00</u>	\$ <u>1,220.00</u>	\$ <u>1678.00</u>
4. Non-monetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
5. SUBTOTAL CONTRIBUTIONS: (Exclude Enforceable Promises) ..... Add Lines 3 + 4	\$ <u>458.00</u>	\$ <u>1,220.00</u>	\$ <u>1678.00</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) ..... Schedule D, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
7. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 5 + 6	\$ <u>458.00</u>	\$ <u>1,220.00</u>	\$ <u>1678.00</u>

## Expenditures Made

8. Cash Payments (Other than Loans Made) ..... Schedule E, Line 5	\$ <u>449.86</u>	\$ <u>1,055.52</u>	\$ <u>1505.38</u>
9. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. SUBTOTAL CASH PAYMENTS ..... Add Lines 8 + 9	\$ <u>449.86</u>	\$ <u>1,055.52</u>	\$ <u>1505.38</u>
11. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 5	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
12. TOTAL EXPENDITURES MADE ..... Add Lines 10 + 11	\$ <u>449.86</u>	\$ <u>1,055.52</u>	\$ <u>1505.38</u>

## Current Cash Statement

13. Beginning Cash Balance ..... Previous Summary Page, Line 17	\$ <u>164.48</u>
14. Cash Receipts ..... Column A, Line 3 above	\$ <u>458.00</u>
15. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
16. Cash Payments ..... Column A, Line 10 above	\$ <u>449.86</u>
17. ENDING CASH BALANCE ..... Add Lines 13 + 14 + 15, then subtract Line 16 <i>If this is a termination statement, Line 17 must be zero.</i>	\$ <u>172.62</u>

\* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED ..... Schedule B, Part I, Column (b)	\$ <u>0</u>
<b>Cash Equivalents and Outstanding Debts</b>	
19. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
20. Outstanding Debts ..... Add Line 2 + Line 11 in Column C above	\$ <u>110.00</u>

## Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ _____	_____
22. Expenditures Made	\$ _____	_____

# Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period  
from 2/26/94  
through 3/31/94

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

*Glenda Wardine Committee to reelect Glenda Wardine School Board*

I.D. NUMBER

*940525*

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

SUBTOTAL \$ *0*

## Monetary Contributions Summary

- 1. Amount received this period — contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ *0*
- 2. Amount received this period — contributions of less than \$100.  
(Do not itemize.) ..... \$ *398.00*
- 3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ *398.00*

**Schedule B — Part I  
Loans Received**

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

SCHEDULE B - Part I

Statement covers period  
from 2/26/94  
through 3/31/94  
Page 6 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
Glenda Nardine Committee to re-elect Glenda Nardine School Board  
I.D. NUMBER  
940 525

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
<u>3/28/94</u>	<u>Glenda Nardine 938 Figueroa Dr San Leandro Ca.</u>	<u>R.N.</u>	DUE DATE <u>NONE</u> INTEREST RATE <u>0</u> %	<u>60.00%</u>	CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
			DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
			DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____

\*See important instructions on reverse.

SUBTOTAL \$ 60.00% (a) \$ (b)           
Enter (b) on Summary Page, Line 1B only.

**Loans Received — Part I Summary**

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) ..... \$ 0
- Loans under \$100 received this period. (Do not itemize.) ..... \$ 60.00%
- Total loans received this period. (Add Lines 1 and 2.) ..... TOTAL \$ 60.00%

**Loans Received — Part II Summary**

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) ..... \$ 0
  - Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. .... \$ 0
  - Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... TOTAL \$ (0)
  - Net change this period. (Subtract Line 6 from Line 3.) ..... NET \$ 60.00%
- Enter the net here and on the Summary Page, Column A, Line 2.

**Schedule B — Part III  
Annual Report of Outstanding Loans Received**

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

SCHEDULE B - Part III

Statement covers period  
from 2/26/94  
through 3/31/94

Page 7 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER  
940525

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Henry Nardine 963 Portola Dr San Leandro Ca 94578	1/24/94	1,050.00/	Ø	Ø
Glenda Nardine 938 Figueroa Dr San Leandro Ca 94528	3/28/94	60.00/	Ø	Ø

Attach additional information on appropriately labeled continuation sheets. **TOTAL \$ 1110.00**

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 2.

# Schedule E Payments and Contributions (Other Than Loans) Made

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

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

Statement covers period		
from	2/26/94	
through	3/31/94	Page 8 of 8
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER 940525

## CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- |  |  |  |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING                                    | "G" - GENERAL OPERATIONS AND OVERHEAD                      |
| "I" - INDEPENDENT EXPENDITURES   | "N" - NEWSPAPER AND PERIODICAL ADVERTISING                     | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE   | "O" - OUTSIDE ADVERTISING                                      | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|  | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |  |
|  | "F" - FUNDRAISING EVENTS                                       |  |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.			
	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Office Depot 1933 Davis St #105 San Leandro Ca	I			41.68
San Leandro Times	N			392.00
Expressly Photos	I			16.18

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 449.86

### Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 392.00
2. Payments made this period of under \$100. (Do not itemize.)	\$ 57.86
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ 0
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ 449.86
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ 449.86



# Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)  
SEE INSTRUCTIONS ON REVERSE

Type or Print in Ink.

