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POLVOROSA, COMMITTEE TO ELECT JULIAN

Election Cycle:

- @ 2009 through 2010
- C 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
- C Expenditures Made
- C Late and \$5000+ Contributions Received
- C Late Contributions Made
- C Late Independent Expenditures
- C Electronic Filings

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

FILER ID:

1283103

FILER PHONE:

(510) 483-2073

SUMMARY INFORMATION - POLVOROSA, COMMITTEE TO ELECT JULIAN (ID# 1283103)

CURRENT STATUS

TERMINATED 09/27/2007

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

Statement of Recipient Co			Туре о	print in ink			Date Stamp		CALIE	ORNIA	
Statement Type	☐ initial Not yet qualified ☐ o	r	Amendm List i.D. numbe		List I.D # <u>128</u>	ermination – See Part 5 0. number: 33103 7 27 7 2007	SEP 2 8 CITY CLERK'S	2007	UK FC	PRM for Official Use 0	110 Only
	Date qualified as comn	nittee	Date qualified a			ate of Termination					
1. Committee NAME OF COMMITTE Committee to		a				NAME OF TREASURER Caryl Ann Symons STREET ADDRESS	ther Principal (Office	ers		
STREET ADDRESS 1115 Avon Avo	•	STATE	ZIP CODE	AREA CODE		1257 Victor Avenue CITY San Leandro NAME OF ASSISTANT TREAS	C	ATE A	ZIP CODE 9459	AREA C 510-357	ODE/PHONE 7-3939
San Leandro MAILING ADDRESS OPTIONAL: FAX/E	,	CA	94579	510-483-20	<u> </u>	STREET ADDRESS		ATE	ZIP CODE	AREA C	ODE/PHONE
COUNTY OF DOMIC	COL THA	INTY WHERE	E COMMITTEE IS OF DOMICILE	ACTIVE IF DIFFER	ENT	NAME AND POSITION OF OT		R(S), IF A	ZIP CODE	AREA C	ODE/PHONE
Attach additional i	nformation on appropriate	ly labeled co	ontinuation shee	ets.		GITT					
3. Verification I have used all reperjury under the Executed on Executed on Executed on	easonable diligence in e laws of the State of C 9-29-36 DATE DATE	alifornia th	this statement at the foregoir	and to the best ng is true and co By	orrect.) <u>au</u>	SIGNATURE OF CONTROLLING OF	FTREASURER OR ASSISTANT PROJECT OF THE PROJECT OF T	IT TREASI	URER E MEASURE PROF	PONENT	enalty of
EXECUTED OIL	DATE			<u>.</u>		SIGNATURE OF CONTROLLING O	FFICEHOLDER, CANDIDATE,	OR STATE	MEASURE PRO	PONENT	

Recipient Committee Campaign Statement Cover Page — Part 2 COVER PAGE-PART 2
CALIFORNIA FORM 460
Page 2 of 3

Officeholder or Candidate Controlled Con			Primarily Formed Ballot I			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	.en		
Julian Polvorosa						T
FFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT OPPOSE
San Leandro City Council						0002
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1115 Avon Avenue San	Leandro CA 94579		Identify the controlling office			ire proponent, n
1110,1101,1101,110	•		NAME OF OFFICEHOLDER, CANDID	DATE, OR PRO	OPONENT	
Related Committees Not Included in this not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD	to tall to	DISTRICT .	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
Committee to Elect Julian Polvorosa	1283103	7.	Primarily Formed Candid	date/Office	eholder Committee	List names of
Committee to Elect Julian Polvorosa	1283103 CONTROLLED COMMITTEE?	7.	Primarily Formed Candid officeholder(s) or candidate(s) for	date/Office	eholder Committee committee is primarily	List names of formed.
Committee to Elect Julian Polvorosa NAME OF TREASURER Caryl Ann Symons	1283103 CONTROLLED COMMITTEE? ☑ YES ☐ NO	7.	Primarily Formed Candid officeholder(s) or candidate(s) for NAME OF OFFICEHOLDER OR CAN	for which this	eholder Committee committee is primarily	formed.
Committee to Elect Julian Polvorosa NAME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS STREET ADDRESS (NO P.	1283103 CONTROLLED COMMITTEE? ☑ YES ☐ NO	7.	officeholder(s) or candidate(s) for	for which this	committee is primarily	formed.
1115 Avon Avenue	1283103 CONTROLLED COMMITTEE? ☑ YES ☐ NO	7.	officeholder(s) or candidate(s) for	for which this	committee is primarily	SUPPO
Committee to Elect Julian Polvorosa NAME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS STREET ADDRESS (NO P. 1115 Avon Avenue CITY STATE 2	1283103 CONTROLLED COMMITTEE? Y YES NO O. BOX)	7.	officeholder(s) or candidate(s) for NAME OF OFFICEHOLDER OR CAN	for which this	OFFICE SOUGHT OR HE	ELD SUPPO
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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
Statement covers period 7/1/2007	CALIFORNIA 460
through 9/27/2007	Page 3 of 3
	I.D. NUMBER

Julian Polvorosa			1283103
Contributions Received	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 General Elections
1. Monetary Contributions	\$ <u>0</u> 0 0	\$ 0 0 \$ 0 0 \$ 0	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ 0 \$ 0 21. Expenditures Made \$ 17 \$ 17
Expenditures Made 6. Payments Made	\$ 0 17 0 0	\$ \frac{17}{0} \\ \$ \frac{17}{0} \\ \$ \frac{17}{0} \\ \$ \frac{0}{0} \\ \$ \frac{17}{17} \\ \$ \frac{17}{0} \\ \$ \frac{17}{	Expenditure Limit Summary for State Candidates
Current Cash Statement 12. Beginning Cash Balance	0 0 17 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	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	· \$	from Lines 2, 7, and 9 (if any).	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Statement of Recipient Co	Organization mmittee	Type or print in ink			Date Stamp	STATEMENT OF ORGANIZATION CALIFORNIA 410
Statement Type	☐ Initial Not yet qualified ☐ or	X Amendment List I.D. number: # 1283103		rmination - See Part 5 number:	JUN 1 2 2006	For Official Use Only
	02, 17, 2006 Date qualified as committee	Date qualified as committee (If applicable)	Dat	e of Termination	CITY OF SAN LEAND	RO
1. Committee	Information			2. Treasurer and O	ther Principal Offic	cers
NAME OF COMMITT	EE to Elect Julian P	olvorogo		NAME OF TREASURER Caryl Ann Sym		
STREET ADDRESS (1257 Victor A	venue	
1115 Avon				san Leandro	STATE CA	zip code AREA CODE/PHONE 94579 510-357-3939
CITY San Leandro	011	zip code AREA CODE 94579 510-483-		NAME OF ASSISTANT TREAS	URER, IF ANY	
OPTIONAL: FAX/E- ipolvorosa	MAIL ADDRESS a@clpccd.cc.ca.us			CITY	STATE STATE SER PRINCIPAL OFFICER(S), IF	ZIP CODE AREA CODE/PHONE APPLICABLE
Alameda		RE COMMITTEE IS ACTIVE IF DIFFERI Y OF DOMICILE	ENT	MAILING ADDRESS		
Attach additional in	formation on appropriately labeled	continuation sheets.		CITY	STATE	ZIP CODE AREA CODE/PHONE
Executed on	asonable diligence in preparing laws of the State of California 6 -/2 - 0 6 DATE DATE DATE	g this statement and to the best that the foregoing is true and co	of my known rect.	Signature of Signature	TREASURER OR ASSISTANT TREAS	E MEASURE PROPONENT
Executed on	DATE	Ву		SIGNATURE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE	E MEASURE PROPONENT

STATEMENT OF ORGANIZAT Recipient Committee CALIFORNIA 41 INSTRUCTIONS ON REVERSE Page 2

4.	Type	of	Committee	Complete the applicable sections.
----	------	----	-----------	-----------------------------------

Committee to Elect Julian Polvorosa

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

Controlled Committee

COMMITTEE NAME

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

ELECTIVE OFFICE SOUGHT OR HELD

(INCLUDE DISTRICT NUMBER IF APPLICABLE)

- 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.

				Non-Partisan	····
Julian Polvorosa	San Leandro City Co	uncil	2006		
				☐ Non-Partisan	
List the financial institution where the campaign bar	nk account is located (controlled "candidate election" cor	nmittees only)		1	
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCC	DUNT NUMBER		
US Bank	510-727-1976	15345	3882166		
ADDRESS	CITY	STATE	ZIP CODE	······································	
15399 E. L4th St.	San Leandro	CA	94578		
Primarily Formed Committee Primarily formed to	support or oppose specific candidates or measures in a sing	la alastian. Lint hak			
- Filmanly Formed Committee Filmanly lomied to	support of oppose specific candidates of measures in a sing	ie election. List beit	JW;		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLU			OR MEASURE(S) JURISDICTION DUNTY, AS APPLICABLE)		K ONE
				SUPPORT	OPPOS
		•		SUPPORT	OPPOS

1.D. NUMBER 1283103

PARTY

YEAR OF ELECTION

Statement of Organization Recipient Committee

CALIFORNIA 410

INSTRUCTIONS ON REVERSE			- 011111
		••	Page 3
COMMITTEE NAME			I.D. NUMBER
Committee to Elect Julian	Polvorosa		1283103
4. Type of Committee (Continued)			
General Purpose Committee Not formed to sup ☑ CITY Commit	oport or oppose specific candidates or measures in tee COUNTY Committee STATE Com	a single election. Check only one box:	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY			
Running for San Leandro Ci	ty Council		
Sponsored Committee List additional sponsors	on an attachment.		
NAME OF SPONSOR	INDUSTRY GROUP C	OR AFFILIATION OF SPONSOR	
STREET ADDRESS NO. AND STREET	CITY	STATE ZIP	CODE
Small Contributor Committee Date	Check box and provide the date this small contributor committee on Janu	committee qualified as a small contributor of ary 1, 2001, enter 1/1/01.	committee. If the committee qualified as a
•			

- 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:
 - This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

State of California

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER PAGE - PART 2				
	FORNIA DRM	4	60		
Page _	2	of _	3		

NAME OF OFFICEHOLDER OR CANDIDATE	· 			NAME OF BALLOT MEASURE				·
				TENNE OF BALLOT MEROORE				
Julian Polvorosa		DDI IOADI EV		BALLOT NO. OR LETTER	JURISDICTION	<u> </u>		SUPPORT
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San Leandro City Council								
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET	T) CITY	STATE ZIP		Identify the controlling office	sholder cand	lidato or sta	te measure	nronopent, if any:
1115 Avon Avenue Sar	n Leandro	CA 94579		NAME OF OFFICEHOLDER, CANDI				proponont, in any
Related Committees Not Included in the not included in this statement that are controlled be contributions or make expenditures on behalf of your contributions.	by you or are primarily	-		OFFICE SOUGHT OR HELD		1	DISTRICT NO.	IF ANY
COMMITTEENAME	I.D. NUMBER	··-·						
COMMITTEE MAINE	I.D. NUMBER							
Committee to Elect Julian Polvorosa	1283103		7	Primarily Formed Comm	aittaa linta	amos of office	pholder(s) or (candidate(s) for
Committee to Elect Julian Polvorosa		COMMITTEE?	7.	Primarily Formed Communication which this committee is primari		ames of office	eholder(s) or (candidate(s) for
Committee to Elect Julian Polvorosa NAME OF TREASURER Caryl Ann Symons	1283103 CONTROLLED KY YES	COMMITTEE?	7.	which this committee is primare	ily formed.			
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Committee to Elect Julian Polvorosa NAME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS STREET ADDRESS (NO. 1115 Avon Avenue) CITY STATE San Leandro CA	1283103 CONTROLLED ▼ YES O P.O. BOX) ZIP CODE A 94579 5	□ NO	7.	which this committee is primare NAME OF OFFICEHOLDER OR CAI	NDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
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Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA 160
from1/1/2007	FORM TOO
through6/30/2007	Page3 of3
	I.D. NUMBER
	4000400

