Statement of Organization		n	Time	or print in ink			_			STA	TEMENT OF	ORGANIZATION
Recipient Co	mmittee		туре с	or print in ink				Dat	e Stamp	C.	ALIFORNIA FORM	410
Statement Type	☐ <b>initial</b> Not yet qualified <b>[</b>	<b>」</b> or	Amendn List I.D. numb			Termination – See Part D. number:	t 5	CITY OF S	AN LEAN	DRO	For Official	Use Only
		•	#		# <u>13</u>	66011		JUL	<b>2.8</b> 2015			
	Date qualified as o	committee	Date qualified	as committee	09	2D 2015 Date of Termination		CITY CLE	RK'S OFF	ICE		
1. Committee	Information					2. Treasurer ar	nd Oth	er Princi	pal Offi	cers		
NAME OF COMMITTE Souza for May						NAME OF TREASUR Katie Camarillo STREET ADDRESS				ì		
						1616 140th Ave	)					
STREET ADDRESS (	(NO P.O. BOX)					CITY .			STATE	ZIP COD	-	EA CODE/PHONE
1212 Coe Ave			<del></del>		<u>-</u>	San Leandro NAME OF ASSISTANT	TDEACH	DED IE ANY	CA	94578	510-	825-2393
CITY		STATE	ZIP CODE	AREA COD		NAME OF ASSISTANT	IREASU	KER, IF AINT				
San Leandro  MAILING ADDRESS	(IF DIFFERENT)	CA	94579	510-754-3	3183	STREET ADDRESS						
OPTIONAL: FAX/E	MAII ADDRESS					CITY			STATE	ZIP COD	E ARI	EA CODE/PHONE
0. 110101011 17007 2	111 112 1 112 1 1 1 2 1 1 1 1 1 1 1 1 1					NAME AND POSITION	OF OTHE	R PRINCIPAL O	FFICER(S), II	F APPLICABL	E	
COUNTY OF DOMIC	LE	COUNTY WHEI	RECOMMITTEE IS OF DOMICILE	ACTIVE IF DIFFE	RENT	MAILING ADDRESS					· · · · · · · · · · · · · · · · · · ·	
Alameda												
Attach additional in	nformation on approp	riately labeled	continuation she	ets.		CITY	;		STATE	ZIP COD	E AR	EA CODE/PHONE
perjury under the	easonable diligence laws of the State	e in preparing of California t	this statement hat the foregoi	t and to the bes	st of my ki	nowledge the information	Qar	roul		)	I certify unde	er penalty of
	DATE 7-28-2015 DATE		<del></del>	-, <u>—</u> Ву		Drava Sor SIGNATURE OF CONTROL	ma	REASURER OR AS			PROPONENT	
Executed on	DATE	<del> </del>	<del></del>	Ву		SIGNATURE OF CONTROL		ŕ				
Executed on	DATE		<u>—</u>	Ву		SIGNATURE OF CONTROL						

Candidate Intention Statement	Type or Print in Ink.	(	MAY 0 2	CALIFORNIA 501  For Official Use Only
Check One: Initial Amendment (Explain)		[	ITY CLERK'S	
1. Candidate Information:  NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NU	MBER (optional)	E-MAIL (optional)
Souza, Diana	( 510 ) 754-3183	(	STATE	souza4mayor2014@gmail.com
STREET ADDRESS	San Leandro		CA	94579
699 Lewelling Blvd. #145 PO Box 175  OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME	Gan Ecandio	I	DISTRICT NUMBER,	if applicable. NON-PARTISAN
Mayor City of San L	eandro			PARTY:
City County Multi-County: San Leandro  2. State Candidate Expenditure Limit Statem (CalPERS candidates, judges, judicial candidates, and candidates for local offices.  (Year of Election) Primary/general election (Year of Election)	s are not required to complete Part 2.)		- 20 (Year of	Election)
(Check one box)  I accept the voluntary expenditure ceiling for the election  I do not accept the voluntary expenditure ceiling for the  Amendment:  I did not exceed the expenditure ceiling in the print the general or special run-off election.	election stated above.		and I accep	ot the voluntary expenditure ceiling for
(Mark if applicable)  On/, I contributed personal funds in example of the second sec	ccess of the expenditure ceiling for t	the electio	n stated above.	
I certify under penalty of perjury under the laws of the Sta	te of California that the foregoing is	true and	correct.	
Executed on	Signature	Strengandidate)	<u>a</u>	

FPPC Form 501 (Jan/03) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772

Statement of C Recipient Com Statement Type	_	Amendment List I.D. number:  #  Date qualified as committee (If applicable)	Terminati List I.D. number	mination Hand	APR 14 <b>2014</b> Delivered, Sacrament	MAY O  CITY CLERA		
1 3 GO FATERING CE UN	Horangood kilika kari		2.5	NAME OF TREASURER	JESS WING TO STREET			
Souza for May	or 2014			Katie Camarillo				
STREET ADDRESS (NO P.O	•			STREET ADDRESS (NO RO. BOX)	vd #116			
699 Lewelling		ZIP CODE AREA CODE	/augus	699 Lewelling Bl	VU. # 140	ZIP CODE	AREA CODE/PHONE	_
СІТҮ	STATE			San Leandro	CA		(510)895-9460	
San Leandro  MAILING ADDRESS (IF DI	CA 94	4579 (510)69	<del></del>	NAME OF ASSISTANT TREASURER,			(0.00)	
	an Leandro, CA 9457	'9		STREET ADDRESS (NO P.O. BOX)				
souza4mayor2	2014@gmail.com				STATI	E ZIP CODE	AREA CODE/PHONE	
COUNTY OF DOMICILE	li i i i i i i i i i i i i i i i i i i	ERE COMMITTEE IS ACTIVE		CITY	- SIAII	E ZIF CODE	AUCA CODELL HOUR	
Alameda	Alameda	· · · · · · · · · · · · · · · · · · ·	<del></del>	NAME OF PRINCIPAL OFFICER(S)				
				Diana Souza				
•	•			STREET ADDRESS (NO P.O. BOX)				
Attach additional	l information on appropriate	ly labeled continuation she	ets.	1212 Coe Ave				
				CITY	STAT		AREA CODE/PHONE	
				San Leandro	<u>C</u>	A 94579	(510)754-3183	d
3 (4)	reasonable diligence in prep	aring this statement and to	the hest of my	knowledge the information	tion contained herein is	true and comp	lete. I certify under	Ľ
nave used all i	reasonable diligence in prep ury under the laws of the Sta	ate of California that the for	regojng is truga	nd correct.		•		
• • • •	1/10/2014 <sub>By</sub>	Kall	1) (a)	marle	<u> </u>		и	
	DATE	7 - (	SIGNATURE OF	TREASURER OR ASSISTANT TREASU	RÉR			
Executed on U4	1/10/2014 By _	Jona of Signature	BE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			
Executed on	By		·	FICEHOLDER, CANDIDATE, OR STATE				
Executed on	Ву							
	DATE	SIGNATO	JRE OF CONTROLLING OF	FFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	•	FPPC Form 410 (Dec/2012)	

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee					FORM 410
INSTRUCTIONS ON REVERSE				P	age 2
COMMITTEE NAME				, I.	D. NUMBER
Souza for Mayor 2014					
All committees must list the financial institution where the campa	aign bank account	is located.			
NAME OF FINANCIALINSTITUTION	AREA CO	DE/PHONE	BANK ACCOUN	T NUMBER	
US Bank	610	1) 12 1-19 16	15	15038465	2 16
15399 East 14th St.	San Le	andro	STATE	21P CODE 9457\$	(
4-angorof:CommunicerComplete the applicable sectors.					
Controlled Committee					•
<ul> <li>List the name of each controlling officeholder, candidate, or district number, if any, and the year of the election.</li> </ul>	state measure p	roponent. If candidate	or officeholder c	ontrolled, also list the ele	ctive office sought or held, and
List the political party with which each officeholder or candi	date is affiliated	or check "nonpartisan."			
• If this committee acts jointly with another controlled commi	ittee, list the nar	ne and identification nu	mber of the othe	r controlled committee.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGH		YEAR OF ELECTION	PARTY
Diana Souza	San Le	eandro Mayor		2014	<b>☑</b> Nonpartisan
					☐ Nonpartisan
Primarily Formed Committee Primarily formed to support	t or oppose spec	cific candidates or measu	ıres in a single ele	ection. List below:	•
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO.	OR LETTER)			LD OR MEASURE(S) JURISDICTION R COUNTY, AS APPLICABLE)	CHECK ONE
				•	SUPPORT OPPOSE