Statement covers period from <u>Jan 1, 1994</u> through <u>Feb. 26, 1994</u>	Date Stamp <b>MAR 03 1994</b>	CALIFORNIA 1991 FORM <b>490</b> Page <u>1</u> of <u>8</u> A For Official Use Only
Date of Election if applicable: (Month, Day, Year) <u>4/12/94</u>	CITY OF SAN LEANDRO  CITY CLERK'S OFFICE	

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement)
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement)

### I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE:

Glenda Nardine

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

938 Figueroa Dr.

RESIDENTIAL OR BUSINESS ADDRESS (NO AND STREET)

San Leandro Ca 94578 (510)351-2444  
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Committee to Re-Elect Glenda Nardine School Board  
COMMITTEE NAME

ID NUMBER

940525

938 Figueroa Dr.  
COMMITTEE ADDRESS (NO AND STREET)

San Leandro Ca 94578 (510)351-2444  
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Leslie D. Nardine  
NAME OF TREASURER

938 Figueroa Dr.  
PERMANENT ADDRESS OF TREASURER (NO AND STREET)

San Leandro Ca. 94578 (510)351-2444  
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

### II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	ID NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	
COMMITTEE NAME	ID NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	

Attach additional information on appropriately labeled continuation sheets.

### III Verification

#### Treasurer:

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on March 3, 1994 At San Leandro Calif  
DATE CITY AND STATE

By Leslie P. Nardine  
SIGNATURE OF TREASURER

#### Officeholder or Candidate:

I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3-3-1994 At San Leandro, Calif  
DATE CITY AND STATE

By Glenda Nardine  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Instructions for  
Officeholder, Candidate, and Controlled Committee  
Campaign Statement — Long Form**

LONG FORM

CALIFORNIA  
1991 FORM

**490**

**Period Covered by a Statement:**

The "period covered" begins the day after the closing date of the last campaign statement filed. If no previous statement has been filed, the period begins January 1 of the current calendar year. The closing date is determined by the type of statement filed, as specified in the Information Manual on Campaign Disclosure Provisions of the Political Reform Act.

**Date of Election:**

If this statement is filed in connection with an election, enter the date of the election.

**Part I. Officeholder, Candidate, and  
Controlled Committee:**

Provide the officeholder or candidate's name, residential or business address, daytime telephone number, and the office sought or held.

Also provide the controlled committee's full name, identification number, address, and daytime telephone number. Please note on the form if the identification number has not yet been received from the Secretary of State's Office.

Then enter the treasurer's name, permanent address, and a telephone number where he/she can be reached during business hours.

**Part II. Other Committees Not Included in  
This Statement:**

List all additional committees not included in this consolidated report that are controlled by the officeholder or candidate, and all committees that the officeholder or candidate knows are primarily formed to receive contributions or to make expenditures on his/her behalf.

**Part III. Verification:**

The committee treasurer and the officeholder or candidate must review the information on this statement and sign the verification.

**Allocation Page — Part I  
Contributions and Independent Expenditures  
Made From Campaign Funds**

Type or Print in Ink.  
Amounts may be rounded  
to whole dollars.

ALLOCATION — Part I

Statement covers period  
from 1/1/94  
through 2/26/94

CALIFORNIA 1991 FORM **490**

Page 2 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Glenda Wardine Committee to Re-Elect Glenda Wardine School Board

I.D. NUMBER

940525

List each contribution and independent expenditure of \$100 or more made from campaign funds to other committees or to support or oppose other candidates or ballot measures.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP.*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		SUPPORT	OPPOSE				

\* See reverse regarding independent expenditures.

**SUBTOTAL** \$

0

**Allocation — Part I Summary**

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from campaign funds.  
(Include all Allocation Page — Part I subtotals.) ..... \$ \_\_\_\_\_
- Contributions and independent expenditures under \$100 made this period from campaign funds.  
(Do not itemize.) ..... \$ \_\_\_\_\_
- Total contributions and independent expenditures made this period from campaign funds.  
(Do not carry this total to the Summary Page.) ..... **TOTAL** \$ 0

# Instructions for Allocation Page — Part I Campaign Funds

ALLOCATION — Part I

CALIFORNIA  
1991 FORM **490**

## Allocation of Contributions and Independent Expenditures\* Made from Campaign Funds.

List all monetary and non-monetary contributions (including loans) and independent expenditures\* of \$100 or more made from campaign funds. If the contribution is non-monetary, indicate the fair market value of the goods or services provided and include a description of the goods or services provided.