CHIMMADY DAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1283103 Julian Polyorosa Calendar Year Summary for Candidates Column A Column B **Contributions Received** CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTALTODATE General Elections 0 1. Monetary Contributions Schedule A, Line 3 \$ _____ 1/1 through 6/30 7/1 to Date n n 0 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ ____ Received O 0 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures n n Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ **Expenditures Made Expenditure Limit Summary for State** 0 **Candidates** 6. Payments Made Schedule E, Line 4 \$ 0 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 0 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ n Total to Date Date of Election (mm/dd/vv) 0 10. Nonmonetary Adjustment Schedule C, Line 3 n **Current Cash Statement** 17 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____ To calculate Column B. add 0 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last O report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 17 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 \$ _ *Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** anv). FPPC Form 460 (June/01) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ ____ FPPC Toll-Free Helpline: 866/ASK-FPPC

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in ink.	CITY CLERK'S OFFICE CALIFORNIA 460 FORM 1 of 8
SEE INSTRUCTIONS ON REVERSE	Statement covers period from Date of election if applicab (Month, Day, Year) through 12-31-06	For Official Use Only CITY OF SAN LEANDRO
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	imarily Formed Ballot Measure committee Controlled Sponsored So Complete Part 6) Imarily Formed Candidate/ fficeholder Committee So Complete Part 7) 2. Type of Statement Semi-annual Stateme (Also file a Form 41 Amendment (Explain the second part 7)	ent Quarterly Statement ent Special Odd-Year Report ent Supplemental Preelection 0 Termination) Statement - Attach Form 495
a. Lommumas information	NUMBER 283103 Treasurer(s) NAME OF TREASURER Caryl Ann Symons MAILING ADDRESS 1257 Victor Avenue CITY San Leandro	STATE ZIP CODE AREA CODE/PHONE CA 94579 510 357-3939
CITY STATE ZIP COL San Leandro CA 94579 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BC	510 483-2073 MAILING ADDRESS	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	OPTIONAL: FAX / E-MAIL A carylanns@comcast	DDRESS
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	this statement and to the best of my knowledge the information contained that the foregoing is true and correct. By Signature of Controlling Officeholder, Candidate, State Measure of Controlling Officeholder,	stant Treasurer Proponent or Responsible Officer of Sponsor ate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

	COVERF	AGE	-PART2
	FORNIA DR M	4	60
Page	2	of	8

NAME OF OFFICEHOLDER OR CANDIDA	JE				NAME OF BALLOT MEASURE			
Julian Polyorosa								
OFFICE SOUGHT OR HELD (INCLUDE L	OCATION AND	DISTRICT NUMB	ER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	Tr	SUPPORT
·							[SUPPORT OPPOSE
San Leandro City Council RESIDENTIAL/BUSINESS ADDRESS (NO	AND STREET	ED CITY	STATE ZIP					
•		•			Identify the controlling offic	eholder, candidate, or	state measure	proponent, if ar
1115 Avon Avenue		San Leandro	CA 94579		NAME OF OFFICEHOLDER, CAND	IDATE, OR PROPONENT		
Related Committees Not Inc not included in this statement that a	re controlled	by you or are pr	rimarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
contributions or make expenditures	on behalf of	your candidacy.						
COMMITTEE NAME		I.D. NI	JMBER	•				
Committee to Elect Julian Poly	/orosa	128	3103					
NAME OF TREASURER		CONT	ROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeholder (Committee Li	ist names of
Caryl Ann Symons		12 1	YES NO					
	ADDRESS (N	10 P.O. BOX)			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SC	DUGHT OR HELD	SUPPOR
						İ	_	OPPOSE
1115 Avon Avenue								
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CITY San Leandro	J	94579			NAME OF OFFICEHOLDER OR CA		OUGHT OR HELD	SUPPORT OPPOSE
CITY San Leandro COMMITTEENAME	J	94579 I.D. NI CONTI	510-483-2073 UMBER ROLLED COMMITTEE?			ANDIDATE OFFICE SO		SUPPORT OPPOSE SUPPORT OPPOSE
San Leandro COMMITTEE NAME NAME OF TREASURER	J	94579 I.D. NI	510-483-2073 UMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	DUGHT OR HELD	SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

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

| Statement covers period | CALIFORNIA | 460 | FORM | 10-22-06 | through | 12-31-06 | Page | 3 | of | 8 | |

SEE INSTRUCTIONS ON REVERSE			through	12-31-06	Page 3 of 8
NAME OF FILER Committee to Elect Julian Polvorosa					I.D. NUMBER 1283103
Contributions Received 1. Monetary Contributions	9 0 \$ 2325 0	s	27274 4000 31274 4998	Running in Both the General Elections 1/1 the 20. Contributions Received \$ 21. Expanditures	mary for Candidates e State Primary and rough 6/30 7/1 to Date \$\$
Expenditures Made 3. Payments Made	9796 4000 0	s			Bummary for State Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	2325 13813 13796 \$ 17	To calculate Colur amounts in Colum corresponding an from Column B of report. Some am Column A may be figures that shoul subtracted from period amounts, the first report be for this calendar carry over the an from Lines 2, 7, 8 any).	nn A to the mounts f your last ounts in engative lid be previous if this is ling filed year, only nounts	*Amounts in this section mareported in Column B.	ay be different from amounts
18. Cash Equivalents	• -			FPPC Toll-Free Helplir	FPPC Form 460 (January/ e: 866/ASK-FPPC (866/275-37

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

1283103

SEE INSTRUCTIONS ON REVERSE

Committee to Fleet bellen Beleene

Committee to Elect Julian Polvorosa

AMOUNT **CUMULATIVE TO DATE** PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR **RECEIVED THIS** TODATE OCCUPATION AND EMPLOYER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) Pete Stark **Z**ICOM U.S. Congressman 10/27 100 100 100 39300 Civic Center #220 □отн PTY Fremont CA 94538 SCC International Assn. of Fire Fighters Local 55 COM 10/28 500 500 500 414 13th Street Suite 300 Потн PTY Oakland CA 94612 SCC ZIND Young Kil Kim ПСОМ 10/30 200 450 450 625 Bancroft Avenue ПОТН PTY San Leandro CA 94577 □scc Friends of Ellen Corbett [Z] COM 11/2 500 500 500 777 S. Figueroa Street, Suite 4050 □ OTH Los Angeles CA 90017 #1253363 PTY SCC **Z**IND Joe Villarreal Retired ПСОМ 11/7 150 150 150 14779 Harold Avenue □oтн San Leandro CA 94578 □ PTY □SCC **SUBTOTALS** 1500

Schedule A Summary

- 2. Amount received this period unitemized monetary contributions of less than \$100\$

*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 480 (January/05) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetony Contributions Reserved

Type or print in ink.

SCHEDULE A (CONT.)

wonetary	Contributions Received	to whole		from10/s	ers period 22/06		orm 460	:
				through 12	/31/06	Page.	5 of8	ı
NAME OF FILER Committee	to Elect Julian Polvorosa					1.D. NU 1283		L
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)	
11/4/06	John Gooding 2200 Powell Street #105 Emeryville CA 94608	IND COM OTH STY	Consultant for Quadric Group	250		250	250	\subset
11/4/06	Madison Marquette Property Investment 600 Davis Street San Francisco CA 94111	☐IND ☐COM X OTH ☐PTY ☐SCC	Bayfair Developers	250		250	250	
11/4/06	Charlie Bray 2197 Oak Creek Lane Hayward CA 94541	MIND COM OTH PTY SCC	Retired	200		200	200	
11/14/06	Robert Mercer 988 Arbor Drive San Leandro CA 94577	MIND COM OTH PTY SCC	Social Security Administration Management Consultant	100		100	100	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						(
			SUBTOTAL	\$ 800				l

*Contributor Codes

IND - Individual

COM-Recipient Committee (other than PTY or SCC)

OTH-Other

PTY - Political Party SCC - Small Contributor Committee

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE	Type or prin Amounts may t to whole d	e rounded		Sto from throu	1	0/22/06 12/31/06	CALIFO	6 of 8
NAME OF FILER Committee to Elect Julian Poivorosa							I.D. NUA 128310	
CODES: If one of the following codes accurately describe 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 circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey resea lyery and m	98	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime returned co campaign v t.v. or cable candidate tr staff/spouse transfer bet voter regist	e and production on intributions vorkers' salaries airtime and production avel, lodging, and travel, lodging, a ween committees	uction costs meals and meals of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALBO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMEN	ī		AMOUNT PAID
Handled With Care 14382 Wicks Blvd. San Leandro CA 94577		LIT						1486
Autumn Press 945 Camolia Street Berkeley CA 94710		LIT						1757
Bancroft Florist 625 Bancroft Avenue San Leandro CA 94577			Flowers					189
* Payments that are contributions or independent expenditures	must also be summ	arized on S	ichedule D.			SUE	STOTAL\$	3432
Schedule E Summany								

Schedule	E	
(Continua	tion	Sheet)
Payments	Ma	de

SEE INSTRUCTIONS ON REVERSE

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

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA ACO
from 1-22-06	FORM 400
through 12-31-06	- Page 7 of 8
	I.D. NUMBER 1283103

NAME OF FILER Committee to Elect Julian Polyorosa

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CVP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL staff/spouse travel, lodging, and meals polling and survey research TRS independent expenditure supporting/opposing others (explain)* N POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration ЦΤ campaign literature and mailings PRT WEB Information technology costs (internet, e-mail) print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Calling.Com 712 5th Street, Suite E Davis CA 95616	PHO		147
Democratic Voter Choice 340 North Myers Street Burbank CA 91506	LIT		300
Shawn Wilson 5238 Spring Creet Way Eik Grove CA 9t758	CNS		5000
Tahmasbi P.O. Box8336 Fremont CA 94537	LIT		365
San Leandro Boys and Girls Club 401 Marina Blvd. San Leandro CA 94577	СТВ		230

Schedule B – Part 1 Loans Received		Type or print in ounts may be reto whole dollar	ounded		Statement co	vers period 0-22-06	CALIFORM FORM	IIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through1	2-31-06	Page 8	of8
Committee to Elect Julian Polvorosa							I.D. NUMBER 1283103	
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)	(4) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(6) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Isabel Polvorosa 1115 Avon Avenue San Leandro CA 94579	Computer Operator Chabot College			PAID s 4000 □ FORGIVEN		O %	s 4000	CALENDAR YEAR \$ 4000 PER ELECTION**
†BEIND □ COM □ OTH □ PTY □ SCC		5	s0	s	DATE DUE	s	DATE INCURRED	s
†□IND □ COM □ OTH □ PTY □ SCC		s	s	PAID \$ FORGIVEN \$	S	% RATE	\$	SS PER ELECTION**
[†] □IND □COM □OTH □PTY □SCC		\$	\$	PAID SFORGIVEN S	S	% RATE	S	CALENDAR YEAR S PER ELECTION**
		SUBTOTALS \$	0 \$	4000	<u> </u>	\$ 0	DATE MOORNED	
Schedule B Summary 1. Loans received this period					0	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loans 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that a	less than \$100.)paid or forgiven.)	••••••			4000			
 Net change this period. (Subtract Line: Enter the net here and on the Summary 	2 from Line 1.)		••••••	NET \$	O lay be a negative number)			
† Contributor Codes IND – Individual COM – Recipient Committee (of	ner than PTY or SCC) OTH - (Other PTY-Po	olitical Party So	CC – Small Con	tributor Committee	FPPC To	FPPC Fori Il-Free Helpline:	m 460 (June/01) : 866/ASK-FPPC

COVER PAGE ORNIA 460 RM of 12. Official Use Only
nent ar Report reelection ach Form 495
AREA CODE/PHONE 510-357-3939
AREA CODE/PHONE