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp CITY OF SAN LE	ANDRO	LIFORNIA 460	***
(Colonial Color Colonia Color	Statement covers period 1/1/15 from	Date of election if applicable: (Month, Day, Year)	JUL 2,8 20 CITY CLERK'S (	l i	For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	through6/3 <b>()</b> /15	11/4/14	GITT GLERKS C	JI TIOL		
O State Candidate Election Committee O Recall (Also Complete Part 5)  ☐ General Purpose Committee O Sponsored ☐ Small Contributor Committee	rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	ermination)	Supplement	atement -Year Report al Preelection Attach Form 495	(
	. NUMBER 36011	Treasurer(s)  NAME OF TREASURER Katie Camarillo  MAILING ADDRESS 1616 140th Ave				
STREET ADDRESS (NO P.O. BOX) 1212 Coe Ave	,	сіту San Leandro	STATE CA	ZIP CODE 94578	AREA CODE/PHONE 510-825-2393	
CITY STATE ZIP CO San Leandro CA 94579		NAME OF ASSISTANT TREASU	RER, IF ANY			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	ox .	MAILING ADDRESS				
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	1
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS			,
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on 128-2015  Executed on 7-28-2015  Date  Executed on Date	that the foregoing is true and softend	Signature of Treasurer or Assistant was Sowa	Treasurer  oponent or Responsible Officer		ue and complete. I certify	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE-PART 2
CALIFORNIA FORM	460
Page 2	of 5

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			-	· · · · · · · · · · · · · · · · · · ·
Dlana Souza							
OFFICE SOUGHT OR HELD (INCLUDE LOCA	TION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
MAYOR, San Leandro							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	ND STREET) CITY STATE ZIP San Leandro, CA 94579		identify the controlling o	fficeholder, ca	ndidate, or s	tate measure p	proponent, if any.
			NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PI	ROPONENT		
	ed in this Statement: List any committees ontrolled by you or are primarily formed to receive pehalf of your candidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO. II	F ANY
COMMITTEE NAME	I.D. NUMBER					!	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Ca				
		7.		(s) for which th	is committee is		
OMMITTEE ADDRESS STREET ADD	☐ YES ☐ NO	7.	officeholder(s) or candidate	(s) for which the	OFFICE SOL	s primarily form	ed.
OMMITTEE ADDRESS STREET ADD	☐ YES ☐ NO DRESS (NO P.O. BOX)	7.	NAME OF OFFICEHOLDER OF	(s) for which the CANDIDATE	OFFICE SOL	S primarily form	SUPPORT SUPPORT
	☐ YES ☐ NO  DRESS (NO P.O. BOX)  STATE ZIP CODE AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OF	(s) for which the CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

# Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 1/1/15 **FORM** from \_ 6/31/15 through \_ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 136011

					130011
Contributions Received		Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions		-10,500 -10,500 0	\$	21,871 10,500 21,872 2,499	General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$
<ul> <li>4. Nonmonetary Contributions</li></ul>	\$	-10,500	\$	24,370	21. Expenditures  Made \$ \$
Expenditures Made  6. Payments Made	\$	2,364	\$	32,246	Expenditure Limit Summary for State Candidates
8. SUBTOTAL CASH PAYMENTS	·	2,364 0 0 2,364	\$	32,246 0 2626 34,872	22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy) /
Current Cash Statement  12. Beginning Cash Balance		2364 -10,500 0 2,364 0	am cor from rep Con figur sub	calculate Column B, add ounts in Column A to the responding amounts in Column B of your last fort. Some amounts in lumn A may be negative ures that should be otracted from previous food amounts. If this is	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		for car	first report being filed this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See Instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above			froi any	m Lines 2, 7, and 9 (if y).	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B - Part 1	l
Loans Received	

\*\* If required.

Type or print in ink.

SCHEDULE	B-PA	RT 1
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Schedule B – Part 1 Loans Received		ounts may be ro	ounded		Statement cov	ers period /15	california 460			
SEE INSTRUCTIONS ON REVERSE					through	31/15	Page	of <u>5</u>		
NAME OF FILER							I.D. NUMBER			
							136011			
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)	(8) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
Diana Souza 1212 Coe Ave San Leandro, CA				PAID 1450 \$ FORGIVEN	<u>0</u> s0	% RATE	s	\$PER ELECTION**		
†□ IND □ COM □ OTH □ PTY □ SCC		s10,500	s	s9,050	DATE DUE	s	DATE INCURRED	\$		
				PAID \$ FORGIVEN	\$	% RATE	s	\$ PER ELECTION **		
†□ IND □ COM □ OTH □ PTY □ SCC		s	s	s	DATE DUE	s	DATE INCURRED	\$		
		e	s	PAID  \$ FORGIVEN	s	RATE	s	S CALENDAR YEAR  S PER ELECTION**		
† IND COM OTH PTY SCC		3	3		DATE DUE		DATE INCURRED		i	
		SUBTOTALS	<b>;</b>	\$ 10,50	0 \$	\$			(	
Schedule B Summary					_	(Enter (e) on Schedule E, Line 3	)		`	
Loans received this period  (Total Column (b) plus unitemized loans		•••••	•••••	\$	0	٠ .	to-stilbuter Order		١	
Loans paid or forgiven this period				\$	10,500		tContributor Codes ND – Individual			
(Total Column (c) plus loans under \$100 (Include loans paid by a third party that	0 paid or forgiven.)		••••••	Ψ —		1,	COM – Reciplent Co (other than OTH – Other (e.g., PTY – Political Part	PTY or SCC) business entity)		
3. Net change this period. (Subtract Line Enter the net here and on the Summar	≥ 2 from Line 1.)y Page, Column A, Line 2.			. NET \$ _	-10,500 (May be a negative number)	ָּן	SCC – Small Contri	butor Committee	)	
*Amounts forgiven or paid by another party also	must be reported on Schedule A.	<b>1</b>								

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

Schedule E	
Payments Made	

Type or print in ink.
Amounts may be rounded

		SCHEDULE
Stateme	ent covers period 1/1/15	CALIFORNIA 460
through _	6/31/15	Page 5 of 5
		1.D. NUMBER

Payments wade	to whole d	ollars.		from1/1/15	FOR	M
				6/31/15	Page 5	( of 6
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				unough	I.D. NUME	BER
					136011	
CODES: If one of the following codes accurately describe	s the payment, yo	u may ente	er the code. Other	wise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member.com MTG meetings and			RAD radio airtime and producti RFD returned contributions	on costs	
CTB contribution (explain nonmonetary)*	OFC office expen	ses	•	SAL campaign workers' salari		
CVC civic donations FIL candidate filing/ballot fees	PET petition circul PHO phone banks	_		TEL t.v. or cable airtime and p TRC candidate travel, lodging,	and meals	
FND fundraising events  ND independent expenditure supporting/opposing others (explain)*	POL polling and s POS postage, deli		ch senger services	TRS staff/spouse travel, lodgir TSF transfer between commit		e candidate/sponsor
LEG legal defense LIT campaign literature and mailings	PRO professional PRT print ads	services (lega	al, accounting)	VOT voter registration WEB information technology co	nsts (internet e-i	nail)
and mainings	Title plant ddo			TIED INIOINIZION COMMONOGY OF	oto (internet, e i	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DES	CRIPTION OF PAYMENT		AMOUNT PAID
Democratic Voters Choice						
728 W. Edne Place Covina, CA 91722		LIT				\$914
,						
Diana Souza 1212 Coe Ave			Payment of Loar	j		0.450
San Leandro						\$1450
* Payments that are contributions or Independent expenditures	must also be summ	arized on So	hedule D.		SUBTOTAL\$	\$914.26
Schedule E Summary						
Itemized payments made this period. (Include all Schedule	E subtotals.)				\$	2,364
	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).)\$						0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)						2,364