### Date:

Enter the date that the contribution or independent expenditure was made.

### Name of Recipient:

Enter the name of the recipient of the contribution or the name of the officeholder, candidate, or ballot measure on whose behalf an independent expenditure was made. If the contribution or independent expenditure was made to support or oppose an officeholder or candidate, also indicate the office sought or held and district number, if any. If the contribution or independent expenditure was made to support or oppose a ballot measure, indicate the ballot number or letter; if a local measure, include the city or county.

### Support/Oppose:

Check the appropriate box to indicate if the contribution or independent expenditure was made for or against the candidate or measure.

### Independent Expenditure (IND. EXP.):

Check the box if "independent expenditure."  
See definition.

### Amount:

Provide the amount of each contribution or independent expenditure. (Show fair market value for non-monetary contributions.)

### Cumulative to Date - Calendar Year:

Enter the total of contributions or independent expenditures to each committee or for or against each candidate or measure since January 1 of the current calendar year. For a discussion and examples of "cumulation," see the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for Elected Officeholders, Candidates, and Their Controlled Committees.

### Cumulative to Date - Other:

If the recipient of a contribution is subject to contribution limits, you may also be required to disclose the cumulative amount contributed during the limitation cycle. Contributions to candidates who are subject to valid contribution limits are prohibited.

## Allocation — Part I Summary:

Summarize all contributions and independent expenditures made out of campaign funds at the bottom of the Allocation Page.

Line 1: Add all subtotals from Allocation Page — Part I and continuation sheets, and enter the total on Line 1.

Line 2: Enter the total of all contributions and independent expenditures of less than \$100 made from campaign funds.

Line 3: Add Lines 1 and 2 to determine the total contributions and independent expenditures made from campaign funds, and enter the total on Line 3.

\*An independent expenditure is a payment made in connection with a communication that expressly advocates the election or defeat of a clearly identified candidate, or the qualification, passage or defeat of a clearly identified measure if the payment is not made to — or at the behest of — the affected candidate or committee. Made "at the behest of" means made under the control of, or at the direction of, in cooperation, consultation or concert with, or at the request or suggestion of the candidate or committee. An expenditure that is made to — or at the behest of — a candidate or committee is a "contribution."

**Allocation Page — Part II  
Contributions and Independent Expenditures  
Made From Personal Funds**

Type or Print in Ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 11/1/94  
through 2/26/94

ALLOCATION — Part II

CALIFORNIA 1991 FORM **490**  
Page 3 of 8

SEE INSTRUCTIONS ON REVERSE  
NAME OF OFFICEHOLDER OR CANDIDATE:

Glenda Nardine

List each contribution and independent expenditure of \$100 or more made from the officeholder or candidate's personal funds to support or oppose other officeholders, candidates and committees.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP. *	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		SUPPORT	OPPOSE				

\* See reverse regarding independent expenditures.

**SUBTOTAL \$** 0

**Allocation — Part II Summary**

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from personal funds. (Include all Allocation Page — Part II subtotals.) ..... \$ \_\_\_\_\_
- Contributions and independent expenditures under \$100 made this period from personal funds. (Do not itemize.) ..... \$ \_\_\_\_\_
- Total contributions and independent expenditures made this period from personal funds. (Do not carry this total to the Summary Page.) ..... **TOTAL \$** 0

## Instructions for Allocation Page — Part II Personal Funds

ALLOCATION — Part II

CALIFORNIA  
1991 FORM **490**

### Contributions and Independent Expenditures\* Made from the Officeholder or Candidate's Personal Funds.

List each monetary and non-monetary contribution (including loans) or independent expenditure of \$100 or more made from your personal funds (including those made by your spouse from jointly held funds) to or on behalf of other officeholders, candidates, or committees.

#### Date:

Enter the date that the contribution or independent expenditure was made.

#### Name of Officeholder, Candidate, Committee, or Measure:

Enter the name of the recipient of the contribution or the name of the officeholder, candidate, or ballot measure on whose behalf an independent expenditure was made. If the contribution or independent expenditure was made to support or oppose an officeholder or candidate, also indicate the office sought or held and district number, if any. If the contribution or independent expenditure was made to support or oppose a ballot measure, indicate the ballot number or letter; if a local measure, include the city or county.

#### Support/Oppose:

Check the appropriate box to indicate if the contribution or independent expenditure was made for or against the candidate or measure.

#### Independent Expenditure (IND. EXP.):

Check the box if "independent expenditure."  
See definition.

#### Amount:

Provide the amount of each contribution or independent expenditure.

#### Cumulative to Date - Calendar Year:

Enter the total of contributions or independent expenditures for or against each candidate or measure during the current calendar year. For a discussion and examples of "cumulation," see the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for Elected Officeholders, Candidates, and Their Controlled Committees.

#### Cumulative to Date - Other:

If the recipient of the contribution is subject to contribution limits, you may also be required to disclose the cumulative amount contributed during the limitation cycle.