Recipient Committee Campaign Statement Cover Page	Type or print in ink.	CALIFORNIA 2001/02 FORM
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE		election if applicable: OCT 2 6 2006 Page of onth, Day, Year) 11/07/06 CITY OF SAN LEANDRO For Official Use Only
○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored		Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain below) Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
	NAM Ca MAII 12: CITY	asurer(s) E OF TREASURER ryl Ann Symons LING ADDRESS 57 Victor Avenue STATE ZIP CODE AREA CODE/PHONE n Leandro CA 94579 510-357-3939
San Leandro CA 945 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. CITY STATE ZIP OF TOTAL: FAX / E-MAIL ADDRESS	9 510-483-2073 BOX MAII ODE AREA CODE/PHONE CAI	LING ADDRESS STATE ZIP CODE AREA CODE/PHONE Tylanns@comcast.net IONAL: FAX / E-MAIL ADDRESS
4. Verification I have used all reasonable diligence in preparing and revie certify under penalty of perjury under the laws of the State Executed on	By By Signature of Controlling Officer	

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Julian Polvorosa							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
San Leandro City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP						
1115 Avon Avenue	San Leandro CA 94579		Identify the controlling offi			te measure p	roponent, it any
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT		
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
COMMITTEENAME	I.D. NUMBER						
Committee to Elect Julian Polvorosa	1283103	7	Primarily Formed Com	mittoo lieti	names of office	eholder(s) or c	andidate(s) for
	1283103 CONTROLLED COMMITTEE?	7.	Primarily Formed Com		names of office	eholder(s) or c	andidate(s) for
		7.	which this committee is prima	arily formed.			
NAME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS STREET ADDRESS (NO P	CONTROLLED COMMITTEE? X YES NO	7.		arily formed.	OFFICE SOU		☐ SUPPORT
NAME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS STREET ADDRESS (NO F 1115 Avon Avenue	CONTROLLED COMMITTEE? YES NO O. BOX)	7.	which this committee is prime	arily formed.	OFFICE SOUG	OHT OR HELD	
NAME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS STREET ADDRESS (NO P 1115 Avon Avenue CITY STATE	CONTROLLED COMMITTEE? YES NO O. BOX) ZIP CODE AREA CODE/PHONE	7.	which this committee is prima	arily formed.	OFFICE SOUG		SUPPORT OPPOSE
NAME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS STREET ADDRESS (NO P 1115 Avon Avenue CITY STATE	CONTROLLED COMMITTEE? YES NO O. BOX) ZIP CODE AREA CODE/PHONE 94579 510 483-2073	7.	which this committee is prime	arily formed.	OFFICE SOUG	OHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS STREET ADDRESS (NO P 1115 Avon Avenue CITY STATE	CONTROLLED COMMITTEE? YES NO O. BOX) ZIP CODE AREA CODE/PHONE	7.	which this committee is prime	CANDIDATE	OFFICE SOUC	OHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS STREET ADDRESS (NO P 1115 Avon Avenue CITY STATE San Leandro CA	CONTROLLED COMMITTEE? YES NO O. BOX) ZIP CODE AREA CODE/PHONE 94579 510 483-2073	7.	NAME OF OFFICEHOLDER OR C	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUC	EHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 10/1/06 CALIFORNIA 460 FORM 10/21/06 Page 3 of 12 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1283103 Committee to Elect Julian Polvorosa Calendar Year Summary for Candidates Column A Column B Contributions Received TOTALTHISPERIOD CALENDARYEAR Running in Both the State Primary and TOTALTODATE (FROM ATTACHED SCHEDULES) **General Elections** 24949 1. Monetary Contributions Schedule A, Line 3 \$ ___ 7/1 to Date 1/1 through 6/30 0 4000 2. Loans Received Schedule B, Line 3 20. Contributions 28949 10740 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 \$ Received 4998 2394 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 33947 Made 13134 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ ___ **Expenditure Limit Summary for State Expenditures Made** 17461 6162 Candidates 6. Payments Made Schedule E, Line 4 \$ ____ 0 0 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 6162 17461 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ _____ 0 Total to Date Date of Election (mm/dd/yy) 4998 2394 8556 22459 Current Cash Statement 6910 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ __ To calculate Column B. add 10740 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last report. Some amounts in 6162 15. Cash Payments Column A, Line 8 above Column A may be negative 11488 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ *Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse \$ _____ 4000 FPPC Form 460 (June/01) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ ____ FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule	A	
Monetary	Contributions	Received

Type or print in ink. Amounts may be rounded

SCHEDULE A Statement covers neriod

Monetary Contributions Received		to 1	whole dollars.	from10	0/1/06	FORM 46		
SEE INSTRUCTIO	NS ON REVERSE			through 10	/21/06	Page _	4	of 12
NAME OF FILER						I.D. NUI		
Committee t	o Elect Julian Polvorosa					12831	03	
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	ТО	LECTION DATE QUIRED)

						
10/4/06	Jerry Finch 302 Fletcher Drive Atherton CA 94027	IND COM OTH PTY	Business Executive, E. F. Communities	1250	1500	ı .
10/4/06	Pat Raposo 1445 Daily Drive San Leandro CA 94577	IND COM OTH PTY SCC	Retired	198	337	
10/4/06	Janet Plankenhorn 844 Dutton Avenue San Leandro CA 94577	IND COM OTH PTY SCC	Bookkeeper for Mary Grodin	99	119	
10/4/06	Kent Myers 141 Santiago Road San Leandro CA 94577	IND COM OTH PTY	Chief Finance Advisor for B. W. Nielson	100	100	
10/1/06	William Dougherty 1151 San Jose Street San Leandro CA 94577	IND COM OTH PTY SCC	Retired	99	174	(
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)

SUBTOTAL\$ 1746

Schedule A Summary

- 1. Amount received this period contributions of \$100 or more. ..\$<u>8606</u> (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized contributions of less than \$100\$ 2134
- 3. Total monetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH-Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Ionetary Contributions Received		IADE OI DIIII	F III IIII						_
		Amounts may b		Statement covers period			CALIFORNIA 460		ı
		to whole d	ollars.	from	10/1/06	FC	400	l	
				through	10/21/06	Page	5	of 12	
ME OF FILER						I.D. NUN	1BER	<u> </u>	
Committee t	o Elect Julian Polvorosa					12831	03		<u> </u>
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT RECEIVED TH	CUMULATIVE IIS CALENDAR			ELECTION O DATE	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/4/06	Daniel Gray 3175 Cordova Way Lafayette CA 94549	IND COM OTH PTY	Developer, Reynolds & Brown	1000	1250	C
10/4/06	Robert Molinaro P.O. Box 1048 Pleasanton CA 94566	MIND COM OTH PTY SCC	Owner, Pleasanton Garbage Service	250	349	
10/4/06	Craig Bettencourt 1120 Timbercreek Road San Ramon CA 94582	IND COM OTH PTY	Construction Vice - President of land acquisition, Pinn Bros.	250	250	
10/4/06	Anthony Batarse 10550 International Blvd. Oakland CA 94603	IND COM OTH PTY	President, Lloyd Wise Car dealership	500	1500	
10/4/06	Glen Britton Evans 22 Presidio Terrace San Francisco CA 94118	IND COM OTH PTY	Builder, E. F. Communities	1250	1250	
			SUBTOTAL	\$ 3250		

*Contributor Codes

IND - Individual

COM-Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statem	ent covers period	CALIFORNIA ACO
from	10/1/06	FORM 40U
through	10/21/06	Page 6 of 12
		I.D. NUMBER
		1283103

NAME OF FILER

Committee to Elect Julian Polvorosa

CUMULATIVE TO DATE PER ELECTION **AMOUNT** IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR TO DATE CONTRIBUTOR RECEIVED THIS CALENDAR YEAR DATE OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) RECEIVED OF BUSINESS) **X**IND 100 100 Policeman. 10/4/06 Peter Ballew Псом City of San Leandro 14179 Seagate Drive Потн San Leandro CA 94577 PTY ⊟scc **X**IND 140 100 Owner. 10/5/06 **Terry Tinsley** Псом Cobra Check 4536 Hillsborough Потн Insurance Company Castro Valley CA 94546 **□PTY** ⊓scc **⋉**IND 100 100 Retired J. V. DeMello 10/6/06 □сом 2252 Heathrow Place Потн San Leandro CA 94577 □ PTY □scc **X**IND 100 200 Retired Ronald Blasquez 10/10/06 COM 520 Starmont Ct. Потн Danville CA 94526 **□**PTY SCC **X** IND 179 40 Retired 10/12/06 Mary Anne Perras □сом 1347 Esser Avenue Потн San Leandro CA 94579 □ PTY SCC 440 SUBTOTAL\$

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC-Small Contributor Committee

Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received		ibutions Received Amounts may be rounded to whole dollars.		Statement covers period from 10/1/06		california 460	
NAME OF FILER Committee 1	to Elect Julian Polvorosa			through10/	21/06	Page _ I.D. NUI 12831	
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	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
10/12/06	Charles Perrino 698 Arbor Drive San Leandro CA 94577	IND COM OTH PTY	Retired	40		140	C
10/12/06	Lou Profumo 1669 Boxwood Avenue San Leandro CA 94579	IND COM OTH PTY	Retired	140		340	

		. —				
10/12/06	Robert Vincent 625 Arbor Drive San Leandro CA 94577	IND COM OTH PTY	Retired	60	135	
10/12/06	Sandra Aragon 663 Garside Court San Leandro CA 94579	IND COM OTH PTY	Accounts Receivable, National Abrasives	60	260	
10/12/06	Charles Kline 808 Bridge Drive San Leandro CA 94577	IND COM OTH PTY	Property Manager, C. Kline Management, Inc.	80	580	
			SUBTOTAL	\$ 380		

*Contributor Codes

IND - Individual

COM-Recipient Committee (other than PTY or SCC)

OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

Monetary	Monetary Contributions Received		outions Received Amounts may be rounded to whole dollars.		ers period 1/06	CALIFORNIA 460			
				through10/21/06		Page 8 of 12			
NAME OF FILER Committee	to Elect Julian Polvorosa					1.D. NUM 12831			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)		
10/14/06	RHO Association of Southern Alameda County 980 Ninth St., Suite 2150 Sacramento CA 95814	☐IND INCOM ☐OTH ☐PTY ☐SCC		1000	1000		1000		
10/18/06	Sentinels 123 Estudillo Avenue San Leandro CA 94577	□IND INCOM □OTH □PTY □SCC		1500	4	1000			
10/13/06	Barbara Tierney 3965 Mission Way San Leandro CA 94578	IND COM OTH PTY	Retired	50		100			
10/16/06	Joe Collier 694 Douglas Drive San Leandro CA 94577	IND COM OTH PTY	Retired	100		100			
10/16/06	Nancy Pretto 775 Bridge Road San Leandro CA 94577	IND COM OTH PTY SCC	Retired	100		100			

SUBTOTAL\$

2750

*Contributor Codes

IND-Individual

COM-Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

Monetary	Nonetary Contributions Received		Contributions Received Amounts may be rounded to whole dollars.			from	1/06 21/06	FORM 460	
NAME OF FILER Committee	to Elect Julian Polvorosa			through 197		I.D. NUM 12831	MBER		
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)		
10/12	Mike Riback: 2023 Hoover Ave Oakland, CA 94602	IND COM OTH PTY	Attorney, Myers, Riback and Nave	40		120	C		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					(
		· 	SUBTOTAL	_\$ 40					

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH-Other

PTY - Political Party SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Flect Julian Polyorosa

10/21/06
Page 10 of 12
I.D. NUMBER
1283103

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)
10/4/06	Paul Nahm 1591 Daniels Dr. San Leandro CA 94577	⊠IND □COM □OTH □PTY □SCC	Director training Painting and Decorating JATC	Fundraiser at home	485	485	C
10/12/06	Gordon Galvan 698 Maud Avenue San Leandro CA 94577	⊠IND □COM □OTH □PTY □SCC	Consultant for Galvan & Associates	Fundraiser at Dick's Restaurant	1909	2059	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
Attach add	ditional information on appropriately labe						