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

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in in	ık.	CITY OF SAN LEANDRO	CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period 10/19/2014 from 12/31/2014 through	Date of election if applicable: (Month, Day, Year)  November 4, 2014	JAN <b>3 0</b> 2015 CITY CLERK'S OFFICE	Page of For Official Use Only
<ul> <li>State Candidate Election Committee</li> <li>Recall</li> <li>(Also Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> </ul>	mplete Parts 1, 2, 3, and 4.  allot Measure Committee ) Primarily Formed ) Controlled ) Sponsored  uso Complete Part 6)  rimarily Formed Candidate/ uso Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain be	☐ Speci ☐ Suppl	erly Statement ial Odd-Year Report lemental Preelection ment - Attach Form 495
3. Committee Information I.D COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Souza for Mayor 2014	366011R	Treasurer(s)  NAME OF TREASURER  Katie Camarillo  MAILING ADDRESS  1616 140th Ave		
STREET ADDRESS (NO P.O. BOX) 1212 Coe Ave  CITY STATE ZIP CO San Leandro CA 94579  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	(510) 895-9460	CITY San Leandro NAME OF ASSISTANT TREASUR MAILING ADDRESS	STATE ZIP CO CA 94576 RER, IF ANY	
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDR	STATE ZIP CO	DDE AREA CODE/PHO
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 I 20/15  Executed on I 20/15  Executed on Date  Executed on Date	By Signature of Contr	knowledge the information contained correct.  Signature of Treasurer or Assistant Colling Officeholder, Candidate, State Measure Problems of Controlling Officeholder, Candidate, Statement of Contr	Treasurer  Sponent or Responsible Officer of Sponsor  Itale Measure Proponent  Itale Measure Proponent	FPPC Form 460 (June/01)

State of California

[CITY OF SAN LEANDRO] JAN 3 0 2015 CITY CLERK'S OFFICE

14

CALIFORNIA 460

Page 2 of 7

Officeholder or Candidate Controlled Committee	6.	. Ballot Measure Commi	ttee		
NAME OF OFFICEHOLDER OR CANDIDATE Diana Souza		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  Mayor, San Leandro		BALLOT NO. OR LETTER	JURISDICTIO	DN	O SUPPORT O OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  1212 Coe Ave , San Leandro, Ca 94579		Identify the controlling offi	ceholder, can	ididate, or state me	easure proponent, if an
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD	DIDATE, OR PR		CT NO. IF ANY
COMMITTEE NAME  I.D. NUMBER  CONTROLLED COMMITTEE?  O YES O NO	7.	Primarily Formed Com	mittee List	names of officeholder	r(s) or candidate(s) for
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR	HELD O SUPPORT O OPPOSE
COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT O OPPOSE
NAME OF TREASURER  CONTROLLED COMMITTEE?  O YES O NO  COMMITTEE ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE		Attacl	n continuatio	n sheets if necessa	nry

# Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 10/19/2014 CALIFORNIA FORM 460 through 12/31/2014 Page of 1.D. NUMBER

1366011

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Souza for Mayor 2014

Contributions Received		Column A . TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$ <i>-</i>	2474 0 2474 0 2474	\$ \$	21,871 10,500 32,372 2,499 34,870	20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	\$ _ -	7,163 0 7,163 0 0 7,163	\$	29,882 0 29,882 0 2,626 32,508	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance	- - \$ -	2,474 0 7,163 2,489	an co fro rej Co fig su pe the	calculate Column B, add nounts in Column A to the responding amounts m Column B of your last port. Some amounts in follumn A may be negative ures that should be btracted from previous riod amounts. If this is a first report being filed this calendar year, only	
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$_			rry over the amounts m Lines 2, 7, and 9 (if y).	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.  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 10/19/2014 from

**CALIFORNIA FORM** 

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Souza for Mayor 2014

12/31/2014 through

> I.D. NUMBER 1366011

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)
10/23/14	Jingming Feng 9046 Molinero Ct Elk Grove, CA 95758	OIND OCOM OOTH OPTY OSCC	Chatime; Occupational Manager	\$1000	\$1000	C
10/23/14	John Gooding PO Box 8400 Emeryville, CA 94662	OIND OCOM OPTY OSCC	Quadric Group	\$500	\$500	
10/23/14	TMA Construction Services Inc. 055 Alvarado Street San Leandro, CA 94577	OIND OCOM OOTH OPTY OSCC		\$400	\$400	
11/3/14	Laurie's Catering 15001 Farnsworth Street San Leandro, CA 94579	OIND OCOM OOTH OPTY OSCC		\$200	\$200	
11/3/14	Maria Cabaral 388 Haase Ave San Leandro, CA 94577	©IND ○COM ○OTH ○PTY ○SCC	Retired	\$200	\$200	С
			SUBTOTALS	5	e e e e e e e e e e e e e e e e e e e	

#### **Schedule A Summary**

- 1. Amount received this period contributions of \$100 or more. 2400 (Include all Schedule A subtotals.) \$ 74 2. Amount received this period – unitemized contributions of less than \$100 ......\$
- 3. Total monetary contributions received this period. 2474

\*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.

CALIFORNIA ACO

Statement covers period

				from	9/2014	FOR	40U
				through	31/2014	Page 5	of
NAME OF FILER Souza for M	layor 2014				_	I.D. NUMBEI 1366011	R
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)
11/3/14	Alan Starosciak 9536 Penwood Way Granite Bay, CA 95746	OIND OCOM OOTH OPTY OSCC	Self- Employeed	\$100	\$	100	С
		OIND OCOM OOTH OPTY OSCC					
		OIND OCOM OOTH OPTY OSCC			,		
		OIND OCOM OOTH OPTY OSCC					
		Oscc Oth Ocom Osco Oind					O
		2 n	SUBTOTAL	100	i j		774

\*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

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULEE
Statement covers period 10/19/2014 from	california 460 form
12/31/2014 through	Page 6 of 7
	I.D. NUMBER
	1366011

SEE INSTRUCTIONS ON REVERSE

Souza for Mayor 2014

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 CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations TRC' candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals polling and survey research POL fundraising events TSF transfer between committees of the same candidate/spo postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* VOT voter registration professional services (legal, accounting) legal defense LEG WEB information technology costs (internet, e-mail) print ads Ш campaign literature and mailings

CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PRT		\$1430
LIT		\$2266
LIT		\$896
	PRT	PRT LIT

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

\* SUBTOTAL\$

4,592

### 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).)	7,163
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<i></i>

FPPC Form 460 (June/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

7.080

Schedule E	Type or print	in ink			SCHEDULE E (CONT.)
(Continuation Sheet) Payments Made	Amounts may be to whole do	e rounded		Statement covers period 10/19/2014 from	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				12/31/2014 through	Page of
Souza for Mayor 2014					I.D. NUMBER 1366011
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member common meetings and office expen petition circul PHO phone banks POL polling and s postage, deli	munications d appearance ses lating urvey reseal very and me	es	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and procured candidate travel, lodging, a Staff/spouse travel, lodging	on costs s oduction costs and meals g, and meals es of the same candidate/spon
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT	AMOUNT PAID
Robodial Falls Church, VA 22046			Robo calls to SL	residents .	\$230
Charles Gilcrest 1271 Terra Ave San Leandro, CA 94578		CNS			\$2150
Puetro Bello Resteraunt 14680 Washington Ave San Leandro, CA 94578		_	Election Night Pa	arty	\$108 C