### Allocation — Part II Summary:

Summarize all contributions and independent expenditures made out of personal funds at the bottom of the Allocation Page.

Contributions or independent expenditures from your personal funds made to or on behalf of another officeholder, candidate, or committee are not required to be reported on any other schedule of this campaign statement.

**Line 1:** Add all subtotals from Allocation Page — Part II and continuation sheets, and enter the total on Line 1.

**Line 2:** Enter the total of all contributions and independent expenditures of less than \$100 made from personal funds.

**Line 3:** Add Lines 1 and 2 to determine the total contributions and independent expenditures made from personal funds, and enter the total on Line 3.

\*An independent expenditure is a payment made in connection with a communication that expressly advocates the election or defeat of a clearly identified candidate, or the qualification, passage, or defeat of a clearly identified measure if the payment is not made to — or at the behest of — the affected candidate or committee. Made "at the behest of" means made under the control of, or at the direction of, in cooperation, consultation or concert with, or at the request or suggestion of the candidate or committee. An expenditure that is made to — or at the behest of — a candidate or committee is a "contribution."

# Campaign Disclosure Statement Summary Page

Type or Print in Ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA 1991 FORM <b>490</b>	
from	11/1/94	Page	4 of 8
through	2/26/94	I.D. NUMBER	940525

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Glenda Nardines

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions..... Schedule A, Line 3	\$ 100.00	\$	\$
2. Loans Received..... Schedule B, Line 7	1,050.00		
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 1,150.00	\$	\$
4. Non-monetary Contributions..... Schedule C, Line 3	0		
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises).... Add Lines 3 + 4	\$ 1,150.00	\$	\$
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	0		
7. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 5 + 6	\$ 1,150.00	\$	\$

## Expenditures Made

8. Cash Payments (Other than Loans Made)..... Schedule E, Line 5	\$ 1,055.52	\$	\$
9. Loans Made..... Schedule H, Line 7	0		
10. SUBTOTAL CASH PAYMENTS..... Add Lines 8 + 9	\$ 1,055.52	\$	\$
11. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 5	0		
12. TOTAL EXPENDITURES MADE..... Add Lines 10 + 11	\$ 1,055.52	\$	\$

## Current Cash Statement

13. Beginning Cash Balance..... Previous Summary Page, Line 17	\$ 0
14. Cash Receipts..... Column A, Line 3 above	1,150.00
15. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
16. Cash Payments..... Column A, Line 10 above	1,055.52
17. <b>ENDING CASH BALANCE</b> ..... Add Lines 13 + 14 + 15, then subtract Line 16	\$ 94.48
<i>If this is a Termination Statement, Line 17 must be zero.</i>	

\*From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

## Summary for Candidates in Both June and November Elections

18. LOAN GUARANTEES RECEIVED..... Schedule B, Part I, Column (b)	\$ 0	1/1 thru 6/30	7/1 to Date
21. Contributions Received.....	\$		
22. Expenditures Made.....	\$		

## Cash Equivalents and Outstanding Debts

19. Cash Equivalents..... See instructions on reverse	\$ 0
20. Outstanding Debts..... Add Line 2 + Line 11 in Column C above	\$ 0

# Instructions for Summary Page Campaign Disclosure Statement

SUMMARY PAGE

CALIFORNIA  
1991 FORM

490

**Column A** shows totals for the current period. Complete Schedules A through H, then carry appropriate totals forward to Column A.

**Column B** lists all totals cumulated from January 1 to the beginning of this period. Simply copy Column C totals from the previous Summary Page filed. However, if this is the first statement filed for the calendar year, then Column B will only show outstanding amounts for loans received, enforceable promises received, loans made, and accrued expenses. (See manual for exceptions to calendar year cumulation.)

**Column C** totals to date is the sum of Columns A and B. Note: Should Column A have a negative amount, subtract that amount from Column B and enter the total in Column C.

## Contributions Received (Lines 1 - 7)

This section shows the total contributions received. Line items include total cash contributions (monetary contributions and loans received), non-monetary contributions, and enforceable promises received.

## Expenditures Made (Lines 8 - 12)

This section shows the total expenditures made including cash payments, loans made, and accrued expenses (unpaid bills).

## Current Cash Statement (Lines 13 - 17)

Based on totals in Column A and appropriate schedules, this section identifies the current cash condition as follows:

### Line 13: Beginning Cash Balance

Enter the total cash on hand at the beginning of the period. This amount should be the same as the ending cash on hand (Line 17) on the previous Summary Page

filed. Enter zero if no previous statement has been filed. **Important:** The beginning cash balance includes all of this committee's campaign funds deposited into interest bearing accounts, certificates of deposit, and money market funds.

### Line 14: Cash Receipts

Enter the total cash contributions received during the period (Line 3, Column A).