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

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

Schedule E	
Payments Made	•

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

			SCHEDULEE	
Stateme	nt covers period	CALIFORNIA	160	
from	10/1/06	FORM	400	
through _	10/21/06	Page	of <u>12</u>	
		I.D. NUMBER		
		1283103	1	

SEE INSTRUCTIONS ON REVERSE		through10/21/06	Page of	
NAME OF FILER			I.D. NUMBER	
Committee to Elect Julian Polvorosa		1283103		
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* OFC office experpetition circumpation ci	munications d appearances ises lating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and	uction costs I meals and meals s of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID	
Shawn Wilson 5238 Spring Creek Way Elk Grove CA 95758	LIT		1953	
Handled With Care Postage Service 14382 Wicks Blvd. San Leandro CA 94577	LIT		2544	
California Latino Voter Guide 930 Colorado Bldg 2 Los Angeles CA 90041	LIT		150	
* Payments that are contributions or independent expenditures must also be summ	arized on Schedule D.	SU	BTOTAL\$ 4647	
Schedule E Summary			6077	
1. Payments made this period of \$100 or more. (Include all Schedule E subtotal	s.)	••••••••	\$	
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).)\$				
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on t				

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

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

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA **FORM** 10/1/06 from_ 10/21/06 Page 12 of 12 through_ I.D. NUMBER 1283103

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Julian Polvorosa

CODES: If one of the following codes accurately describe 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 community meetings and office expension office expension circul PHO phone banks POL polling and sepos postage, deli	munications i appearance ses ating urvey reseavery and m	i ces	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production cost candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the sar voter registration information technology costs (internet, e	me candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Asian American Voter 17360 Colma Road #250 Rowland Heights CA 91748		LIT				180
Voter Information Guide 13701 Riverside Drive, Suite 604 Sherman Oaks CA 91423		LIT				750
EAUCD P.O. Box 56503 Hayward CA 94545		LIT				500
		0.1			SUBTOTAL	\$ 1430

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

SUBTOTAL \$

1430

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	CITY CLERK'S O	FORM
•	Statement covers period from <u>5/20/06</u> 9/30/06	Date of election if applicab (Month, Day, Year)	e: OCT 1120 city of san lea	Page of
SEE INSTRUCTIONS ON REVERSE	through 97 Joy 00			
1. Type of Recipient Committee: All Committees - Con		2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Comptoto Part 5)	aliot Measure Committee) Primarily Formed) Controlled) Sponsored No Complete Part 6)	Preelection Stateme Semi-annual Stateme Termination Stateme Amendment (Explain	ent (Quarterly Statement Special Odd-Year Report Supplemental Preciection Statement - Attach Form 495
O Small Contributor Committee O Political Party/Central Committee	rimarily Formed Candidate/ htticeholder Committee Uso Compton Port 7)		·	
3. Committee information	1283103	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Julian Po	lvorosa	Caryl Ann Somalling Address 1257 Victor City San Leandro	•	zip code area code/phone 94579 510 357 – 3939
1115 Avon Avenue CITY STATE ZIP CO San Leandro CA 9457	9 510-483-2073	NAME OF ASSISTANT TREA		7.517
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	30X	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 a carylanns@c		
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State Executed on	of California that the foregoing)s true By	ny knowledge the information con and correct Signature of Transitiver or Assistantial Controlling Officeholder, Candidate, State Measure	MCTCS stant Treasurer PCAC a Proponent or Responsible Officer	
Executed on	Ву	Signature of Controlling Officeholder, Candid	ato, Stato Measuro Proponent	FPPC Form 480 (Juna/01) FPPC Toil-Free Heipline: 865/A8K-FPPC State of California

COVER PAGE

VivianThis is an
amendment.
ion can file it with
the most recent
pre-election filing,
ps. I made
myselfacory. Marian

Campaign Disclosure Statement Summary Page

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

Statement covers period from 5/20/06 CALIFORNIA 460 FORM 1.D. NUMBER 1.0001.00

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Julian Polyorôsa 1283103 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR TOTALT ODATE Running in Both the State Primary and (FROM ATTACHED SCHEDULES) General Elections 1. Monetary Contributions Schedule A, Line 3 7029 7279 1/1 through 6/30 7/1 to Date Loans Received Schedule B. Line 7 3000 4000 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 20. Contributions 10029 11279 Received 2444 2444 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4 \$ 72473 13723 Made **Expenditures Made Expenditure Limit Summary for State** 8537 6. Payments Made Schedule E. Line 4 \$ 7487 Candidates 7. Loans Made Schedule H. Line 7 -0--0-8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 22. Cumulative Expenditures Made* 7487 8537 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 -0--0-Date of Election Total to Date 2444 10. Nonmonetary Adjustment Schedule C. Line 3 2444 (mm/dd/vv) 11. TOTAL EXPENDITURES MADEAdd Lines B + 9 + 10 \$ 9931 10981 Current Cash Statement 200 12. Beginning Cash Balance Previous Summary Page, Line 18 \$ To calculate Column B. add 13. Cash Receipts Column A. Line 3 above 10020 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule 1, Line 4 -0from Column B of your last 15. Cash Payments Column A, Line 8 above report. Some amounts in 7487 Column A may be negative 16. ENDING CASH BALANCE...... Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2742 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 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ __ for this calendar year, only Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts апу). 18. Cash Equivalents See Instructions on reverse \$ 4000 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 888/ASK-FPPC

	Type or print in ink. Amounts may be rounded						SCHEDULE B - PART 1	
Schedule B – Part 1					Statement covers period		CALIFORNIA A CO	
Loans Received		to whole dollars.			from <u>5/20/06</u>		california 460	
				l				<u> </u>
SEE INSTRUCTIONS ON REVERSE				_	through <u>9/30</u>	<u>/,06</u>	Page 3	_ of _ 3
NAME OF FILER		•				i	I.D. NUMBER	
Committee to Elect Jul	lian Polvorosa						1283103	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IP COMMITTEE, ALSO ENTER I.D. 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	(0) AMOUNT PA OR FORGIVE THIS PERIO	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Isabel Polvorosa 1115 Avon Avenue San Leandro CA 94579	Computer Operator-Chabot College, Hay-			PAID O- S- FORGIVEN	s 4000	-0- RATE	: 1000	calendaryear s 4000 per election**
[†] ⊠ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ward	s 1000	s 3000	s0-	DATE DUE	s	2/21/06 DATE INCURRED	\$
t□IND □ COM □ OTH □ PTY □ SCC		\$	s	PAID S———— FORGIVEN S————	DATE DUE	% RATE	\$	\$PER ELECTION **
†□ IND □ COM □ OTH □ PTY □ SCC		s	s	PAID S FORGIVEN S	S DATE DUE	RATE	\$ Date incurred	CALENDAR YEAR S PER ELECTION** S
		SUBTOTALS	3000	\$ - 0-	\$ 4000	\$ - 0-		
Schedule B Summary						(Enter (e) en Schedule E, Line 3)		
1. Loans received this period								
3. Net change this period. (Subtract Lin	e 2 from Line 1.)ry Page, Column A, Line 2.					FPPC T	FPPC Fo	orm 460 (June) e: 866/ASK-FF

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE Statement covers period CALIFORNIA 460 from 7/1/06through <u>9/30/06</u> Page 2 of I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Julian Polvorôsa 1283103

Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B Calendar Year TOTALT ODATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	0-	\$. 14209 4000 \$ 18209 2604 \$ 20813	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made 6. Payments Made		\$ 11299 -0- \$ 11299 -0- 2604 \$ 13903	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made ² (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$5095 3799 0- 1984 \$6910	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	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
18. Cash Equivalents		any).	FPPC Form 460 (June/C FPPC Toll-Free Helpline: 866/ASK-FPI

D. J. J. J. O			2.9	COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	CITY CLERK'S OFF	CALIFORNIA 460 FORM
,	Statement covers period from _7/1/06	Date of election if applicable: (Month, Day, Year)	OCT - 4 2006	Page of
SEE INSTRUCTIONS ON REVERSE	through <u>9/30/06</u>	11/7/06	CITY OF SAN LEANI	DRO
1. Type of Recipient Committee: All Committees - Co	mplete 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	Ballot Measure Committee Primarily Formed Controlled Sponsored New Complete Part 6) Primarily Formed Candidate/ Officeholder Committee New Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b	Spi	arterly Statement ecial Odd-Year Report oplemental Preelection tement - Attach Form 495
3. Committee Information	D. NUMBER 1283103	Treasurer(s)	government versioner geworke faster versioner Statistical After CAM-Action (Marcola Marcola Ma	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Committee to Elect Julian Po	lvorosa	Caryl Ann Sym MAILING ADDRESS 1257 Victor Av		
STREET ADDRESS (NO P.O. BOX)		CITY		CODE AREA CODE/PHONE
1115 Avon Avenue		San Leandro		579 510 357-3939
San Leandro CA 9457	9 510-483-2073	NAME OF ASSISTANT TREASUR	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	BOX	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 ADDR	RESS	
		carylanns@com	ncast.net	
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State Executed on	of California that the foregoing is true	y knowledge the information contain and correct: Signature of Total Total State Measure Processing of Controlling Officeholder, Candidate, State Measure Processing of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate, Candidate, Candidate, Signature of Controlling Officeholder, Candidate, Candi	Treasurer Sponent or Responsible Officer of Sponso	
Date		organisation of continuing officerious, continuite, c		FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

Recipient Committee Campaign Statement Cover Page — Part 2

	COVERI	PAGE - PART 2
CALI F	FORNIA ORM	460
Page.	2	of 6

Officeholder or Candidate Controlled Commit	ee	6.	Ballot Measure Commit	tee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Committee to Elect Julian Pol	vorosa					
DFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
San Leandro City Council						
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT			Identify the controlling offi	ceholder, candidate, or	state measure p	proponent, if a
1115 Avon Avenue San Lea	indro CA 94579		NAME OF OFFICEHOLDER, CAN			
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER					
Committee to Elect Julian Polvorosa	1283103	7	Primarily Formed Com	mittee List names of of	ficeholder(s) or c	endidate(s) for
ame of treasurer Caryl Ann Symons	CONTROLLED COMMITTEE? X YES NO	,	which this committee is prime	arily formed.	DUGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO RO. BO)	9		NAME OF OFFICEHOLDER OR C	ANDIDALE OFFICE SC	OGNI ONTILLO	SUPPOR
San Leandro CA 945			NAME OF OFFICEHOLDER OR (CANDIDATE OFFICE SC	DUGHT OR HELD	SUPPOR
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SO	DUGHT OR HELD	SUPPOI
IAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SO	DUGHT OR HELD	SUPPOI
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	κ)		Atta	ch continuation sheets	if necessary	OPF

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/06 CALIFORNIA 460 FORM 460 through 9/30/06 Page 3 of 6

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Julian Polyorosa 1283103 **Contributions Received** Column A Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) General Elections 1. Monetary Contributions Schedule A, Line 3 \$ 3700 15209 2. Loans Received Schedule B, Line 7 -0-1/1 through 6/30 3000 7/1 to Date 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 3799 18209 20. Contributions Received 4. Nonmonetary Contributions Schedule C. Line 3 -0--2604 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4 3799 20813 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E. Line 4 \$ 1984 11299 Candidates 7. Loans Made Schedule H. Line 7 -0--0-8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 22. Cumulative Expenditures Made* 7984 11299 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 -0-Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C, Line 3 -0-2604 (mm/dd/vv) 11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10 \$ ____ 1984 13903 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 18 \$ 5095 To calculate Column B, add 13. Cash Receipts Column A. Line 3 above 3799 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 -0from Column B of your last 15. Cash Payments Column A, Line 8 above 1984 report. Some amounts in Column A may be negative 16. ENDING CASH BALANCE............ Add Lines 12 + 13 + 14, then subtract Line 16 \$ 6910 flaures 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 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ __ for this calendar year, only *Since January 1, 2001. Amounts in this section may be carry over the amounts Cash Equivalents and Outstanding Debts different from amounts reported in Column B. from Lines 2, 7, and 9 (if anv). 18. Cash Equivalents See instructions on reverse \$ __ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ __3000 FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/06 CALII-ORNIA 460 through 9/30/06

