Candidate Intention Statement	Type or Print in Ink.	CTY OF SAN LEANDRO FORM 501
Check One: Initial	Plain)	SEP <b>0 9</b> 2009
		CITY CLERK'S OFFICE
1. Candidate Information:		
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAIL (optional)
Diana Souza	( 510 ) 754-3183	( ) diana_souza@hotmail.com
STREET ADDRESS	CITY	STATE ZIP CODE
PO Box 1976 OFFICE SOUGHT (POSITION TITLE) AGENCY NA	San Leandro	CA 94577  DISTRICT NUMBER, if applicable. NON-PARTISAN
•		
City Councilmember City of S OFFICE JURISDICTION	an Leandro	3 PARTY:
State (Complete Part 2.)		
☑ City ☐ County ☐ Multi-County: ————		
	(Name of Multi-County Jurisdiction)	(Year of Election)
(Year of Election) Primary/general election (Year of	Special/runoff election	3
(Check one box)  I accept the voluntary expenditure ceiling for the ele	ection stated above.	
☐ I do not accept the voluntary expenditure ceiling for Amendment:  ○ I did not exceed the expenditure ceiling in the p general or special run-off election.		and I accept the voluntary expenditure ceiling for the
(Mark if applicable)  On/, I contributed personal funds	in excess of the expenditure ceiling for the	ne election stated above.
3. Verification:	· · · · · ·	
I certify under penalty of perjury under the laws of the	State of California that the foregoing is	rue and correct.
Executed on August 19, 2009	Signature	ouid
(monus, day, year)	(Gar	FPPC Form 501 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

CANDIDATE INTENTION STATEMENT

CHOMARIAM RESIDENTION OF STATE OF THE

Officeholder and Candidate  Campaign Statement					CITY OF SAN LEANDRO	FORM 470
Short Form		Date of election if applicable: (Month, Day, Year)	Amendment	(Explain Below)	JUL 16 2013	For Official Use Only
					CITY CLERK'S OFFICE	
1.	Statement Covers Calendar Year 2	20 13				
2.	Officeholder or Candidate Informa	ation	3	. Office Soug	ht or Held	
	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT O	R HELD	
	Diana Souza			City Council		
	STREET ADDRESS			JURISDICTION (LOCA		DISTRICT NUMBER (IF APPLICABLE)
	1212 Coe Avenue	OTATE ZID OOL		San Leandre	0	3
	CITY San Leandro	STATE ZIP COL				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL				
	(510) 754-3183		j.			
4.	Committee Information List all committees of which you have known	owledge that are primarily for	med to receive cont	ributions or to m	ake expenditures on behalf of	your candidacy.
***************************************	COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRE	SS	N/	AME OF TREASURER
						1
5	Verification					
<i>J</i> .	I declare under penalty of perjury that to the bused all reasonable diligence in preparing this					
	Executed on	<u>-13</u>	-	Ву	Drava Sous	A COR CANDIDATE
	Clear Form Print Form				FPPC Form 470/470 Supp	Form 470/470 Supplement (Jan/2008) lement Instructions - Rev. 2 (Dec/2012) ce: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

)	fficeholder and Candidate					SHORT FORM
Campaign Statement –		Type or print in ink.			Date Stamp	CALIFORNIA 470
	nort Form overnment Code Section 84206)	Date of election if applicable: (Month, Day, Year)	☐ Ame	endment (Explain Below)	SEP 1 7 2012	FORWI For Official Use Only
					CITY CLERK'S OFFICE	
	Statement Covers Calendar Year 20	) <u>12</u> .				
	Officeholder or Candidate Informati	ion	3.	Office Sought or	· Held	
	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HELD		
	Diana Souza			City Council		
	STREET ADDRESS		***********	JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)
	P.O. Box 1976			San Leandro		3
	CITY	STATE ZIP CODE				
	San Leandro	CA 94577	***************************************			
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRE	ESS			
	(510) 754-3183	,				
	Committee Information					
	List all committees of which you have knowled	dge that are primarily formed	to receive	e contributions or to ma	ke expenditures on behalf of	your candidacy.
	COMMITTEE NAME AND I.D. NUMBER		COMMITTE	EE ADDRESS	NAME OF	F TREASURER
	Verification	•		-		
	I declare under penalty of perjury that to the be calendar year and that I have used all reasons that the foregoing is true and correct.	est of my knowledge I anticip able diligence in preparing th	ate that I v nis stateme	will receive less than \$1 ent. I certify under pena	,000 and that I will spend less alty of perjury under the laws o	than \$1,000 during the of the State of California
	Executed on 9-17-2012			Ву	ana Doura	
	EXECUTED OIL			Бу	SIGNATURE OF OFFICEHOURER OF CANDID	ATE

Officeholder and Candidate Campaign Statement – Short Form Government Code Section 84206)		Type or print in ink.		Date Stamp CITY OF SAN LEAND	CALIFORNIA 470	
		Date of election if applicable: (Month, Day, Year)		ndment (Explain Below)	JAN <b>1 7</b> 2012	For Official Use Only
					CITY CLERK'S OFFIC	E
	Statement Covers Calendar Year 20		)			4
2.	Officeholder or Candidate Informati	on	3.	Office Sought or I	Held	
	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HELD		1
	Diana Souza			City Council		
	STREET ADDRESS			JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)
	P.O. Box 1976		5.	San Leandro		3
	CITY	STATE ZIP CODE				
	San Leandro	CA 94577				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRE	SS			
	(510) 754-3183					
	Committee Information					
	List all committees of which you have knowled	lge that are primarily formed	l to receive	contributions or to make	expenditures on behalf of y	our candidacy.
	COMMITTEE NAME AND I.D. NUMBER		COMMITTE	EE ADDRESS	NAME OF	TREASURER
		,				
j <u>.</u>	Verification	<u> </u>				
	I declare under penalty of perjury that to the be calendar year and that I have used all reasona that the foregoing is true and correct.	est of my knowledge I anticipable diligence in preparing th	oate that I v	will receive less than \$1,0 ent. I certify under penalt	000 and that I will spend less by of perjury under the laws o	than \$1,000 during the of the State of California
	1-17-12			B. Trave	oud	
	Executed onDATE	·		DV	IGNATURE OF OFFICEHOLDER OR CANDIDA	ATE