### Line 15: Miscellaneous Increases to Cash

Enter the total from Schedule I, Miscellaneous Increases to Cash. This total includes all cash items that increase the cash position but are not considered a contribution. Miscellaneous increases to cash include refunds and interest on bank accounts.

### Line 16: Cash Payments

This is the amount of cash payments or expenditures actually paid during the period (see Line 10, Column A).

### Line 17: ENDING CASH BALANCE

The ending cash balance is the sum of Lines 13, 14, and 15, minus line 16. Ending cash balance or cash on hand should not be a negative amount. If this is a termination statement, then the ending cash balance must be zero.

### Line 18: Loan Guarantees Received

Enter the lump sum of all loan guarantees, endorsements, or security received during the period. See Schedule B, Part I, column (b).

## Cash Equivalents and Outstanding Debts (Lines 19 - 20)

This section provides a statement of other financial conditions.

### Line 19: Cash Equivalents

Enter the lump sum balance due on all outstanding loans made (Line 9, Column C). This lump sum should also

include the original costs of all investments and interests held in real property. **Important:** Do not include campaign funds deposited into interest bearing accounts, certificates of deposit, and money market funds; such amounts are part of Line 13, Beginning Cash Balance.

### Line 20: Outstanding Debts

To show the total debts owed to date, add loans received (Line 2, Column C) and accrued expenses (Line 11, Column C) and enter the total on Line 20.

## Summary for Candidates in Both June and November Elections

Lines 21 and 22 must be completed if the officeholder or candidate is being voted upon in both June and November elections, and this statement covers a period during the last six months of the year.

**Contributions Received:** Under 1/1 through 6/30, enter the total contributions received (Line 7, Column C) from the Summary Page that ended 6/30. Subtract that amount from the total contributions listed on the Summary Page for the current period (Line 7, Column C), and enter the result under 7/1 to Date.

**Expenditures Made:** Under 1/1 through 6/30, enter the total expenditures made (Line 12, Column C) from the Summary Page that ended 6/30. Subtract that amount from the total expenditures listed on the Summary Page for the current period (Line 12, Column C), and enter the result under 7/1 to Date.



# Schedule A Monetary Contributions Received

Type or Print in Ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 1/1/94  
through 2/26/94

CALIFORNIA  
1991 FORM **490**

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Glenda Nardine

I.D. NUMBER  
940525

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>2/8/94</u>	<u>Marian Wilson 561 Warwick San Leandro Ca 94577</u>	<u>retired</u>	<u>100<sup>00</sup>/</u>		

**SUBTOTAL \$** 100<sup>00</sup>

### Monetary Contributions Summary

- 1. Amount received this period — contributions of \$100 or more.  
(Include all Schedule A subtotals.)..... \$ 100<sup>00</sup>
- 2. Amount received this period — contributions of less than \$100.  
(Do not itemize.) ..... \$ 70<sup>00</sup>
- 3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 170<sup>00</sup>

**Instructions for  
Schedule A  
Monetary Contributions Received**

Schedule A is used to report all monetary contributions received including cash contributions and loans forgiven or paid by a third party. Do not report loans received on Schedule A; loans received must be reported on Schedule B.

If a cumulative total of \$100 or more is received from a single contributor during a calendar year, the following information must be reported on Schedule A:

**Date Received:**

Enter the date the contribution was received.

**Contributor's Name and Address:**

Enter the contributor's full name, street address, city, and state. If the contributor is a recipient committee, also enter that committee's identification number. If an identification number has not yet been assigned, enter the full name, street address, city, and state of that committee's treasurer.

**Occupation and Employer:**

If the contributor is an individual, enter his/her occupation and name of employer. If the contributor is self-employed, enter the contributor's business name.

*Note: If the contribution is received through an intermediary, provide the same identifying information for the intermediary and the actual contributor.*

**Amount Received this Period:**

Enter the amount received from the contributor during the period.

**Cumulative to Date - Calendar year:**

Enter the cumulative amount received from the contributor since January 1 of the current calendar year. (See exceptions to calendar year cumulation in the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for Elected Officeholders, Candidates, and Their Controlled Committees.)

**Cumulative to Date - Other:**

If you are subject to contribution limits, you may also be required to disclose the cumulative amount received from each contributor during the limitation cycle.

To determine the "cumulative amount," monetary contributions, non-monetary contributions, loans, loan forgivenesses, and enforceable promises received from a single contributor must be added together.

**Monetary Contributions Summary:**

Summarize all contributions received at the bottom of Schedule A as follows:

Line 1: Add all subtotals from Schedule A and continuation sheets and enter the total on Line 1.

Line 2: Enter the total of all contributions of less than \$100 on Line 2.

Line 3: Add Lines 1 and 2 to determine the total monetary contributions received this period, and enter the total on Line 3. Also enter this amount on the Summary Page, Column A, Line 1.