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Julian Polvorosa

1.D. NUMBER 1283103

****		1283103				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTES, ALSO ENTER LO. MAMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (FEEL-BURLOYED, ENTERNAME OFBUSHES)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/06	Charles Kline Management,Ir 151 Callan Avenue San Leandro CA 94577	C NIND C COM COTH CPTY C SCC	Charles Kline Management, Inc	500 	500	
8/28/06	Charles Kline 808 Bridge Road San Leandro CA 94577		Property Manage:	c 500	500	•
9/15/06	Richard Duey 4466 Belmont Way Castro Valley CA 94546	MIND COM OTH PTY SCC	Hayward Pharmad Pharmacist	ey 100	300	
9/20/06	The Sentinels 123 Estudillo Avenue San Leandro CA 94577	IND COM COTH COTY CSCC		2500	2500	
		IND COM OTH PTY SCC				
					in the state of th	

SUBTOTAL\$ 3600

Schedule A Summary

2. Amount received this period – unitemized monetary contributions of less than \$100\$

 *Contributor Codes

IND-Individual
COM-Recipient Com

COM - Recipient Committee (other than PTY or SCC)

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

SCC-Small Contributor Committee

FPPC Toll-Free Helpline: 888/A8K-FPPC (888/275-3772)

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement cover from 7/1/06	5 FO	FORNIA 46(
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	· ·	through 9/30	0/06 Page_	5 of 6
Committee to Elect Julian Polvor	rosa	, .	1.D. NU 1.28	MBER 83103
CODES: If one of the following codes accurately descriced comparing paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey researc POS postage, delivery and mes PRO professional services (legal print ads	RAD radio airtime as RFD returned contri SAL campaign work TEL t.v. or cable als TRC candidate trave staff/spouse to staff/spouse to transfer between al, accounting) RAD radio airtime as returned contribution of the same and the same all	nd production costs ibutions kers' salaries rtime and production cost el, lodging, and meals ravel, lodging, and meals en committees of the sal	me candidate/spons
(IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE O		8 7 7 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AMOUNT FAID
Paradiso Restaurant	s to go of the contract of the	Campaign dinner	•	134
San Leandro CA 94577		t.		
San Leandro CA 94577 San Leandro Public Library Founda 300 Estudillo Avenue San Leandro CA 94577		,		350

Schedule E Summary water to the co 3 . 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100\$_

SUBTOTALS 1384

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

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

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA 460
from 7/1/06	FORM 400
through_9/30/06	Page 6 of 6
	I.D. NUMBER
•	1283103

Committee to Elect Julian Polyorosa

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CVP campaign paraphemalia/misc. MTG meetings and appearances RFD returned contributions CNS campaign consultants CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating t.v. or cable airtime and production costs PET TEL CVC civic donations candidate travel, lodging, and meals staff/spouse travel, lodging, and meals TRC phone banks FIL candidate filing/ballot fees polling and survey research TRS FND fundraising events POL

O independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services
G legal defense

TSF transfer between committees of the same candidate/sponsor
VOT voter registration

print ads

PRT

VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) The Early Voter 1954 W. Carson Street 600 Torrence CA 09501 LIT

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

SUBTOTAL \$

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i	nk.	Date Stamp CITY CLERK'S OF	CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 6/6/06 through 6/30/06	Date of election if applicable: (Month, Day, Year)	302 = - 20	For Official Use Only ANDRO
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	allot Measure Committee) Primarily Formed) Controlled) Sponsored leo Complete Part 6) rimarily Formed Candidate/ officeholder Committee leo Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain i	ō	•
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Julian Po STREET ADDRESS (NO FO. BOX) 1115 Avon Avenue CITY STATE ZIP CO San Leandro CA 9457	ode area code/phone 19 510–483–2073	Treasurer(s) NAME OF TREASURER Caryl Ann Syr MAILING ADDRESS 1257 Victor Av CITY San Leandro NAME OF ASSISTANT TREASU	renue State CA	zip code area code/phone 94579 510 357-3939
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E. CITY STATE ZIP CO OPTIONAL FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State.	ODE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADD carylanns@co: y knowledge the information contain	mcast.net	ZIP CODE AREA CODE/PHONE ached schedules is true and complete. I
Executed on	By Signature of Co	Signature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate,		FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 885/ASK-FPPC State of California

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

5.

COVER PAGE - PART 2
CALIFORNIA 460
FORM 2 of 4

Officeholder or Candidate Controlled Committee	6.	Ballot Measure Commit	ee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Committee to Elect Julian Polvorosa					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICA	BLE)	BALLOT NO. OR LETTER	JURISDICTION		UPPORT PPOSE
San Leandro City Council					
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE	ZIP	Identify the controlling offic	sheldor enedidato ora	toto mossura nr	ananont If any
1115 Avon Avenue San Leandro CA	94579	NAME OF OFFICEHOLDER, CANE		itato moasuro pri	
		NAME OF OFFICEROLDER, CARL	JIDAIE, ON FROPORENT		
Related Committees Not included in this Statement: List any continuities in this statement that are controlled by you or are primarily formed contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD	*	DISTRICT NO. IF	ANY
COMMITTEE NAME I.D. NUMBER				<u></u>	
Committee to Elect Julian Polyorosa 1283103	7	Primarily Formed Comi	nittea list names of off	iceholder(s) or can	didate(s) for
NAME OF TREASURER CONTROLLED COMMI	TTEE?	which this committee is prima		10011011011(0) 0. 02	
Caryl Ann Symons X YES N	10	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD	To average
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					SUPPORT OPPOSE
1115 Avon Avenue CITY STATE ZIP CODE AREA CO	ODE/PHONE	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD	
San Leandro . CA 94579 510-48		NAME OF OFFICEROLDER OR C	ANDIDATE	ogn on herb	SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED COMM		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO RO. BOX)		4			<u></u>

Campaign Disclosure Statement Summary Page

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

Statement covers period from 6/6/06 CALIFORNIA 460 FORM 460 Ind. Number 1283103

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Julian Polyorôsa 1283103 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) General Elections 1. Monetary Contributions Schedule A, Line 3 \$ 11410 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B. Line 7 3000 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 797 14410 20. Contributions Received 4. Nonmonetary Contributions Schedule C, Line 3 2604 21. Expenditures 797 17014 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ **Candidates** 7. Loans Made Schedule H. Line 7 -0-22. Cumulative Expenditures Made*
(if Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 9315 9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3 -0-Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C. Line 3 -0-2604 (mm/dd/vv) 78 11919 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 13. Cash Receipts Column A, Line 3 above 797 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last 15. Cash Payments Column A, Line 8 above report. Some amounts in Column A may be negative 5095 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 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ___ for this calendar year, only *Since January 1, 2001. Amounts in this section may be carry over the amounts **Cash Equivalents and Outstanding Debts** from Lines 2, 7, and 9 (if different from amounts reported in Column B. апу). 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Une 2 + Line 9 in Column B above \$ FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A **Monetary Contributions Received**

Typo or print in ink. Amounte may be rounded to whole dollars.

Statement covers period from 6/6/06 through <u>6/30/</u>06

SCHEDULE A CALILORNIA 460 FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Julian Polvorosa

I.D. NUMBER

DATE	FULL NAME STREET ADDRESS AND TO CORE OF CO.	-		* ** × ** 1		1283103
RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IPCOMMITTEE), ALSO ENTER LO. MAMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (PSELPENPLOYED, ENTERNAME OFBUENESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN, 1 - DEC, 31	TODATE
6/9/06	Emily Hernandez 352 Elsie Avenue San Leandro CA 94577	型IRD COM COTH CPTY CSCC	Retired	100 .	100	, , , , , , , , , , , , , , , , , , , ,
6/9/06	Reed Gehrke 6707 Heartwood Dr. Oakland CA 94611	MIND COM OTH PTY SCC	Supervisor, Genentech	200	200	
6/9/06	Robert Byers 1657 Clearview Dr. San Leandro CA 94577		Alternative Adjudication Judge	100	100	
		IND GOM GOTH FTY SCC				
		IND COM OTH PTY SCC				

SUBTOTAL\$ 400

400

Schedule A Summary

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

*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 Form480 (January/05) FPPC Toll-Free Helpline: 868/A81C-FPPC (868/276-3772)

COVER PAGE

Recip	oient (Com	mittee
			ement
Cove	r Pag	je —	Part 2

C	OVER P	AGE - PART 2
CALIF(ORNIA RM	460
Page	2	of

Officeholder or Candidate Controlled Com	mittee		Ballot Measure Committee		
IAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		
Committee to Elect Julian 1			BALLOT NO. OR LETTER JURISDICTIO	ON	SUPPORT OPPOSE
DFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER		OPPOSE
San Leandro City Council	_				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling officeholder, ca	ındidate, or state meası	ure proponent, if a
	Leandro CA 94579		NAME OF OFFICEHOLDER, CANDIDATE, OR P		
			_		
Related Committees Not Included in this S	Statement: List any committees		OFFICE SOUGHT OR HELD	DISTRICT	NO. IF ANY
not included in this statement that are controlled by yo contributions or make expenditures on behalf of your	ou or are primarily tormed to receive				
	I.D. NUMBER				
COMMITTEE NAME	(,5,),				
COMMITTOS TO HIRCH	1 0 0 -				
Committee to Elect	1283103	7.	Primarily Formed Committee Lin	st names of officeholder(s)) or candidate(s) for
Julian Polvorosa	CONTROLLED COMMITTEE?	7.	Primarily Formed Committee Lic which this committee is primarily formed.		
Julian Polvorosa		7.	which this committee is primarily lorinad.	of names of officeholder(s)	
Julian Polvorosa NAME OF TREASURER Caryl Ann Symons	CONTROLLED COMMITTEE? YES NO	7.	Primarily Formed Committee Lie which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE		
Julian Polvorosa NAME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS (NO P. 1115 Avon Avenue	CONTROLLED COMMITTEE? YES NO D. BOX)	7.	NAME OF OFFICEHOLDER OR CANDIDATE		ELD SUPPOR
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Campaign Disclosure Statement Summary Page

19. Outstanding Debis Add Line 2 + Line 9 in Column B above \$

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 5/21/06 CALIFORNIA 460 FORM 460 through 6/6/06 Page 3 of 7

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1283103 Committee to Elect Julian Polvorosa **Calendar Year Summary for Candidates** Column B Column A Running in Both the State Primary and CALENDAR YEAR TOTALT ODATE **Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) **General Elections** 10613 1. Monetary Contributions Schedule A, Line 3 \$ 7/1 to Date 1/1 through 6/30 3000 -0-2. Loans Received Schedule B, Line 7 13613 20. Contributions 2334 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 2604 160 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 16217 Made 2494 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4 \$ **Expenditure Limit Summary for State Expenditures Made** 9237 **Candidates** 6. Payments Made Schedule E, Line 4 \$ -0--0-7. Loans Made Schedule H, Line 7 22. Cumulative Expenditures Made*
(if Subject to Voluntary Expenditure Limit) ~700 0237 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ -0-Total to Date Date of Election -0-9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 (mm/dd/yy) 2604 160 10. Nonmonetary Adjustment Schedule C, Line 3 11236 860 11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10 \$ **Current Cash Statement** 2742 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add 2334 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts -0from Column B of your last 14. Miscellaneous increases to Cash Schedule I, Line 4 report. Some amounts in 700 15. Cash Payments Column A, Line 8 above Column A may be negative 4376 figures that should be 16. ENDING CASH BALANCE...... Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only *Since January 1, 2001. Amounts in this section may be -0-17. LOAN GUARANTEES RECEIVED Schodule B, Part 2 \$ carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). -0-18. Cash Equivalents See Instructions on reverse \$