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

SUBTOTAL \$

2488

FPPC Toll-Free Helpline: 866/ASK-FPP

State of Californ

Recipient Committee Campaign Statement Cover Page — Part 2

COVERP	AGE-PART 2
CALIFORNIA FORM	460
Page 2	of <u>\$</u>

NAME OF OFFICEHOLDER OR CANDIDATE  Diana Souza  DEFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF  Mayor, San Leandro  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY  1212 Coe Ave, San Leandro, CA 94579	APPLICABLE)  STATE ZIP		O. OR LETTER	JURISDICTION	17	~
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF Mayor, San Leandro RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY		BALLOT NO	O. OR LETTER	JURISDICTION	17	<del></del>
Mayor, San Leandro RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY		BALLOT NO	O. OR LETTER	JURISDICTION	7	~
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP				1,5	SUPPORT
•	STATE ZIP				(	OPPOSE
1212 Coe Ave. San Leandro, CA 94579						
				ceholder, candidate, or	state measure	proponent, if an
		NAME OF	OFFICEHOLDER, CANI	DIDATE, OR PROPONENT		
Related Committees Not Included in this Statement: Land included in this statement that are controlled by you or are primaric contributions or make expenditures on behalf of your candidacy.		OFFICE SC	DUGHT OR HELD		DISTRICT NO	IF ANY
COMMITTEE NAME I.D. NUMBER	R					
IAME OF TREASURER CONTROLLE	ED COMMITTEE?			mittee List names of	officeholder(s) or	candidate(s) for
O YES	☐ NO	wnich this	s committee is prima	<u> </u>		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF	OFFICEHOLDER OR C	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE	NAME OF	OFFICEHOLDER OR C	ANDIDATE OFFICE S	OUGHT OR HELD	O SUPPORT
						OPPOSE
COMMITTEE NAME I.D. NUMBER	R	NAME OF	OFFICEHOLDER OR C	ANDIDATE OFFICES	SOUGHT OR HELD	S CURROUT
						SUPPORT OPPOSE
IAME OF TREASURER CONTROLLE	ED COMMITTEE?	NAME OF	OFFICEHOLDER OR C	ANDIDATE OFFICE S	SOUGHT OR HELD	SUPPORT
Ŭ YES	O NO					OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)						
CITY STATE ZIP CODE	AREA CODE/PHONE		_	h continuation sheets		

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 10/1/14 CALIFORNIA 460 FORM Through 10/18/14 Page of 1366011

NAME OF FILER 1366011 Souza for Mayor 2014 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TODATE **General Elections** 19.397 1/1 through 6/30 7/1 to Date 10.500 4.969 29,898 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 1.385 2,499 4. Nonmonetary Contributions ................................ Schedule C, Line 3 21. Expenditures 32.396 6.354 Made 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 22,719 8606 Candidates 6. Payments Made ...... Schedule E, Line 4 \$ 0 22. Cumulative Expenditures Made\* 8606 22.719 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Total to Date Date of Election 1385 2,499 (mm/dd/vv) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 9.991 25.218 **Current Cash Statement** 10,815 12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 \$ To calculate Column B, add 4.969 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 8,606 report. Some amounts in 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 7,178 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** any). 18. Cash Equivalents ...... See instructions on reverse \$ 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 to whole dollars.

Statement covers period 10/1/14 CALIFORNIA 460 FORM TOWNS Page 4 of 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Souza for Mayor 2014

I.D. NUMBER 1366011

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)
10/2/14	Matt Hill 148 Molimo Dr. San Francisco, CA 94127	OIND OCOM OPTY OSCC	Aclima, Inc	\$100	\$100	
10/7/14	Sukhwant S Sekhon 2005 Clipper Ct San Leandro, CA 94579	OIND OCOM OOTH OPTY OSCC	Self; Owner Manor Blvd 7-11	\$500	\$500	
10/8/14	Peace Officer Research Association of America PAC, Small Contributor Committee #810830 633 East Cabrillo Boulevard, Santa Barbara, CA 93103	OIND OCOM OOTH OPTY OSCC		\$1000	\$1000	
10/9/14	SAN LEANDRO POA 901 E.14TH ST SAN LEANDRO, CA 94577	OIND OCOM OOTH OPTY OSCC		\$1500	\$1500	
10/9/14	Patricia Kennedy 700 Carey Dr San Leandro, CA 94577	OIND OCOM OOTH OPTY OSCC	OSISoft	\$900	\$900	
			SUBTOTALS	4000		

**Schedule A Summary** 

\*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.)

Statement covers period 10/1/14

750

SUBTOTAL\$

NAME OF FILER Souza for M	layor 2014			through10/	18/14	Page I.D. NUN 13660	MBER
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)
10/9/14	California Real Estate Political Action Committee 525 S. Virgil Ave Los Angeles, CA 90020	OIND OCOM OOTH OPTY OSCC		\$750	\$	750	
		OIND OCOM OOTH OPTY OSCC					-
		OIND OCOM OPTY OSCC				a-1	
		OIND OCOM OOTH OCTH OCC					
		OIND OCOM OOTH OPTY OSCC					

\*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** 10/1/14 **FORM** from. 10/18/14 through. Page. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Souza for Mayor 2014 1366011

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)
10/10/14	Roxana Carbajal 2453 Madiosn Ave Union City, CA	OIND OCOM OOTH OPTY OSCC	Filmore Hospitality, Human Resources	Billboard Advertisment	\$405	\$405	
10/12/14	Roxana Carbajal 2453 Madiosn Ave Union City, CA	OIND OCOM OOTH OPTY OSCC	Filmore Hospitality, Human Resources	Internet Ad Impression	\$900	\$1305	
10/15/14	Diana Souza 1212 Coe Ave San Leandro, CA 94579	OCOW OCOW OCOW	SELF	Copies	\$80	\$80	
		OIND OCOM OPTY OSCC					
Attach add	itional information on appropriately label	ed continuati	on sheets.	SUBTOTAL \$	1385	·	

#### **Schedule C Summary**

- 1. Amount received this period nonmonetary contributions of \$100 or more. 1385 (Include all Schedule C subtotals.) ......\$ 0 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ......\$
- 3. Total nonmonetary contributions received this period. 1385

\*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 prin Amounts may i to whole d	oe rounded		Statement covers period 10/1/14 from 10/18/14 through	CALIFORNIA FORM of Page of	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	·			anough	I.D. NUMBER	
Souza for Mayor 2014					1366011	
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  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 me	es	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro randidate travel, lodging, an TRS staff/spouse travel, lodging,	duction costs id meals and meals is of the same candidate/spons	
NAME AND ADDRESS OF PAYEE (FCOMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT	AMOUNT PAID	
California Justice Voter Guide PO Box 631 Torrance, CA 90508		LIT	Slate Cards		\$844	
Parents for Progress PO Box 631 Torrance, CA 90508		LIT	Slate Cards		\$844	
Autumn Press 945 Camelia Street Berkeley, CA 94710		LIT	Printed Literature	,	\$2510	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.  SUBTOTAL\$						

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

NAME OF FILER Souza for Mayor 2014 1366011 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 CVP campaign paraphernalia/misc. MTG meetings and appearances RFD returned contributions CNS campaign consultants contribution (explain nonmonetary)\* office expenses SAL campaign workers' salaries t.v. or cable airtime and production costs CVC civic donations PET petition circulating TEL candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRC fundraising events polling and survey research staff/spouse travel, lodging, and meals FND POL independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services transfer between committees of the same candidate/sponsor ND POS TSF professional services (legal, accounting) voter registration legal defense VOT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Robodial Recorder Automatic Calls to voters Falls Church, VA 22046 \$125 Handled With Care Mailing Service 14358 Wicks Blvd \$3106 POS San Leandro, CA 94577 Voter Guide Slate Cards 6285 E. Spring Street, Suite 202. \$1068 LIT Long Beach, CA 90808

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

SUBTOTAL \$

### **497 Contribution Report**

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

**497 CONTRIBUTION REPORT** 

NAME OF FILER Souza for Mayor	Date of This Filing	10/22/14	Date Stamp CALIFO		
AREA CODE/PHONE NUMBER 510-825-2393	I.D. NUMBER (if applicable) 1366011	Report No	8		Official Use Only
STREET ADDRESS 699 Lewelling Blvd. #146, PO Box 175 CITY San Leandro	STATE ZIP CODE CA 94579	Amendment to Report No. (explain below)  No. of Pages	1	OCT <b>2 2</b> 2014  CITY CLERK'S OFFICE	
1. Contribution(s) Received					
DATE FULL NAME RECEIVED	E, STREET ADDRESS AND ZIP CODE OF CONTRIE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
Jingming Feng 9046 Molinero Ct Elk Grove, CA 957	758		IND COM OTH PTY SCC	Chatime; Occupational Manager	\$1000  Check if Loan  **  Provide interest rate
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan  ———————————————————————————————————
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan  ———————————————————————————————————
Reason for Amendment:				**Contributor Codes  IND - Individual  COM - Recipient Committee (oth  OTH - Other (e.g., business enti  PTY - Political Party  SCC - Small Contributor Commi	ty)