# Schedule B — Part I Loans Received

Type or Print in Ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 11/1/94  
through 2/26/94

SCHEDULE B — Part I  
CALIFORNIA 1991 FORM **490**  
Page 6 of 8  
I.D. NUMBER  
940525

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
1/24/94	Henry Nardine 938 Figueroa Dr. San Leandro Ca <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*	Retired	DUE DATE	1,050 <sup>00</sup> / <sub>100</sub>	CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE	%	OTHER		OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE	%	OTHER		OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE	%	OTHER		OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*						

\* See important instructions on reverse.

**SUBTOTAL** \$ (a) 1,050<sup>00</sup> (b) \$ 1,050<sup>00</sup>  
Enter (b) on Summary Page, Line 18 only.

### Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) .....\$ 1,050<sup>00</sup>
- Loans under \$100 received this period. (Do not itemize.) .....\$ \_\_\_\_\_
- Total loans received this period. (Add Lines 1 and 2.) ..... **TOTAL** \$ 1,050<sup>00</sup>

### Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) .....\$ \_\_\_\_\_
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. ....\$ \_\_\_\_\_
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... **TOTAL** \$ \_\_\_\_\_
- Net change this period. (Subtract Line 6 from Line 3.) ..... **NET** \$ \_\_\_\_\_

Enter the net here and on the Summary Page, Column A, Line 2. **NET** \$ \_\_\_\_\_ May be a negative number.

# Instructions for Schedule B — Part I Loans Received

SCHEDULE B — Part I

CALIFORNIA  
1991 FORM **490**

Loans received this period (since the closing date of the last statement filed) must be reported in Schedule B — Part I. The following information must be provided for each loan received of \$100 or more and for each person who guarantees, furnishes security for, endorses, or co-signs for a loan of \$100 or more.

**Date Received:**

Enter the date the loan was received.

**Lender or Guarantor's Full Name and Address:**

**Lender:** Enter the lender's full name, street address, city, and state and check the box to indicate that this information applies to a lender. If the lender is a commercial lending institution, enter the commercial lending institution as the lender. If the lender is a recipient committee, also enter that committee's identification number. If no identification number has been assigned, enter the full name, street address, city, and state of that committee's treasurer.

*Note: If a loan is received through an intermediary, the same identifying information must be provided for both the intermediary and the actual lender.*

**Guarantor:** Enter the required information about the lender (name, address, etc.) in one of the spaces. In the following space(s), enter each guarantor's full name, street address, city, and state and check the box to indicate that this information applies to the guarantor. Each person who guarantees, furnishes security for, endorses, or co-signs for a loan of \$100 or more must be identified here. If the guarantor is a recipient committee, also enter that committee's identification number. If no identification number has been assigned, enter the full name, street address, city, and state of that committee's treasurer.

*Note: After each guarantor's name and address, provide the name of the applicable lender in parentheses, for example (Bank of XYZ).*

**Lender or Guarantor's Occupation and Employer:**

For each lender or guarantor that is an individual, provide his/her occupation and employer. If he/she is self-employed, enter the name of the business.

**Lender Information:**

Enter the following information for each lender listed:

- The due date for repayment of the loan, if any.
- The interest rate of the loan, if any.
- The amount of the loan received.

**Cumulative to Date:**

In the case of loans that are contributions (that is, not from a commercial lending institution), enter the cumulative amount of loans received from the contributor during the current calendar year.\* If you are subject to contribution limits, you may also be required to disclose the cumulative amount received from each contributor during the limitation cycle.

**Guarantor Information:**

Enter the amount guaranteed this period by each guarantor listed. Enter the subtotal of amounts guaranteed under Column (b). Also enter the total of loan guarantees received on the Summary Page, Line 18.

**Cumulative to Date:**

Enter the cumulative amount of loans guaranteed by the particular guarantor or person listed since January 1 of the current calendar year.\* If you are subject to contribution limits, you may also be required to disclose the cumulative amount received from each contributor during the limitation cycle.

To determine the "cumulative amount," monetary contributions, non-monetary contributions, loans, loan forgivenesses, and enforceable promises received from a single source must be added together.

**Loans Received Summary**

Summarize all loans received at the bottom of Schedule B — Part I.

**Line 1:** Add all subtotals from Column (a) on Schedule B — Part I and from continuation sheets. Enter the total on Line 1.

**Line 2:** Enter the total of all loans received of less than \$100.

**Line 3:** Add Lines 1 and 2 to determine the total loans received this period, and enter the total on Line 3.

**Line 4:** Add all subtotals from Column (c) on Schedule B — Part II, and enter the total on Line 4. If a loan of \$100 or more is forgiven or repaid by a third party, also itemize the transaction on Schedule A.

**Line 5:** Enter the total of all loans of under \$100 repaid, forgiven, or repaid by a third party. If forgiven, or repaid by a third party, enter this amount on the summary section of Schedule A, Line 2.