3000

DATE RECEIVED FULL NAME, STREET ADDRESS AND ZP CODE of CONTRIBUTOR CODE * COMPLEX COM	BEE INSTRUCTION		to	nts may be rounded whole dollars.	Statement confrom $\frac{5/21}{4}$./.06		ORNIA 46
RECEIVED FOLL NAME, STREET ADDRESS AND ZP CODE OF CONTRISUTOR CODE * COMPANDAME STREET ADDRESS AND ZP CODE OF CONTRISUTOR CODE * COMPANDAME STREET ADDRESS AND ZP CODE OF CONTRISUTOR CODE * COMPANDAME STREET ADDRESS AND ZP CODE OF CONTRISUTOR CODE * COMPANDAME STREET ADDRESS AND ZP CODE OF CONTRISUTOR CODE * COMPANDAME STREET ADDRESS AND ZP CODE OF CONTRISUTOR CODE * COMPANDAME STREET ADDRESS AND ZP CODE OF CONTRISUTOR CODE * COMPANDAME STREET ADDRESS AND ZP CODE OF CONTRISUTOR CODE * COMPANDAME STREET ADDRESS AND ZP CODE OF CONTRISUTOR CODE * COMPANDAME STREET ADDRESS AND ZP CODE OF CONTRISUTOR CODE * COMPANDAME STREET ADDRESS AND ZP CALENDAME CODE * COMPANDAME STREET ADDRESS AND ZP CALENDAM CODE * CALENDAM CALEN	Commit-						I.D. NU	MBER
Peter Delfino 1659 Morgan Avenue San Leandro CA 94577 1800 1600 100		FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCGLWITTED, ALSO ENTERLO, MAKEET)	CONTRIBUTOR CODE *	(FEEL-EUPLOYED, EXTERNALLE	RECEIVED THIS	I CALENDAR Y	DATE	PER ELECTION TO DATE
/19/06 Gordon Galvan 1636 Daniels Drive San Leandro CA 94577 Com /22/06 Mary Anne Perras 1347 Esser Avenue San Leandro CA 94579 /23/06 Glen Evans, Jr. 22 Presidio Terrace San Francisco CA 94118 /23/06 Jerry Finch 302 Fletcher Drive Atherton CA 94027 /25/06 Consultant, Galvan & 150 Consultant, Galvan & 150 Consultant, Galvan & 150 February Form Form Form Form Form Form Form For	5/19/06	1659 Morgan Avenue	□OOM □OTH □PTY	Retired	100			in uraniueni
Mary Anne Perras 1347 Esser Avenue San Leandro CA 94579 Retired 99 139	5/19/06	1636 Daniels Drive	MIND COM OTH PTY	Galvan &	150	150	0	
Glen Evans, Jr. 22 Presidio Terrace San Francisco CA 94118 ZOTH PTY Sec Sullder, E.F. Communities 250 250 ZOM E.F. Communities 250 ZOM E.F. Communities 250 ZOM E.F. Communities 250 ZOM EXECUTIVE E.F. Communities 250	/22/06	1347 Esser Avenue	ZIND MOOIL HOOH	Retired	99	139)	
302 Fletcher Drive Atherton CA 94027	/23/06	22 Presidio Terrace	⊠IND □ COM □ COTH	Builder, E.F. Communitie	s 250	250		
	(23/06	302 Fletcher Drive	HTOTH	Business Executive E.F. Communities	3 250	250		

(Include all Schedule A subtotals.) 2049

2. Amount received this period – unitemized monetary contributions of less than \$100\$ ___

IND-individual

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

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

SCHEDULE A (CONT.)

Statement covers period from 5/21/06	CALIFORNIA 460
through 6/6/06	Page5of7
	1.D. NUMBER 1283103

NAME OF FILER

AME OF FILLIN					120	
Commi DATE RECEIVED	ttee to Elect Julian Polvorosa 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 BELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT REGEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/25/06	Jack Goodrich, DDS 680 Bancroft Avenue San Leandro CA 94577	□ND □COM ☑OTH □PTY □SCC	Owner, Bancroft Dental Care	200	200.	C
5/27/06	Anthony Batarse, Jr. 10550 International Blvd. Oakland CA 94603	IND COM	President, Lloyd Wise, Inc.	. 1000	1000	
<u> </u>		DIND COM OTH DPTY SCC				
		DIND COM OTH PTY SCC				
	·	DIND COM			er wattissen opposite Street State	
			SUBTOTA	\$ 1200		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party SCC - Small Contributor Committee

Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE C Statement covers period CALIFORNIA from 5/21/06 **FORM**

through	h 6/6/06 Page 6 of 7
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	I.D. NUMBER
Committee to Elect Julian Polvorosa	1283103

Comme	000 00 22000 0 0000000	_ •						┛
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IP 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)	_
5/27	PECG 660 J Street, Suite 445 Sacramento CA 95814	IND IND OTH PTY SCC		Slate mailing	160	160		·(
		DED COM OTH DPY DSX						_
		DND COM	·		•			_
		DND COM						(
Attach e	dditional information on appropriately labe	eled continua	tion sheets.	SUBTOTAL	\$ 160			

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- 1. Amount received this period nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....\$
- 2. Amount received this period unitemized nonmonetary contributions of less than \$100...... \$ _
- 3. Total nonmonetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule	E
Payments	Made

Type or print in ink.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from <u>5/21/06</u>	FORM 400
through 6/5/06	Page 7 of 7
	1.D. NUMBER 1283103

Schedule E Payments Made	Amounts may be to whole do	rounded liars.	from <u>5/21/06</u>	FORM 400
SEE INSTRUCTIONS ON REVERSE			through <u>6/5/06</u>	Page 7 of 7
NAME OF FILER Committee to Elect Julian Polv	rorosa			1283103
CODES: If one of the following codes accurately CMP campaign paraphemalla/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (e legal defense LT campaign literature and mailings	describes the payment, you MBR member come MTG meetings and OFC office expense PET petition circular PHO phone bands POL polling and services and services are delivered.	appearances	RFD returned contributions SAL campaign workers' salaries t.v. or cable airlime and pro candidate travel, lodging, at staff/spouse travel, lodging TSF transfer between committe VOT voter registration information technology cos	duction costs nd meals , and meals es of the same candidate/spor ts (internet, e-mail)
NAME AND ADDRESS OF FAYER (IF COMMITTEE, ALSO ENTER I.D. NUMBE	E R) s	CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT FAID
San Leandro Times 2060 Washington Avenue San Leandro CA 94577)) , ~ .	LIT Inserts	for the paper	605
the state of the s	 118274 E 91	-1	ı	
The second of th	30 N N	 3	4 N	
*Payments that are contributions or independent exp	penditures must also be sumn	narized on Schedule D.	V V X	SUBTOTAL\$ 605
Schedule E Summary 1. Payments made this period of \$100 or more. (in 2. Unitemized payments made this period of under 3. Total interest paid this period on loans. (Enter a 4. Total payments made this period. (Add Lines 1,	stop Schedule E subtote	ils.) i 1. Column (e).)		* *
A.				FPPC Form 460 (June/01) Toll-Free Helpline: 868/ASK-FPPC

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	ink. (Date Stamp CITY OF SAN LE	CA EANDF	LIFORNIA 460 2001/02 FORM	
SEE INSTRUCTIONS ON REVERSE	Statement covers period from $3/18/06$ through $5/20/06$	Date of election if applicable: (Month, Day, Year)	MAY 2 5 20 CITY CLERK'S 0	Mo	For Official Use Only
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	allot Measure Committee Primarily Formed Controlled	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b		Supplement	latement i-Year Report lal Preelection Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Julian Po	NUMBER 1283103 lvorosa	Treasurer(s) NAME OF TREASURER Caryl Ann Symmailing Address 1257 Victor Av	,		
STREET ADDRESS (NO RO. BOX) 1115 Avon Avenue CITY STATE ZIP CO. San Leandro CA 9457 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR RO. BI	9 510-483-2073	CITY San Leandro NAME OF ASSISTANT TREASUR	state CA	21P CODE 94579	AREA CODE/PHONE 510 357-3939
OPTIONAL: FAX/E-MAIL ADDRESS ipolvorosa@clpccd.cc.ca.us		OPTIONAL: FAX/E-MAIL ADDR		ZIP CODE	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on State of Executed on Date Executed on Date Executed on Date	ing this statement and to the best of more from the foregoing is true. By By Signsture of Co	y knowledge the information contained cerrect. Signature of Archaeupsylor Assistant	Treasurer State Measure Proponent	of Sporaer	lles is true and complete. I FPPC Form 460 (June/01) Free Helpline: 866/ASK-FPPC State of California

COVER PAGE

Campaign Disclosure Statement Summary Page

19. Outstanding Debts Add Line 2 + Line 8 in Column B above \$

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

Statement covers period from 3/18/06 CALIFORNIA 460 FORM FORM 12 of 12 i.b. NUMBER 1.00.2010.20

FPPC Form 460 (June/01)

FPPC Toll-Free Helpline: 888/ASK-FPPC

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1283103 Committee to Elect Julian Polvorósa Calendar Year Summary for Candidates Column A Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) General Elections 8029 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 3000 2000 2. Loans Received Schedule B. Line 7 11279 20. Contributions 10029 Received 2444 **57777** 4. Nonmonetary Contributions Schedule C. Line 3 21. Expenditures - L2473 13723 Made 5. TOTAL CONTRIBLTIONS RECEIVEDAdd Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 8537 7487 Candidates 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H. Line 7 22. Cumulative Expenditures Made* 8537 7487 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (if Subject to Voluntary Expenditure Limit) -0--0-9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Total to Date Date of Election (mm/dd/vv) 2444 2444 10. Nonmonetary Adjustment Schedule C, Line 3 10981 9931 11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10 \$ **Current Cash Statement** . 200 12. Beginning Cash Balance Previous Summary Page, Line 18 \$ To calculate Column B, add 10029 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts -0from Column B of your last 14. Miscellaneous Increases to Cash Schedule I, Line 4 report. Some amounts in 7487 15. Cash Payments Column A, Line 8 above Column A may be negative 2742 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 2000 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ -Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). -0-18. Cash Equivalents See instructions on reverse \$

3000

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	AGE - PART 2
	ORNIA RM	460
Page_	3	12

			HALE OF DALL OF MEADURE				·
AME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	• •			
Committee to Elect Julian				1			
FFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTI	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	i	SUPPORT OPPOSE
San Leandro City Council							
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		1 1	ML-1-1		4-4	
1115 Avon Avenue San	Leandro CA 94579		Identify the controlling of			tate measur	e proponent, it ar
			NAME OF OFFICEHOLDER, CA	INDIDATE, OR PI	ROPONENT		
telated Committees Not included in this S	tatement: List any committees						
of included in this statement that are controlled by vo	u or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
ontributions or make expenditures on behalf of your o	andidecy.						
	I.D. NUMBER				7		
Committee to Elect						I	· · · · · · · · · · · · · · · · · · ·
Committee to Elect Julian Polvorosa	1.D. NUMBER 1283103 CONTROLLED COMMITTEE?	7.	Primarily Formed Cor		t names of offic	ceholder(s) o	r candidate(s) for
Committee to Elect Julian Polvorosa IAME OF TREASURER	1283103	7.	Primarily Formed Corwhich this committee is prin				
Committee to Elect Julian Polvorosa AME OF TREASURER Caryl Ann Symons	1283103 CONTROLLED COMMITTEE? X YES NO	7.		narily formed.		ceholder(s) o	SUPPOR
Committee to Elect Julian Polvorosa MAME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS (NO PO	1283103 CONTROLLED COMMITTEE? X YES NO	7.	which this committee is prin	narily formed.			<u> </u>
Committee to Elect Julian Polvorosa AME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS (NO PO 1115 Avon Avenue	1283103 CONTROLLED COMMITTEE? X YES NO BOX) CODE AREA CODE/PHONE	7.	which this committee is prin	narily formed.	OFFICE SOU		SUPPOR
Committee to Elect Julian Polvorosa AME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS STREET ADDRESS (NO POL 1115 Avon Avenue ETTY STATE ZIE	1283103 CONTROLLED COMMITTEE? ☑ YES □ NO . BOX)	7.	which this committee is prin	narily formed.	OFFICE SOU	IGHT OR HELD	SUPPOR
Committee to Elect Julian Polvorosa AME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS STREET ADDRESS (NO RO 1115 Avon Avenue CITY STATE ZIII CSAn Leandro CA 94	1283103 CONTROLLED COMMITTEE? X YES NO BOX) CODE AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPOR OPPOSE Suppor
Committee to Elect Julian Polvorosa AME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS STREET ADDRESS (NO RO 1115 Avon Avenue CITY STATE ZII CSAN Leandro CA 94	1283103 CONTROLLED COMMITTEE? ▼ YES	7.	which this committee is prin	CANDIDATE CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPOR OPPOSE OPPOSE OPPOSE OPPOSE
Committee to Elect Julian Polvorosa AME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS STREET ADDRESS (NO PO 1115 Avon Avenue CITY STATE ZII San Leandro CA 94 COMMITTEE NAME	1283103 CONTROLLED COMMITTEE? ▼ YES NO BOX) CODE AREA CODE/PHONE 579 510-483-2073 I.D. NUMBER	7.	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	JGHT OR HELD JGHT OR HELD JGHT OR HELD	SUPPOR OPPOSE OPPOSE SUPPOR OPPOSE OPPOSE
Julian Polvorosa IAME OF TREASURER Caryl Ann Symons COMMITTEE ADDRESS STREET ADDRESS (NO PO 1115 Avon Avenue CITY STATE ZII	1283103 CONTROLLED COMMITTEE? ▼YES NO BOX) CODE AREA CODE/PHONE 579 510-483-2073 I.D. NUMBER CONTROLLED COMMITTEE? ▼YES NO	7.	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