### **497 Contribution Report**

NAME OF FILER

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

**497 CONTRIBUTION REPORT** 

Date Stamp

		Date of This Filing	10/10/14	FO	ORNIA 497		
AREA CODE/PHONE NUM 510-825-2393	MBER	I.D. NUMBER (if application 1366011	ble)	Report No	7	CITY OF SAN LEANDRU FOR	Official Use Only
STREET ADDRESS	STREET ADDRESS 699 Lewelling Blvd. #146, PO Box 175		☐ Amendme		OCT <b>1 0</b> 2014		
CITY San Leandro	J. # 140, 1 O DOX 170	STATE CA	ZIP CODE 94579	to Report No. (explain below) No. of Pages	1	CITY CLERK'S OFFICE	
1. Contribution	ı(s) Received						
DATE RECEIVED	FULL NAM	IE, STREET ADDRESS A (IF COMMITTEE, ALSO	ND ZIP CODE OF CONTRIE ENTER I.D. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/9/14	San Leandro Poli Political Action Co 901 East 14th Str San Leandro, CA	reet	lation		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$1500  Check if Loan  Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan  ———————————————————————————————————
Reason for Amendm	ent:					**Contributor Codes IND - Individual COM - Recipient Committee (oth OTH - Other (e.g., business ent PTY - Political Party SCC - Small Contributor Comm	ity)

### **497 Contribution Report**

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

497 CONTRIBUTION REPORT

NAME OF FILER Souza for Mayor				Date of This Filing	10/9/14		ORNIA 497
AREA CODE/PHONE NU	MBER	I.D. NUMBER (if applical	bia)	-	6	MITH OF OARL FARIOD	Official Use Only
510-825-2393		1366011		Report No		THE OF CHARLES	•
STREET ADDRESS		· - <u></u>		☐ Amendmer	nt l	OCT <b>0 9</b> 2014	
699 Lewelling Blv	d. #146, PO Box 175	ŧ		to Report No.		0.774 01 50440 055105	
CITY		STATE	ZIP CODE	(explain below)	1	CITY CLERK'S OFFICE	
San Leandro		CA	94579	No. of Pages			44.
1. Contributio	n(s) Received						
DATE RECEIVED	FULL NAME	E, STREET ADDRESS A (IF COMMITTEE, ALSO	ND ZIP CODE OF CONTRIBU ENTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/8/14	Peace Officers Re Small Contributor 4010 Truxel Road Sacramento, CA 9	Committee #810	on of California PAC 830 -	-	☐ IND ☐ COM OTH ☐ PTY St SCC	a. 3	\$1000  Check if Loan
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan
					IND COM OTH PTY SCC		☐ Check if Loan
Reason for Amendn	nent:			·		**Contributor Codes  IND - Individual  COM - Recipient Committee (of  OTH - Other (e.g., business en  PTY - Political Party  SCC - Small Contributor Comm	tity)

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Recipient Committee Campaign Statement Cover Page	Type or print in i	1	Date Stamp  TY OF SAN LEANDR	CALIFORNIA 460
(Government Code Sections 84200-84216.5)  SEE INSTRUCTIONS ON REVERSE	Statement covers period 7/1/14 from	Date of election if applicable: (Month, Day, Year)	OCT <b>06</b> 2014 ITY CLERK'S OFFICE	For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	nplete Parts 1, 2, 3, and 4.  allot Measure Committee Primarily Formed Controlled So Complete Part 6) Imarily Formed Candidate/ Ficeholder Committee So Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b	Specia	erly Statement al Odd-Year Report emental Preelection nent - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) SOUZA for Mayor 2014  STREET ADDRESS (NO P.O. BOX) 1212 Coe Ave  CITY STATE ZIP COD San Leandro CA 94579  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO 699 Lewelling Blvd., #146, PO Box 175  CITY STATE ZIP COD San Leandro CA 94579	(510) 754-3183 DE AREA CODE/PHONE	Treasurer(s)  NAME OF TREASURER Katie Camarillo  MAILING ADDRESS 699 Lewelling Blvd., #1  CITY San Leandro  NAME OF ASSISTANT TREASUR  MAILING ADDRESS  CITY	STATE ZIP COL CA 94579 RER, IF ANY	(510)825-2393
OPTIONAL: FAX / E-MAIL ADDRESS  4. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Executed on ID 6 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	By Signature of Control  By Signature of Control  By By Signature	knowledge the information contained correct.  Signature of Treasurer or Assistant  Olling Officeholder, Candidate, State Measure Pro  Signature of Controlling Officeholder, Candidate, Candidate, C	ed herein and in the attached so	thedules is true and complete. I

CALIFORNIA 460

Page 2 of 12

Recipient Committee Campaign Statement Cover Page — Part 2

NAME OF OFFICEUOLDED OD CANDIDATE		J.	Ballot Measure Comm	<del></del>		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Diana Souza						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT OPPOSE
Mayor of San Leandro						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	) CITY STATE ZIP					
1212 Coe Ave, San Leandro, CA 94579			Identify the controlling of	ficeholder, ca	indidate, or state measure	e proponent, if a
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT	
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	y you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	D. IF ANY
OMMITTEE NAME	I.D. NUMBER			*	****	
	•					
		7	Drimoville Compad Con			
VAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Conwhich this committee is prin		t names of officeholder(s) o	r candidate(s) for
	YES NO	7.	which this committee is prin	narily formed.		
	YES NO	<b>7.</b>		narily formed.	OFFICE SOUGHT OR HELE	
COMMITTEE ADDRESS STREET ADDRESS (NO	YES NO		which this committee is prin	CANDIDATE		SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)		which this committee is prim NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORE OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO STATE	P.O. BOX)  ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR OPPOSE  SUPPOR OPPOSE  SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO CITY STATE COMMITTEE NAME NAME OF TREASURER	P.O. BOX)  ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE? YES O NO		NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORE OPPOSE  SUPPOR OPPOSE  SUPPOR OPPOSE
COMMITTEE ADDRESS (NO STATE STATE COMMITTEE NAME	P.O. BOX)  ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE? YES O NO		NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOR OPPOSE  SUPPOR OPPOSE  SUPPOR OPPOSE

# Campaign Disclosure Statement Summary Page

Type or print in lnk.

Amounts may be rounded to whole dollars.

Statement covers period 7/1/14 CALIFORNIA 460 FORM 460 through 9/30/14 Page 2 of 12 I.D. NUMBER 1366011

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Souza for Mayor 2014 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) TOTAL TO DATE General Elections 11.695 14.428 1. Monetary Contributions ...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 4000 10,500 24.928 15,695 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ **Expenditure Limit Summary for State Expenditures Made** 11,603 14.113 **Candidates** 6. Payments Made ...... Schedule E, Line 4 22. Cumulative Expenditures Made\* 11,603 14.113 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment ...... Schedule C. Line 3 5,227 **Current Cash Statement** 6723 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 To calculate Column B, add 15.695 amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above 0 corresponding amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last 11,603 report. Some amounts in Column A may be negative 10.815 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 \*Since January 1, 2001. Amounts in this section may be 17. LOAN GUARANTEES RECEIVED ...... Schedule 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). 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 to whole dollars.