Officeholder and Candidate Campaign Statement – Short Form Government Code Section 84206)		Type or print in ink.			Date Stamp  CITY OF SAN LEANDRO	CALIFORNIA /	·70
		Date of election if applicable: [] /		ndment (Explain Below)	SEP 2 1 2010	For Official Use 0	Only
		11/02/2010			CITY CLERK'S OFFICE		
	Statement Covers Calendar Year 20						
) .	Officeholder or Candidate Informati	ion	3.	Office Sought or	Held		× .
	NAME OF OFFICEHOLDER OR CANDIDATE		<del></del>	OFFICE SOUGHT OR HELD			A
	Diana Souza			City Council			
	STREET ADDRESS		<del></del>	JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)	
	P.O. Box 1976			San Leandro		3	
	CITY	STATE ZIP CODE	<del></del>				
	San Leandro	CA 94577					
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRE	SS				
	(510) 754-3183						
 L.	Committee Information						
	List all committees of which you have knowled	dge that are primarily formed	l to receive	contributions or to ma	ke expenditures on behalf o	f your candidacy.	
	COMMITTEE NAME AND I.D. NUMBER		COMMITTE	EE ADDRESS	NAME	OF TREASURER	
							<b>(</b> _
							,
5.	Verification						
	I declare under penalty of perjury that to the becalendar year and that I have used all reasons	est of my knowledge I anticip	oate that I v	will receive less than \$1	1,000 and that I will spend le	ss than \$1,000 during s of the State of Cali	ig the fornia
	that the foregoing is true and correct.	able diligence in preparity ii	no sidicilic	one rootery under pen			·
	9-21-10			_	Mana Soma		
	Executed on DATE			By	SIGNATURE OF OFFICEHOLDER OR CANE	DIDATE	

Officeholder and Candidate Campaign Statement — Short Form (Government Code Section 84206)		Type or p	print in ink.	OTTY OF SAN LEANDRO CALIFORNIA 47		
		Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	JUL 8 1 2009 CITY CLERK'S OFFICE	For Official Use Only	
1.	Statement Covers Calendar Year 2	20				
2.	Officeholder or Candidate Informa	ation	3. Office Sought of			
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HEL		i i	
	Diana Souza		,			
	STREET ADDRESS		JURISDICTION (LOCATION	io Landro	DISTRICT NUMBER (IF APPLICABLE)	
	POB8×1976	STATE ZIP CODE		canaro	<u> </u>	
	San Leandro.	CA 9457	7			
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRE				
4.	Committee Information List all committees of which you have knowle	ledge that are primarily formed	to receive contributions or to m	ake expenditures on behalf	of your candidacy.	
	COMMITTEE NAME AND I.D. NUMBER	<u> </u>	COMMITTEE ADDRESS	NAME	OF TREASURER	
	•				4	
<u> </u>	Verification					
	I declare under penalty of perjury that to the calendar year and that I have used all reaso that the foregoing is true and correct.	best of my knowledge I anticip nable diligence in preparing th	eate that I will receive less than \$ ais statement. I certify under per	61,000 and that I will spend lonalty of perjury under the law	ess than \$1,000 during the vs of the State of California	
	7-31-09		Du	ava Sound		
	Executed on		Ву	SIGNATURE OF OFFICEHOLDER OR CAI	NDIDATE	

Officeholder and Candidate Campaign Statement – Short Form Government Code Section 84206)		Type or p	print in ink.	CITY OF SAN LEANDR	SHORT FORM FORM
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	JUL <b>3 0</b> 2008	For Official Use Only
				CITY CLERK'S OFFICE	
	Statement Covers Calendar Year 20	<u>08</u> .			
2.	Officeholder or Candidate Informati	on	3. Office Sought or	Held	
	NAME OF OFFICEHOLDER OR CANDIDATE Diana Souza		OFFICE SOUGHT OR HELD	lisque	U
	STREET ADDRESS		JURISDICTION (LOCATION)		DISTRICT NUMBER
	1212 Ge Ave	CA 94579	San Lear	nd ro	(IF APPLICABLE)
	CITY	STATE ZIP CODE			
	510-754-3183	diana_souza@	hotmail.com		
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRE	SS		
	Committee Information				
	List all committees of which you have knowled	lge that are primarily formed		· .	
	COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS	NAME OF	F TREASURER
j.	Verification				
	I declare under penalty of perjury that to the be calendar year and that I have used all reasona that the foregoing is true and correct.	est of my knowledge I anticipable diligence in preparing the	pate that I will receive less than \$1 his statement. I certify under pena	,000 and that I will spend less alty of perjury under the laws o	than \$1,000 during the of the State of California
	7-30-08		7	mana Som a	_
	Executed onDATE		Ву	SIGNATURE OF OFFICEHOLDER OR CANDID	DATE

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