Schedule A **Monetary Contributions Received**

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

Statement covers period from 3/18/06

CALIFORNIA CORNE

SCHEDULE A 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Julian Polvorosa

through _5/20/06

LD. NUMBER 1283103

	CITE ALARIE ACTION AND ADDRESS				120	53103
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOLWITTED, ALSO ENTER LO, MARIER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (PSELFEXPLOYED, ENTER NAME OFEUSSHEES)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Ronald Rodriguez 570 Glen Drive San Leandro CA 94577	MIND COM OTH PTY SCC	Retired	140	140	
4/3/06	Jennifer Frye 20176 San Miguel Ave. Castro Valley CA 94546	⊠IND □COM □OTH □PTY □SCC	Vice-President Placer Title	100	100	
4/5	Bruce Barnes 11252 Kerrigon Drive Oakland CA 94605	MIND COM COTH CTY SCC	Owner, Bancroft Men's Wear	100	· 100	
4/9	Ronald Blasquez 520 Starmont Ct. Danville CA 94526	図に COM COTH COTH CSCC	Retired	100	100	
4/10	Frank Ghiglione 14327 Washington Avenue San Leandro CA 94577	□ DOM □ COM □ OTH □ PTY □ SCC	Owner, Kodgers Trucking Co.	100	100	
			SUBTOTAL\$	540		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)\$

3490 /00 3539

2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period. 7029 *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

PPPC Form 480 (January/05) FPPC Toll-Free Helpline: 868/A8K-FPPC (888/275-3772)

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

SCHEDULE A (CONT.)

Statement covers period from 3/18/06	CALIFORNIA 460
through <u>5/20/06</u>	Page5 of12
	I.D. NUMBER
	1283103

NAME OF FILER

Commi	ttee to Elect Julian Polvorosa				. 120_	7107	Ĺ
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	_
4/12/06	Rose Johnson 2832 Foothill Oakls Terrace Pleasanton CA 94588	COM COM COTH PTY	Director, Davis Street	100	100		C
4/23/06	John Blasquez 2024 Wineberry Dr. San Ramon CA 94583	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	. 100	100		-
4/12/06	Denise Bownds Kaplan 364 Dowling Blvd. San Leandro CA 94577	DIND COM OTH PTY SCC	Office Mgr., JHT Computer Consulting, Inc.	100	100		_
4/12/06	Bob Smith 364 Dowling Blvd. San Leandro CA 94577	ØND □COM □OTH □PTY □SCC	Owner, J.P. Meta Flashing	100	100		~
4/13/06	Charles Perrino 698 Arbor Dr. San Leandro CA 94577	MIND COM	Retired	100	100		€
		· · · · · · · · · · · · · · · · · · ·	SUBTOTAL	\$ 500			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party SCC - Small Contributor Committee

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

Statement covers period
3/18/06

SCHEDULE A (CONT.)

CALIFORNIA FORM

FORM

from 3/18/06 FORM 460 through 5/20/06 Page 6 of 12

NAME OF FILER

Committee to Elect Julian Polvorosa

1283103

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/19/06	Young Kil Kim 625 Bancroft Avenue San Leandro CA 94577	⊠ND □COM □OTH □PTY □SCC	Owner, Bancroft Cleaners	200	200	
4/25/06	Jack Maltester 715 Woodland St. San Leandro CA 94577	IND COM OTH PTY SCC	Retired	. 200 	200	
4/21/06	Richard Duey 4466 Belmont Way Castro Valley CA 94546	SCC	Pharmacist, Hayward Pharmacy	200	200	
4/24/06	Robert Mercer 988 Arbor Dr. San Leandro CA 94577	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Mgmt. Consultan Social Security Adminsitration	200	200	
5/4/06	R. E. Lee 13575 Lake Chabot Rd. San Leandro CA 94577	□ND □COM XX OTH □PTY □SCC	Owner, San Leandro Rock Co	500	500	
			SUBTOTAL	\$ 1300		

*Contributor Codes

IND - Individual

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OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA 160
from 3/18/06	FORM 400
through <u>5/20/06</u>	Page 7 of 12
	I.D. NUMBER
•	7 2027 02

NAME OF FILER

Committee to Elect Julian Polvorosa					. 1283103		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
5/9/06	Mark Leal 909 Shorepoint Ct. #D207 Alameda CA 94501	MND COM OTH PTY SCC	Owner, Finance Benefit Market	100	100		
5/9/06	Sandra Aragon 663 Garside Ct. San Leandro CA 94579	XIND COM	Accounts Receiv- able, National Abrasives	200	200		
5/12/06	Ron Bueno 15428 Jutland St. San Leandro CA 94579	⊠IND □COM □OTH □PTY □SCC	General Contracto	r 100	100		
5/16/06	Dan Gray 3175 Cordova Way Lafayette CA 94549	IND COM OTH SCC	Developer, Reynolds & Brown	250	250		
5/17/06	Davie Cameron 1782 View Dr. San Leandro CA 94577	MIND □ COM □ OTH □ PTY □ SCC	Retired	100	⁻ 100	(
SUBTOTAL\$ 750							

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party SCC - Small Contributor Committee

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

SCHEDULE A (CONT.) Statement covers period CALIFORNIA from 3/18/06 FORM I.D. NUMBER 1283103

NAME OF FILER

a mm s	ttee to Elect Julian Polvorosa						4
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OP BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	•
5/17/06	Pearl Johnston 385 Woodland Park San Leandro CA 94577	□ SCC	Teacher, Piedmon	; 100	100		<u>C</u>
5/17/06	Robert Duey 4492 Ewing Road Castro Valley CA 94546	MIND COM	Pharmacist, Hayward Pharmacy	100	100		•
5/08/06		COM COTH PTY SCC	Retired	200	200		_
		IND COM OTH PTY		·			- ~
		SCC SCC					
		*	SUBTOTAL	.\$ 400_			100 m

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

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

	SCHEDUI	EB-PART1
Statement covers period om3/18/06	CALIFORNIA FORM	460
	1	

Loans Received			ŀ	from $3/18/$	06	FORM		
					through 5/2	0/06	Page 9	of12
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		•					I.D. NUMBER	
	Committee to Elect Julian Polvorosa							
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT FAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Isabel Polvorosa 1115 Avon Avenue San Leandro CA 94579	Computer Operato Chabot College Hayward	r , 2000	; 1000	PAID -0- -0- FORGIVEN	<u>\$ 3000</u>	_O	2 <u>2000</u> 2/21/0	\$ 3000 PER ELECTION**
TO IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
		s	s	\$ FORGIVEN \$	DATE DUE	% RATE	S	SS
TO IND COM OTH PTY SCC				PAID				CALENDAR YEAR
†□ IND □ COM □ OTH □ PTY □ SCC		s	s	ss FORGIVEN	SDATE DUE		S	\$PER ELECTION**
	•	SUBTOTALS !	1000	s -0-	\$ 3000	\$ -0-		
Schedule B Summary						(Enler (e) en Schedule E, Line 3)		
1. Loans received this period								
2. Loans paid or forgiven this period								
3. Net change this period. (Subtract Line 2 from Line 1.)								
† Contributor Codes [ND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee FPPC Form 460 (June/01) FPPC Form 460 (June/01) FPPC Toil-Free Helpline: 866/ASK-FPPC								

Schedule C Nonmonetary Contributions Received

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

 Statement covers period from 3/18/06
 CALIFORNIA FORM
 460

 through 5/20/06
 Page 10 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Julian Polvorosa

1.D. NUMBER 1283103

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-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)
4/10/06	Terri Neumann 2777 Alvarado St. Ste. P San Leandro CA 94577		President, Printed Solution	Printing envelopes	100	100	<u> </u>
4/12/06	Tim Holmes 645 Bancroft Ave. San Leandro CA 94577	IND IX COM IX OTH IPTY IX SCC	Owner, Zocalo Coffee House	Use of facility for fund- raiser	125	125	
4/17/06	Jack Maltester 715 Woodland Dr. San Leandro CA 94577	IND COM	Retired	Fundraiser payment to Dick's Restaurant	2219	2419	
		DND COM OTH PTY					C
Attach add	Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 2444						

Schedule C Summary

2. Amount received this period – unitemized nonmonetary contributions of less than \$100......\$

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule E **Payments Made**

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

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from 3/18/06	FORM 400
through <u>5/20/06</u>	Page 11 of 12
	I.D. NUMBER 1283103

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Julian Polvorosa

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphemalia/misc. campaign consultants MTG meetings and appearances returned contributions contribution (explain nonmonetary)* office expenses campaign workers' salaries petition circulating t.v. or cable airtime and production costs CVC civic donations PET phone banks candidate travel, lodging, and meals candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals polling and survey research FND fundralsing events TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services ND

legal defense LEG

campaign literature and mailings

professional services (legal, accounting) PRT print ads

voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALBO ENTER I.D. NUMBER)	CODE C	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Postmaster 1777 Abram Ct. San Leandro CA 94577	LIT	Bulk mail permit	2320
Belaire Displays, Inc. 5710 Hollis St. Emeryville CA 94608	CMP	Printing of signs	1008
Printed Solutions 2777 Alvarado St. Ste. P San Leandro CA 94577	CMP	Printing letterhead and envelopes	246

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

SUBTOTAL \$3574

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)\$ ____ 2. Unitemized payments made this period of under \$100\$ ____ -0-3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$ 7487

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

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

SCHEDULE E (CONT.) Statement covers period CALIFORNIA 460

from 3/18/06 FORM through 5/20/06 Page 12 of 12

SEE INSTRUCTIONS ON RI	EVERSE
NAME OF FILER	

Committee to Elect Julian Polvorosa

I.D. NUMBER 1283103

CODES: If one of the following codes accurately describes	s the payment, you may enter the code.	Otherwise, describe the payment.
CMP campaign paraphemalia/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 dvlc donations	PET petition circulating	TEL. t.v. or cable airlime 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	
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	W⊞ information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALBO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT FAID
Registrar of Voters 1225 Fallon St. Oakland CA 94612	FIL	Candidate form	165
San Leandro Chamber of Commerce 13855 E. 14th St. San Leandro CA 94577	CVC	Membership and table top and lunch	200
Suburban Press 22426 Thunderbird Pl. Hayward CA 94545	CMP	Printing 30,000 walking pieces	2416
Isabel Polvorosa 1115 Avon Avenue San Leandro CA 94579	LIT	Reimbursement for mailing	807