**Line 6:** Add Lines 4 and 5 to determine the total loans repaid, forgiven, or repaid by a third party this period.

**Line 7:** Subtract the total loans repaid (Line 6) from the total loans received this period (Line 3) to determine the net. Also enter this amount on the Summary Page, Column A, Line 2. (If the amount on Line 6 is larger than the amount on Line 3, Line 7 will be a negative figure.)

\* See exceptions to calendar year cumulation in the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for Elected Officeholders, Candidates and Their Controlled Committees.

**Schedule E  
Payments and Contributions  
(Other Than Loans) Made**

Type or Print in Ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>11/1/94</u> through <u>2/26/94</u>	CALIFORNIA 1991 FORM <b>490</b>
	Page <u>7</u> of <u>8</u>
	ID NUMBER <u>940525</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Glenda Nardine

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	IMPORTANT DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW		AMOUNT PAID
	CODE	OR DESCRIPTION OF PAYMENT	
<u>City of San Leandro</u>	<u>I</u>	<u>Candidate Statement</u>	<u>450.00</u>
<u>Cogs Lawn Signs 1041 Old County Rd Belmont Calif. 94002</u>	<u>0</u>	<u>Cogs Signs</u>	<u>368.05</u>
<u>Badge a minute</u>	<u>0</u>	<u>Badges</u>	<u>114.08</u>
<u>Halcion Foothill Homeowners San Leandro Ca.</u>	<u>N</u>	<u>Homeowners Newsletter</u>	<u>30.00</u>

**SUBTOTAL \$ 962.13**

**Payments and Contributions Made Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>1055.52</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ _____
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column(d).)	\$ _____
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ _____
5. Total payments made this period. (Add Lines 1, 2, 3 and 4. Enter here and on the Summary Page, Column A, Line 8.)	<b>TOTAL \$ 1055.52</b>

**Instructions for  
Schedule E  
Payments and Contributions  
(Other Than Loans) Made**

Schedule E is used to report payments made out of campaign funds, including payments for goods and services such as printing, postage, advertising and office supplies.

*Candidates may not use personal funds to make campaign-related expenditures. All payments must be made from the campaign account. To use personal funds for campaign purposes, the candidate must first deposit the funds into the campaign bank account. For information regarding reimbursements of campaign workers and agents or independent contractors, and reimbursements to an officeholder for non-campaign related expenses, refer to the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for Elected Officeholders, Candidates, and Their Controlled Committees.*

The following information must be provided for each payment of \$100 or more.

**Name and Address of Payee, Creditor or Recipient of Contribution**

The following describes important information concerning payments that must be itemized.

**Committee**

- If the payee is a committee, also include the committee's identification number. If an identification number has not yet been assigned, enter the name and address of the committee's treasurer.

**Direct Contribution**

- If the payment is a direct contribution (i.e., a monetary contribution) to another officeholder, candidate, or committee, enter "C" in the "code" column.

**Payment at the Behest of Another Officeholder, Candidate, or Committee**

- If the payment is made at the behest of another officeholder, candidate, or committee (i.e., a non-monetary contribution), enter the name and address of the vendor or other payee; enter "C" in the "code" column; fully describe the payment in the "Description of Payment" column; and enter the name of the officeholder, candidate, or committee on whose behalf the payment was made. (If the person providing the consideration is different from the payee listed, fully identify both.)

**Independent Expenditures**

- If the payment is an independent expenditure to support or oppose another officeholder or candidate or a ballot measure, enter "I" in the "code" column; fully describe the expenditure in the "Description of Payment" column; and also enter the name of the officeholder, candidate, or measure on whose behalf the payment was made. (If the person providing the consideration is different from the payee listed, fully identify both.)

**Loans Forgiven By This Committee**

- If a loan forgiveness is reported on Schedule H, Loans Made to Others, that loan forgiveness must also be itemized on Schedule E. Enter the full name of the recipient of the forgiven loan in the "Description of Payment" column, write in "loan forgiveness," and enter the amount of the forgiven loan under the "Amount Paid" column.

*Note: Forgiveness of a loan made to a candidate or committee is a "contribution."*

**IMPORTANT:** Monetary and non-monetary contributions and independent expenditures also must be itemized on the Allocation Page, Part I of this campaign statement.

**Credit**

- If itemizing payments for goods or services that have been charged on a credit card, disclose the name, address, amount paid, and a description of the goods or services for each vendor paid \$100 or more. Also provide the name, address, and the amount paid to the credit card company.

**Agents and Independent Contractors**

- If an agent or independent contractor (e.g., an advertising agency or a campaign management firm) makes payments on behalf of the officeholder, candidate or committee, then the officeholder, candidate or committee must disclose the name, address, description of payment, and amount paid to each vendor who received \$100 or more. Such payments should be reported on Schedule G.

**Code or Description of Payment:**

Enter the appropriate letter code for each type of expenditure. Expenditure codes are described on the page preceding Schedule E. If one of the codes does not fully explain the expenditure, leave the code column blank and enter a brief description of the goods or services purchased in the "Description of Payment" column.