Statement covers period 7/1/14 CALIFORNIA 460 FORM Page 4 of 12

1366011

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Souza for Mayor 2014

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)
7/10/14	Surlene Grant 13804 Bancroft Ave San Leandro, CA 94578	OIND OCOM OOTH OPTY OSCC	Self	\$500	\$500	
7/11/14	Joseph Lamin 2294 Estabrook Cr. San Leandro, CA 94579	©IND OCOM OOTH OPTY OSCC	Retired	\$200	\$200	
7/21/14	Bernard Ashcraft 14168 Outrigger Drive San Leandro, CA 94577	©IND COM OTH OPTY OSCC	Self	~ \$500	\$700	
7/25/14	Nor Cal Kenworth 1755 Adams Ave San Leandro, CA 94577	OIND OCOM OOTH OPTY OSCC		\$1000	\$1000	
8/6/14	Barbara Vester 520 Pala Ave San Leandro, CA 94577	OIND OCOM OOTH OPTY OSCC	Retired	\$100	\$100	
			SUBTOTALS	2300	-	

#### **Schedule A Summary**

\*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

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period 7/1/14 from		california 46		
through	9/30/14	Page 5	of 12	
<del></del>		I.D. NUMBER 1366011		

Souza for Mayor 2014 PER ELECTION **AMOUNT** CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR TO DATE RECEIVED THIS CALENDAR YEAR OCCUPATION AND EMPLOYER DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE \* (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) RECEIVED OF BUSINESS) Retired Frank Mellon **OIND** \$100 \$100 8/6/14 OCOM OOTH OPTY 20559 Forest Ave Apt 3 Castro Valley, CA 94546 Scc JAM Global Group OIND \$1000 \$1000 8/13/14 COM OTH PTY 248 3rd Street Oakland, CA 94607 TSCC. **⊚**IND **○**COM Gordon Galvan Self \$500 \$500 8/13/14 PO Box 3101 OPTY San Leandro, CA 94578 Scc Self **OIND** Bernard Ashcraft \$200 \$700 8/13/14 ОСОМ 14168 Outrigger Drive Оотн San Leandro, CA 94577 **OPTY** Ğscc CLIU Restaurant Inc CIND \$200 \$200 8/13/14 **Т**СОМ 1680G Willow Pass Road **⊚**OTH Concord, CA 94520 **Ö**PTY TSCC.

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

2000

SUBTOTAL\$

## **Schedule A (Continuation Sheet)**

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period 7/1/14 from9/30/14	CALIFORNIA 460
		through	Page of
NAME OF FILER Souza for Mayor 2014			I.D. NUMBER 1366011
			1

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)
8/14/14	Fred Benana 104 Bermuda Court San Leandro, CA 94579	OIND OCOM OOTH OPTY OSCC	Retired	\$250	\$250	
8/14/14	The Ford Store San Leandro 1111 Marina Ave San Leandro, CA 94577	OIND OCOM OOTH OPTY OSCC		\$100	\$100	
8/14/14	Dave Fewless 2518 Galleon Place San Leandro, CA 94577	OIND OCOM OOTH OPTY OSCC	PG&E	\$200	\$200	
8/31/14	Laython M Landis 1161 Kramer Street San Leandro, CA 94579	OIND OCOM OOTH OPTY OSCC	Retired	\$1000	\$1000	
9/1/14	Innisfree Ventures 1221 Bridgeway Ste 100 Sausalito, CA 94965	OIND OCOM OOTH OPTY OSCC		\$500	\$500	
		\$ 2050				

\*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.

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.		california 460
		9/30/14 through	Page 7 of 12
NAME OF FILER Souza for Mayor 2014			1.D. NUMBER 1366011

		AND DESCRIPTION OF THE PERSON			A STREET OF THE OWNER, WHEN PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, WHEN PE	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
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)
9/1/14	California Apartment Association 980 Ninth Street, STE 1430 Sacramento, CA 95814	OIND OCOM OOTH OPTY OSCC		\$1000	\$1000	
9/3/14	Howard Kerr 15388 Norton Street San Leandro, CA 94579	OIND COM OOTH OPTY OSCC	Retired	250	\$250	
9/9/14	Newport CH Internation, LLC 1100 Town and Country Rd. STE 1388 Orange, CA 92868	OIND OCOM OOTH OPTY OSCC		\$1000	\$1000	
9/9/14	Chef Ming Express 600 Dutton Ave San Leandro, CA 94577	OIND OCOM OOTH OPTY OSCC		\$500	\$500	
8/29/14	Katherine Kneer PO Box 2498 Orangevale, CA	OIND OCOM OOTH OPTY OSCC	Planned Parenthood	\$250	\$250	
SUBTOTAL\$ 3000						

\*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	Amounts may be to whole dol		Statement covers period 7/1/14 from		CALIFC FOR		460
				through 9/	30/14	Page	<b>%</b> of	12
NAME OF FILER Souza for M	layor 2014					1.D. NUMB 136601		
	ELILL NAME STREET ADDRESS AND ZIP CODE OF COL	NTRIBUTOR CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVET			ECTION

	the same and the s					
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)
8/13/14	Lorenza Tomaz 26953 Hayward Blvd Apt 211 Hayward, CA 94542	OIND OCOM OOTH OPTY OSCC	Datapark Inc; CEO	\$500	\$500	
8/13/14	Patrick Kennedy 1100 San Leandro Blvd #200 San Leandro, CA 94578	OIND OCOM OOTH OPTY OSCC	SELF; OSIsoft; CEO	\$1000	\$1000	
		OIND OCOM OOTH OPTY OSCC				
		OIND OCOM OOTH OPTY OSCC				
		OIND OCOM OOTH OPTY OSCC				
			SUBTOTAL	s 1500		

\*Contributor Codes

IND-Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY – Political Party SCC – Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received  SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Souza for Mayor 2014	Amo	unts may be ro		Ţ				
NAME OF FILER					Statement covers period 7/1/14 CALIFORNIA FORM 46			
NAME OF FILER					through	30/14	Page	of 12
					through		I.D. NUMBER	<u></u>
Souza for Mayor 2014							1366011	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER DCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Diana Souza 1212 Coe Ave San Leandro, CA 94579	SELF			PAID  S  FORGIVEN	s	% RATE	s4000	CALENDAR YEAR 10,500 \$ PER ELECTION**
TO IND COM DOTH DPTY DSCC		s6500	\$	\$	DATE DUE	s	DATE INCURRED	\$
				S FORGIVEN	s	% RATE	s	\$PER ELECTION **
TO IND O COM O OTH O PTY O SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
				☐ PAID		0,		CALENDAR YEAR
				S ☐ FORGIVEN	-   S	RATE	<b>\$</b>	PER ELECTION**
TO IND O COM O OTH O PTY O SCC		s	s	s	DATE DUE	s	DATE INCURRED	\$
		SUBTOTALS S	4000	\$	\$ 4000	\$		
Schedule B Summary					4000	(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans le		•••••••	••••••	\$ _				rgiven or paid by y also must be Schedule A
Loans paid or forgiven this period(Total Column (c) plus loans under \$100 party (Include loans paid by a third party that are	aid or forgiven.)			\$ _	0		** If required	1
3. Net change this period. (Subtract Line 2 Enter the net here and on the Summary F	from Line 1.)			. NET \$ _	4000 (May be a negative number)			

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

2

† Contributor Codes

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

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

3

#### Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Souza for Mayor 2014

Souza	ioi wayoi 2014						
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)
8/15/14	Supreme Ink, Inc. 1443 Yosemite Ave, San Francisco, CA 94124	OIND OCOM OOTH OPTY OSCC		T-Shirts	\$665	\$665	
9/23/14	Marcaret Choy 1960 Lewelling Blvd San Leandro, CA 94579	OIND OCOM OOTH OPTY OSCC	Self; Food Net Market	Campaign Banner	\$160	\$160	
	Heidi Stago 909 Marina Village Pky Alameda uz 1450/ #357	OCOM OOTH OPTY OSCC		Food for fundraiser	\$289	\$289	
		OIND OCOM OOTH OPTY OSCC			v		
Attach ad	Iditional information on appropriately label	led continuat	ion sheets.	SUBTOTAL S	1114		