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

SUBTOTAL \$ 3588

Recipient Committee Campaign Statement Cover Page		Type or print in		Date Stamp SITY OF SAN LE		FORM 460	
(Government Code Sections 84200-84216.5)		from .	atement covers period 1/1/06 gh3/17/06	Date of election if applicable: (Month, Day, Year)	MAR 2 1 20 CITY CLERK'S OF	06	For Official Use Only
1. Type of Recipient Committee: All of Officeholder, Candidate Controlled Comm		Primarily Committe Committe Spons (Also Complete) Primarily	Formed Ballot Measure e billed sored ste Part 6) Formed Candidate/ der Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410	nt [: Termination)	Special Supplen	y Statement Odd-Year Report nental Preelection Int - Attach Form 495
3.1.1	NO COMMITTE TATE ZIP CA 94	Polvo	83103	Treasurer(s) NAME OF TREASURER Caryl Ann Syr MAILING ADDRESS 1257 Victor A CITY San Leandro NAME OF ASSISTANT TREASURER	Avenue state CA	ZIP COD 94579	
OPTIONAL: FAX / E-MAIL ADDRESS ipolvorosa@clpccd.co		CODE	AREA CODE/PHONE	ортіонаі: FAX/E-MAIL ADI carylanns@coi	DRESS mcast.net	ZIP COD	E AREA CODE/PHONE
4. Verification I have used all reasonable diligence in prepar under penalty of perjury under the laws of the Executed on 3/20/06 Executed on	ng and review State of Callifo	ving this sta omia that th	By		ant Treasurer Proponent or Responsible Officer s, State Measure Proponent		is true and complete. I certify

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

COVER PAGE

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2				
	ORNIA RM	460		
Page	2 ,	of 6		

Officeholder or Candidate Controlled Comm		6.	Primarily Formed Ball	ot Measure	e Committee	•		
NAME OF OFFICEHOLDER OR CANDIDATE		Ī	NAME OF BALLOT MEASURE	· <u></u>				
Julian Polvorosa								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	·	į	BALLOTNO, OR LETTER	JURISDICT	ION	I	1 SUPPORT	
San Leandro City Council	District 3	_				[]	OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) (CITY STATE ZIP	_						
1115 Avon Avenue San I	eandro CA 94579	!	Identify the controlling of	ficeholder, c	andidate, or st	ate measure	proponent, if a	ny.
		i	NAME OF OFFICEHOLDER, CAI	NDIDATE, OR P	ROPONENT			
Related Committees Not Included in this St	atement: List any committees							
met landard at to 40.0 at a constant	or are primarily formed to ments.	7	OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY	—
OI Included in this statement that are controlled by you	or are bunguly formed to receive							
or included in this statement that are controlled by you ontributions or make expenditures on behalf of your ca	ndidacy.							
on included in this statement that are controlled by you ontributions or make expenditures on behalf of your ca OMMITTEENAME	I.D. NUMBER	_		 				
or included in this statement that are controlled by you ontributions or make expenditures on behalf of your ca	I.D. NUMBER	-						
on included in this statement that are controlled by you contributions or make expenditures on behalf of your ca of the control of the contro	ndidacy.	7. i	Primarily Formed Can	didate/Offi	ceholder Co	ommittee <i>L</i>	ist names of	
on included in this statement that are controlled by you contributions or make expenditures on behalf of your ca committee to Elect Julian Polvorosa AME OF TREASURER Caryl Ann Symons	I.D. NUMBER 1283103 CONTROLLED COMMITTEE? X YES NO	7. 1	Primarily Formed Can	didate/Offi	ceholder Co	ommittee L	ist names of ned.	
ontributions or make expenditures on behalf of your ca OMMITTEENAME Committee to Elect Julian Polvorosa AME OF TREASURER Caryl Ann Symons OMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	I.D. NUMBER 1283103 CONTROLLED COMMITTEE? X YES NO	_	Primarily Formed Can officeholder(s) or candidate(s)	i) for which th	is committee is	ommittee L primarily for GHT OR HELD	ned.	
ontributions or make expenditures on behalf of your care contributions or make expenditures on behalf of your care committee to Elect Julian Polvorosa AME OF TREASURER Caryl Ann Symons OMMITTEE ADDRESS STREET ADDRESS (NO P.O. B. B. L.	I.D. NUMBER 1283103 CONTROLLED COMMITTEE? X YES NO	_	onicenolder(s) or candidate(s	i) for which th	is committee is	primarily for	ist names of med.	
ontributions or make expenditures on behalf of your care contributions or make expenditures on behalf of your care committee to Elect Julian Polvorosa AME OF TREASURER Caryl Ann Symons OMMITTEE ADDRESS STREET ADDRESS (NO P.O. B.	LD. NUMBER 1283103 CONTROLLED COMMITTEE? X YES NO OX) CODE AREA CODE/PHONE	<u>,</u>	onicenolder(s) or candidate(s	OANDIDATE	OFFICE SOU	GHT OR HELD	SUPPOR	
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ontributions or make expenditures on behalf of your care contributions or make expenditures on behalf of your care committee to Elect Julian Polvorosa AME OF TREASURER Caryl Ann Symons OMMITTEE ADDRESS STREET ADDRESS (NO P.O. B. B. L.) AND AVENUE STATE ZIP CAREST TARGET TO BE THE STATE TO BE THE ST	LD. NUMBER 1283103 CONTROLLED COMMITTEE? X YES NO OX) CODE AREA CODE/PHONE	, , ,	NAME OF OFFICEHOLDER OR (i) for which the	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPOR	
CA 944	LD. NUMBER 1283103 CONTROLLED COMMITTEE? X YES NO OX) CODE AREA CODE/PHONE 579 510-483-2073	, , ,	onicenoider(s) or candidate(s	i) for which the	OFFICE SOU	GHT OR HELD	SUPPOR SUPPOR SUPPOR SUPPOR SUPPOR	 Г
CA 944	I.D. NUMBER 1283103 CONTROLLED COMMITTEE? YES NO OX) CODE AREA CODE/PHONE 579 510-483-2073 I.D. NUMBER	N N	NAME OF OFFICEHOLDER OR C	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE	 Г
OMMITTEENAME Committee to Elect Julian Polvorosa AME OF TREASURER Caryl Ann Symons OMMITTEE ADDRESS STREET ADDRESS (NO P.O. B 1115 Avon Avenue TY STATE ZIP C San Leandro CA 944 DMMITTEE NAME	LD. NUMBER 1283103 CONTROLLED COMMITTEE? X YES NO OX) CODE AREA CODE/PHONE 579 510-483-2073	N N	NAME OF OFFICEHOLDER OR (CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPOR SUPPOR SUPPOR SUPPOR SUPPOR	Г

Campaign Disclosure Statement

Type or print in ink.

SUMMARY PAGE

ummary Page	Amounts may be rounde to whole dollars.	Stat	ement covers period	CALIFORNIA 460
E INSTRUCTIONS ON REVERSE		through	3/17/06	Page3 of6
ME OF FILER Committee to Elect Julian Polvorosa				I.D. NUMBER 1283103
ontributions Received	Column A	Column B	Calendar Year Sun	mary for Candidates

			1207107
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B Calendaryear Total Todate	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions		\$ \(\begin{array}{c} 250 \\ \ \ 1000 \\ \ 1250 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Expenditures Made		7050	Expenditure Limit Summary for State
3. Payments Made Schedule E, Line 4	\$ <u>1050</u>	\$ <u>1050</u>	Candidates
7. Loans Made Schedule H, Line 3	<u>-0-</u> s 1050		22. Cumulative Expenditures Made*
B. SUBTOTAL CASH PAYMENTS	\$ <u>1050</u>	\$ <u>1050</u> -0-	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	-0-	-0-	Date of Election Total to Date (mm/dd/yy)
11. TOTAL EXPENDITURES MADE		\$ 1050	\$
Current Cash Statement			\$
12. Beginning Cash Balance Previous Summary Page, Line 16		To calculate Column B. add	
13. Cash Receipts Column A, Line 3 above	1250	amounts in Column A to the corresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0_	from Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	1050	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	ł
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 1000	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See Instructions on reverse	s <u>-0-</u>	,,,	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	s		FPPC Form 480 (January

Schedule A Monetary Contributions Received

Type or print in lnk.

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 1/1/06	california 460
through <u>3/17/06</u>	Page 4 of 6
	LD. NUMBER 1283103

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Julian Polvorosa

	SE DO ELCO O GALLAN I OLVOTODA					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/06	Dawn Polvorosa 779 Horizon Drive Martinez CA 94553	⊠IND □COM □OTH □PTY □SCC	District Attorne Solano County	\$100	\$100	\$100
3/2/06	Frank J. Ivica 2777 Alvarado St. Ste D San Leandro CA 94577	MIND COM OTH PTY SCC	Frank J. Ivica CPA	\$100	\$100	\$100
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
		<u> </u>			T	

Subtotal\$ 200

Schedule A Summary

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 250

 *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)

Sched	ule	B-	Part 1	
Loans	Rec	eive	ed	

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

** If required.

Type or print in ink.

SCHEDULE B-PART 1

Loans Received	Amounts may be rounded to whole dollars.				from 1/1/06	•	california 460	
EEE INSTRUCTIONS ON REVERSE					through <u>3/17</u>	7/06	Page 5	of6
IAME OF FILER							I.D. NUMBER	
Committeelto Elect Julia	an Polvorosa						128310	
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) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Isabel Polvorosa 1115 Avon Avenue San Leandro CA 94579	Computer Operat Chabot College Hayward		\$1000	paid s0- prorgiven	s 1.000	_O_ъ	s <u>1000</u>	CALENDAR YEAR \$ 1000 PER ELECTION**
一 ME IND □ COM □ OTH □ PTY □ SCC		s0-	s 1000	s <u>-0-</u>	DATE DUE	\$	2/21/06 DATE INCURRED	, 1000
				PAID S FORGIVEN	\$	% RATE	\$	\$ PER ELECTION **
IND COM OTH PTY SCC		s	\$	\$	DATE DUE	s	DATE INCURRED	\$
				PAID PAID FORGIVEN	s	RATE	\$	\$PER ELECTION **
IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	1000	5 -0-	\$ 1000	\$ -0-		
Schedule B Summary						(Enter (e) an Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans Loans paid or forgiven this period (Total Column (c) plus loans under \$100	of less than \$100.)			-	1000 -0-	115	Contributor Codes ID – Individual OM – Recipient Co	mmittee
(Total Column (c) plus loans under \$100 (Include loans paid by a third party that B. Net change this period. (Subtract Line Enter the net here and on the Summary	are also itemized on Sched 2 from Line 1.)	•	•••••	NET \$ _	1000 (May be a negative number)	P	TH – Other (e.g., TY – Political Party CC – Small Contrib	business entity)

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Schedule E	
Payments Made	

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

	SCHEDULEE
Statement covers period	CALIFORNIA 160
from <u>01/0//06</u>	FORM 400
through 03/17/06	Page66
	I.D. NUMBER
	1 2831 03

SEE INSTRUCTIONS ON REVERSE				through 03/19/06	Page	6 of 6	
NAME OF FILER						MBER	
Committee to Elect Julian Polvorosa						1283103	
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 ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	nu may enter the code. Otherway munications d appearances uses lating survey research livery and messenger services services (legal, accounting)		RAD radio airtime and produce returned contributions SAL campaign workers' sale t.v. or cable airtime and TRC candidate travel, lodgin TRS staff/spouse travel, lodgin TSF transfer between communications.	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/spons VOT voter registration			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID	
City of San Leandro 835 E. 14th Street San Leandro CA 94577		FIL				\$1050	
* Payments that are contributions or Independent expenditures r	must also be summ	arized on	Schedule D.		SUBTOTAL	\$ 10 <i>5</i> 0	
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule E subtotals.)						1050	
2. Unitemized payments made this period of under \$100					\$ <u>-U-</u>		
3. Total interest paid this period on loans. (Enter amount from		\$ _	-0-				