**Amount Paid:**

Enter the amount of the payment made this period.

Instructions are continued on the back of Schedule E, continuation sheet.

**Schedule E  
(Continuation Sheet)  
Payments and Contributions  
(Other Than Loans) Made**

Type or Print in Ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 1/1/94  
through 2/26/94

CALIFORNIA  
1991 FORM **490**  
Page 8 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Glenda Nardine

I.D. NUMBER

940525

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Office Depot 1933 Davis St. #105 San Leandro Ca 94577</u>	<u>L</u>		<u>Business Supplies Copies, Xero &amp; paper Envelopes</u>	<u>93.39</u>

**SUBTOTAL \$** 93.39

**Instructions for  
Schedule E (continued)  
Payments and Contributions  
(Other Than Loans) Made**

SCHEDULE E

CALIFORNIA  
1991 FORM

490

**Payments and Contributions Made  
Summary**

Summarize all payments and contributions made at the bottom of Schedule E as follows:

Line 1: Add all payment subtotals from Schedule E and Schedule E continuation sheets and enter the total on Line 1.

Line 2: Enter the total of all payments made of less than \$100 on Line 2.

Line 3: Enter the total interest paid this period on outstanding loans from Schedule B, Part II, Column (d).

Line 4: Enter the total accrued expenses paid this period according to the amount from Schedule F, Line 4.

Line 5: Add Lines 1, 2, 3, and 4 to determine the total payments made this period. Enter that amount on Line 5 and on the Summary Page, Column A, Line 8.

**Important Notes:**

- Contributions of \$100 or more to, and expenditures of \$100 or more on behalf of other officeholders, candidates, committees, or measures must be entered on the Allocation Page, Part I.

- The deposit of campaign funds into an interest bearing account, or the purchase of certificates of deposit, stock, shares in a municipal bond or any other asset which can be readily converted to cash, should not be reported as an expenditure. The committee's cash on hand should not be reduced by the amount of the investment; these amounts should be included in the beginning cash balance figure (see the Summary Page).

- Payments made on loans received, Schedule B, Part I, are not itemized on Schedule E. Payments made on loans received are itemized on Schedule B, Part II.

- Payments on accrued expenses (unpaid bills) that were itemized on Schedule F of a previous report are not itemized on Schedule E when they are paid. Enter the lump sum of the accrued expenses paid this period on the summary section of Schedule E, Line 4.



**Officeholder and Candidate Campaign Statement — Short Form**

(Government Code Section 84206)

Type or Print in Ink

SHORT FORM

CALIFORNIA 1991 FORM

470

A For Official Use Only

Date Stamp

CITY OF SAN LEANDRO  
DEC 20 1993  
CITY CLERK'S OFFICE

For use by officeholders and candidates who do not have a controlled committee and who do not anticipate receiving \$1000 or more in contributions and do not anticipate spending \$1000 or more during the entire calendar year. Officeholders whose salary is less than \$100 per month and judges who have a controlled committee may use this form under certain circumstances. See the appropriate Information Manual on Campaign Disclosure Provisions of the Political Reform Act (Manual A) for further information.

Statement covers Calendar Year 19 93.

**I Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE:

Glende Nardine

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

938 Figueroa Dr

CITY San Leandro Ca

STATE ZIP CODE

94578

AREA CODE/DAYTIME PHONE NUMBER

510 351 2444

**II Information on Office Held or Sought**

OFFICE HELD OR SOUGHT:

School Board member SLUSD

JURISDICTION (LOCATION)

San Leandro

DISTRICT NUMBER (IF APPLICABLE)

6

DATE OF ELECTION (MONTH, DAY, YEAR) (IF APPLICABLE)

April

**III Committee Information**

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>no activity at this time</u>		

**IV Verification**

I declare under penalty of perjury that to the best of my knowledge, I anticipate that I will receive less than \$1000 and that I will spend less than \$1000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

12/20/93  
DATE

At

San Leandro Ca  
CITY AND STATE

By

Glende Nardine  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

**Officeholder and Candidate  
Campaign Statement — Short Form**

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Statement covers Calendar Year 19 93.

**I Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE:

Glenda Nardine

RESIDENTIAL OR BUSINESS ADDRESS: (NO AND STREET)

938 Figueroa Dr

CITY San Leandro Ca STATE Ca ZIP CODE 94578

AREA CODE/DAYTIME PHONE NUMBER

510 3512444

**II Information on Office Held or Sought**

OFFICE HELD OR SOUGHT:

School Board member SLUSD

JURISDICTION (LOCATION)

San Leandro

DISTRICT NUMBER (IF APPLICABLE)

6

DATE OF ELECTION (MONTH, DAY, YEAR) (IF APPLICABLE)

April

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Executed on 12/20/93  
DATE

At San Leandro Ca.  
CITY AND STATE

By Glenda Nardine  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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