Schedule C Summary	
4 A	namenatory contributions of \$100 or s

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

							SCHEDULEE
Schedule E Payments Made	Type or print Amounts may b	e rounded		Statement covers period 7/1/14		CALIFORI FORM	
Payments Made	to whole do	oliars.		from	9/30/14	TORW	of 12
SEE INSTRUCTIONS ON REVERSE				through		Page	
NAME OF FILER						I.D. NUMBE	R
Souza for Mayor 2014						1366011	
CODES: If one of the following codes accurately describes	the payment, you	u mav ente	r the code. Otherw	ise, desc	ribe the payment.		
CVP campaign paraphernalia/misc.	MBR member comm			RAD rad	lio airtime and production	costs	
CNS campaign consultants	MTG meetings and		•		urned contributions		
CTB contribution (explain nonmonetary)*	OFC office expens				mpaign workers' salaries or cable airtime and prod	uction costs	
CVC civic donations	PET petition circular PHO phone banks	ating			ndidate travel, lodging, and		
FIL candidate filing/ballot fees FND fundraising events	POL polling and si	urvev researc	h		ff/spouse travel, lodging,		
FND fundraising events IND independent expenditure supporting/opposing others (explain)*			senger services		nsfer between committees		candidate/sponsor
LEG legal defense	PRO professional				ter registration		
LIT campaign literature and mailings	PRT print ads			WEB info	ormation technology costs	(internet, e-ma	ail)
NAME AND ADDRESS OF PAYEE		CODE O	D DESC	CRIPTION OF	DAVMENT		AMOUNT PAID
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O		SKIP HON OF	- FAUNCIAI		741.0014111110
Moon Festival			Moon Festival			j	4400
2238 Mariner Way		MTG	1				\$100
San Leandro, California 94579							
Charles Gilcrest			Consulting Service	∋s			
1271 Terra Ave		CNS					\$6000
San Leandro, CA 94578	1						
Robodial			Robo Calls to Re	sidents			
Falls Church, VA 22046		PHO					\$150
* Payments that are contributions or independent expenditures m	nust also be summa	arized on So	hedule D.		su	BTOTAL\$	6,250

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .......\$

2. Unitemized payments made this period of under \$100 ......\$

Schedule E Summary

11,186

417

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Type or print in ink. Statement covers period CALIFORNIA Amounts may be rounded 7/1/14 **FORM** to whole dollars. from 9/30/14 Page 12 of 12 through. SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1366011 Souza for Mayor 2014 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 paraphernalia/misc. RFD returned contributions MTG meetings and appearances campaign consultants campaign workers' salaries office expenses CTB contribution (explain nonmonetary)\* t.v. or cable airtime and production costs PET petition circulating CVC civic donations candidate travel, lodging, and meals phone banks TRC PHO candidate filing/ballot fees staff/spouse travel, lodging, and meals TRS polling and survey research POL fundraising events FND transfer between committees of the same candidate/sponsor TSF postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* IND voter registration VOT professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR slate cards **Charles Gilcrest** \$500 PRT 1271 Terra Ave San Leandro, CA 94578 Catering for Business Mixer Jeanine Santamaria \$900 **FND** PO Box 154 Alameda, CA 94501 Location/Drinks Spinaker Yacht Club \$276 **FND** 75 Pescador Point Dr San Leandro, CA 94577 Walk Pieces **Autum Press** \$862 LIT 945 Camelia St Berkeley, CA 94710 Lawn Signs Bel Aire \$2398 LIT 506 W Ohio Ave Richmond, CA 94804

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

#### Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER	2014			Date of C	1/23/14 17	Date Stamp	CALIFOR FORM	
Souza for Mayor		I.D. NUMBER (ifapplicab	le)		(	ITY OF SAN LEANDRO	For Of	icial Use Only
510-825-2393	MULIX	1366011	-,	Report No	4	SEP <b>2 3</b> 2014	10.01	iciai OSC Offiny
STREET ADDRESS				Amendme	nt	021 2 0 2014		
699 Lewelling Blv	/d., #146, PO Box 175	5		to Report No.	···	CITY CLERK'S OFFICE		
CITY		STATE	ZIPCODE	(explain below)	1		<b>.</b> 	
San Leandro		CA	94579	No. of Pages				
Late Contribu	tion(s) Received							
DATE RECEIVED	FULL NAME	E, STREET ADDRESS A (IF COMMITTEE, ALSO	ND ZIP CODE OF CONTRIB ENTER I.D. NUMBER)	UTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMI (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
9/23/14	Diana Souza 1212 Coe Ave San Leandro, CA 9	94579			IND COM OTH PTY	SELF		\$2000
					□ scc			Check if Loan
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan
*Contributor Codes IND – Individual COM – Recipient Co OTH – Other	ommittee (other than PTY or		Political Party Small Contributor Commit	iee				
Reason for Amend	lment:					-	EDDO	Form 497 (.lan/03)

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

**497 CONTRIBUTION REPORT** 

NAME OF FILER Souza for Mayor			Date of This Filing	9/10/14	Date Stamp	CALIFO FOR	
AREA CODE/PHONE NUMBER 510-825-2393	I.D. NUMBER (if applicable 1366011	ole)	Report No	4	CITY OF SAN LEANDRO SEP <b>1 0</b> 2014		Official Use Only
STREET ADDRESS 699 Lewelling Blvd. #146, PO Box 175 CITY	STATE	ZIP CODE	Amendmer to Report No. (explain below)	l	CITY CLERK'S OFFICE		
San Leandro	CA	94579	No. of Pages	<u> </u>	<b>.</b> ·		
1. Contribution(s) Received							
RECEIVED	(IF COMMITTEE, ALSO I	ND ZIP CODE OF CONTRIBU ENTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPI (IF SELF-EMPLOYED, ENTER NAME OF B	LOYER USINESS)	AMOUNT RECEIVED
9/9/14 Newport CH Intel 1100 Town and C Orange, CA 9286	ountry RD., STE.	1388		☐ IND☐ COM☐ OTH☐ PTY☐ SCC			\$1000  Check if Loan  Provide interest rate
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan % Provide interest rate
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan
Reason for Amendment:	,				**Contributor Codes IND - Individual COM - Recipient Comm OTH - Other (e.g., busi PTY - Political Party SCC - Small Contributo	iness entity	"

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

497 CONTRIBUTION REPORT

<del></del>							491 601	VIRIBUTION REPORT
NAME OF FILER Souza for Mayor			y.	Date of This Filing	9/2/14	Date Stamp	CALIFO	
AREA CODE/PHONE NUI 510-825-2393	MBER	I.D. NUMBER (if applical	ole)	Report No	3	CITY OF SAN LEANDRO		Official Use Only
STREET ADDRESS 699 Lewelling Blv	d. #146, PO Box 175			☐ Amendmer to Report No.		SEP <b>02</b> 2014		
сіту San Leandro		STATE CA	ZIP CODE 94579	(explain below)  No. of Pages	1	CITY CLERK'S OFFICE		
1. Contribution	n(s) Received				, , , , , , , , , , , , , , , , , , ,	<u>'</u>		
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AI (IF COMMITTEE, ALSO	ND ZIP CODE OF CONTRIBUENTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF E	LOYER BUSINESS)	AMOUNT RECEIVED
8/31/14	Laython M Landis 1161 Kramer St San Leandro, CA 9				<pre>     IND     COM     OTH     PTY     SCC </pre>	Retired		\$1000  Check if Loan  **Provide interest rate**
9/1/14	Rental Housing Ov 980 Ninth Street S Sacramento, CA 9	TE 1430	Southern Alameda Co	ounty	☐ IND☐ COM			\$1000  Check if Loan  **  **Provide interest rate**
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
Reason for Amendme	ent:					**Contributor Codes IND - Individual COM - Recipient Comm OTH - Other (e.g., bus PTY - Political Party SCC - Small Contribute	iness entity	"

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) )

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NAME OF FILER

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

497 CONTRIBUTION REPORT

Date Stamp

NAME OF FILER Souza for Mayor				Date of This Filing	08/14/14		FORNIA 497
AREA CODE/PHONE NUI 510-825-2393 STREET ADDRESS	мвек d. #146, PO Box 175	I.D. NUMBER (if applicable 1366011  STATE CA	ZIP CODE 94579	Report No  Amendment to Report No. (explain below)  No. of Pages	1	II GITY OF SAN TEANDR	or Official Use Only
1. Contribution	n(s) Received						
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AN (IF COMMITTEE, ALSO E	ID ZIP CODE OF CONTRIBI	UTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/13/14	JAM Global Grou 248 3rd Street Oakland, CA 9560		-		☐ IND☐ COM SC OTH☐ PTY☐ SCC		\$1000  Check if Loan  Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan  ———————————————————————————————————
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan  ———————————————————————————————————
Reason for Amendm	nent:					**Contributor Codes  IND Individual  COM Recipient Committee ( OTH Other (e.g., business e  PTY Political Party  SCC Small Contributor Com	ntity)

