

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp	CALIFORNIA FORM 501
CITY OF SAN LEANDRO	
SEP 09 2009	
CITY CLERK'S OFFICE	For Official Use Only

Check One: Initial Amendment (Explain) _____

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	San Leandro	CA	94577
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN
City Councilmember	City of San Leandro	3	PARTY:
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.)			
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	(Name of Multi-County Jurisdiction)		
			2010
			(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) **Primary/general election** _____
(Year of Election) **Special/runoff election**

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 19, 2009
(month, day, year)

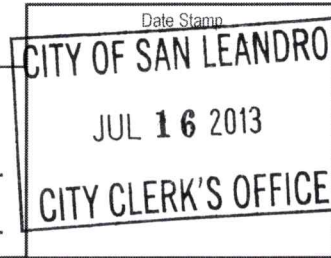
Signature Diana Souza
(Candidate)

CITY OF PEER'S OFFICE
31 - 113 5006
CITY OF SAN LEANDRO

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

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)



CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 13.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Diana Souza

STREET ADDRESS

1212 Coe Avenue

CITY

San Leandro

STATE

CA

ZIP CODE

94577

AREA CODE/DAYTIME PHONE NUMBER

(510) 754-3183

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

San Leandro

DISTRICT NUMBER
(IF APPLICABLE)

3

4. Committee Information

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

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____

7-15-13
DATE

By _____

Diana Souza
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (Jan/2008)

FPPC Form 470/470 Supplement Instructions - Rev. 2 (Dec/2012)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Clear Form

Print Form

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp CITY OF SAN LEANDRO SEP 17 2012 CITY CLERK'S OFFICE	CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 12 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Diana Souza

STREET ADDRESS

P.O. Box 1976

CITY

STATE

ZIP CODE

San Leandro

CA

94577

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

(510) 754-3183

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

San Leandro

DISTRICT NUMBER
(IF APPLICABLE)

3

4. Committee Information

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Executed on 9-17-2012
DATE

By Diana Souza
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

Date Stamp CITY OF SAN LEANDRO JAN 17 2012 CITY CLERK'S OFFICE	CALIFORNIA FORM 470
	For Official Use Only

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 11 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Diana Souza

STREET ADDRESS
P.O. Box 1976

CITY STATE ZIP CODE
San Leandro CA 94577

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(510) 754-3183

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION) <u>San Leandro</u>	DISTRICT NUMBER (IF APPLICABLE) <u>3</u>
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4. Committee Information

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

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-17-12
DATE

By Diana Souza
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

Date of election if applicable: (Month, Day, Year) 11/02/2010	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp CITY OF SAN LEANDRO SEP 21 2010 CITY CLERK'S OFFICE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 10 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Diana Souza

STREET ADDRESS

P.O. Box 1976

CITY

STATE

ZIP CODE

San Leandro

CA

94577

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

(510) 754-3183

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

San Leandro

DISTRICT NUMBER
(IF APPLICABLE)

3

4. Committee Information

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

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9-21-10
DATE

By Diana Souza
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

Date of election if applicable: (Month, Day, Year) _____ _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp CITY OF SAN LEANDRO JUL 31 2009 CITY CLERK'S OFFICE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 ____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Diana Souza

STREET ADDRESS
PO Box 1976

CITY STATE ZIP CODE
San Leandro CA 94577

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
San Leandro 3

4. Committee Information

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

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-31-09
DATE

By Diana Souza
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

Date of election if applicable: (Month, Day, Year) _____ _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp CITY OF SAN LEANDRO JUL 30 2008 CITY CLERK'S OFFICE	CALIFORNIA FORM 470
			For Official Use Only

1. Statement Covers Calendar Year 20 08 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Diana Souza

STREET ADDRESS
1212 Coe Ave

CITY CA STATE 94579 ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER 510-754-3183

OPTIONAL: FAX / E-MAIL ADDRESS diana_souza@hotmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION) San Leandro

DISTRICT NUMBER (IF APPLICABLE) 3

4. Committee Information

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

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-30-08 DATE

By Diana Souza SIGNATURE OF OFFICEHOLDER OR CANDIDATE

1. **ACQUISITION**

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4. Office of the Director

DATE	DESCRIPTION	BY	REMARKS
10/1/60
10/2/60
10/3/60

5. Office of the Director of Investigation

1. Statement Covers Calendar Year 50

DATE	DESCRIPTION	BY	REMARKS
10/1/60
10/2/60
10/3/60

1. **ACQUISITION**

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