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

497 CONTRIBUTION REPORT

					TRIBOTION REFORM
NAME OF FILER Sou Za	for Mayor 2014	Date of This Filing	08/13/14	Date Stamp CALIFO	
AREA CODE/PHONE NUM			1	CITY OF SAN LEANDRY FOR	Official Use Only
510-825-2393	1366011	Report No			
STREET ADDRESS		<b>-</b>		AUG 1 3 2014	
	ling BNd, #146, PO BOX 175	description Amendment to Report No.		CITY CLERK'S OFFICE	
CITY	STATE ZIP CODE	1	1		
San Leandro	CA 94578	No. of Pages			
1. Contribution	n(s) Received				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	JTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/13/14	J. Patrick Kennedy 1100 San Leandro Blvd #200 San Leandro, CA 94577		M IND ☐ COM	Self- OSIsoft CEO	\$1000
			☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
					Provide interest rate
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan
Reason for Amendm	nent:			**Contributor Codes  IND – Individual  COM – Recipient Committee (oth  OTH – Other (e.g., business enti  PTY – Political Party  SCC – Small Contributor Commi	ty)

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i	ţ	Date Stamp	CALIFORNIA 460					
SEE INSTRUCTIONS ON REVERSE	Statement covers period January 1, 2014 fromJune 30, 2014 through	Date of election if applicable: (Month, Day, Year)  November 4, 2014	JUL <b>2 9</b> 2014 ITY CLERK'S OFFIC	Fage of					
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored uso Complete Part 6) rimarily Formed Candidate/ fficeholder Committee uso Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)  Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495							
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Souza for Mayor 2014  STREET ADDRESS (NO P.O. BOX) 1212 Coe Ave  CITY San Leandro  CA 94579		Treasurer(s)  NAME OF TREASURER Katie Camarillo  MAILING ADDRESS 699 Lewelling Blvd., #1  CITY San Leandro  NAME OF ASSISTANT TREASU	STATE ZIP C CA 945	CODE AREA CODE/PHONE 79 (510)825-2393					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOOK 175  CITY STATE ZIP CO San Leandro CA 94579  OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	MAILING ADDRESS  CITY  OPTIONAL: FAX / E-MAIL ADDI	``	CODE AREA CODE/PHONE					
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California  Executed on	By Signature of Cont	wiedge the information contained he Signature of Controlling Officeholder, Candidate, Staty Measure Prospective of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candi	Treasurer oponent or Responsible Officer of Sponsor State Measure Proponent						

ponent FPPC Form 460 (January/85)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

		<del></del>				Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Diana Souza								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
Mayor of San Leandro								OPPOSE
ESIDENTIAL/BUSINESS ADDRESS (NO. A	AND STREET) CITY	STATE Z	IP .					
1212 Coe Ave	San Leandro	CA 94	579	Identify the controlling of	fficeholder, ca	indidate, or state	e measure p	roponent, if a
			<del></del>	NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PI	ROPONENT		
Related Committees Not Included in this statement that are contributions or make expenditures on the contributions.	controlled by you or are p	•		OFFICE SOUGHT OR HELD		ום	ISTRICT NO. IF	ANY
OMMITTEE NAME	I.D. NU	LUDED		<del></del>		<u>-</u>		
	I.D. NO	IMBER						
	I.D. No	IMBER						
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IAME OF TREASURER	CONTE	ROLLED COMMITTEE?	7.	. Primarily Formed Car officeholder(s) or candidate				
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IAME OF TREASURER COMMITTEE ADDRESS STREET AD CITY COMMITTEE NAME	DDRESS (NO P.O. BOX)  STATE ZIP CODE	ROLLED COMMITTEE? YES NO	<del></del>	NAME OF OFFICEHOLDER OR	o(s) for which the R CANDIDATE R CANDIDATE	OFFICE SOUGH	rimarily forme	SUPPOR
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COMMITTEE ADDRESS STREET AD	CONTE	ROLLED COMMITTEE? YES NO  AREA CODE/PHO  IMBER  ROLLED COMMITTEE?	<del></del>	NAME OF OFFICEHOLDER OR	(s) for which the R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGH	IT OR HELD IT OR HELD IT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE
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COMMITTEE ADDRESS STREET AD COMMITTEE NAME  LAME OF TREASURER	CONTE	ROLLED COMMITTEE? YES NO  AREA CODE/PHO  IMBER  ROLLED COMMITTEE?	<del></del>	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	(s) for which the R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGH  OFFICE SOUGH  OFFICE SOUGH	IT OR HELD IT OR HELD IT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period January 1, 2014 FORM 460

through June 30, 2014 Page 3 of 7

I.D. NUMBER 1366011

NAME OF FILER Katie Camarillo 1366011 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTALTHIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE General Elections 2733 2733 1/1. through 6/30 7/1 to Date 6500 6500 9233 9233 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures 9233 9233 Made **Expenditures Made Expenditure Limit Summary for State** 2510 2510 Candidates 22. Cumulative Expenditures Made\* 2510 2510 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (if Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/vv) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 2510 2510 **Current Cash Statement** 12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 \$ To calculate Column B. add 9233 amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. 2510 report. Some amounts in 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 6723 figures that should be 16. ENDING CASH BALANCE .......... Add Lines 12 + 13 + 14. then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). FPPC Form 460 (January/05) 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ \_\_\_ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

7

Schedule A Monetary Contributions Received		Amoun	Type or print in ink. Amounts may be rounded to whole dollars.		ers period / 1, 2014	SCHEDULE A CALIFORNIA 460 FORM		
SEE INSTRUCTIO	ONS ON REVERSE			through	30, 2014	Page .	4_of_7	
NAME OF FILER Katie Can				1	<del></del> ·	I.D. NUI 13660	MBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
6/10/14	Steven And Maria Barnett 1520 Pathfinder Lane McLean, VA 22101	☑IND □COM □OTH □PTY □SCC	Accoutant, Alan Wurtzel	\$750	\$750 \$500			
6/24/14	CC Yin 185 Butcher Road Vacaville, CA 95687	☑IND □COM □OTH □PTY □SCC	Business Man- Yin McDonalds Owner	\$500				
6/24/14	Cimberly Tamura PO Box 3759 San Leandro, CA 94578	☑IND □COM □OTH □PTY □SCC	Retired	\$100	\$1	00		
6/24/14	Michael Nolan 1074 Trojan Ave San Leandro, CA 94579	☑IND □COM □OTH □PTY □SCC	Retired	\$100	\$1	00		
6/29/14	Brian Lack 3202 Liberty Ave Alameda, CA 94501	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Fine Eye Construction, Owner	\$100	\$100 \$100			
			SUBTOTAL	\$1550		)		
	A Summary ceived this period – itemized monetary contributions.			•	- 1	tributor Co		

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) ......\$ \_\_\_ \$2250 2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$

3. Total monetary contributions received this period. 2733 

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

#### **Schedule A (Continuation Sheet)** SCHEDULE A (CONT.) Type or print in ink. **Monetary Contributions Received** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. January 1, 2014 **FORM** from June 30, 2014 through. Page. I.D. NUMBER NAME OF FILER 1366011 Katie Camarillo AMOUNT **CUMULATIVE TO DATE** PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS TO DATE OCCUPATION AND EMPLOYER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE \* RECEIVED (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) PERIOD (JAN. 1 - DEC. 31) Starotech □IND N/A □сом 9536 Penwood Way 6/29/14 \$100 \$100 HTO N Granite Bay, CA 95746 □ PTY ⊟scc Cindy Ward Ward Chiropractic **☑**IND 433 Callan Ave Псом 6/29/14 \$100 \$100 □отн San Leandro, CA 94577 PTY ⊟scc Sunny H Tong **☑**IND Westlake Urban. 520 El Camino Real □сом **Managing Director** \$500 \$500 6/30/14 9th Floor ПОТН PTY San Mateo, CA 94402 □scc □IND ПСОМ **⊟отн** PTY □scc □IND □сом

OTH PTY

\*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

\$700

SUBTOTAL\$

•	Type or print in ink.						SCHEDULE B - PART 1		
Schedule B – Part 1 Loans Received	Amo	Statement cov January	ers period / 1, 2014	CALIFORNIA 460					
SEE INSTRUCTIONS ON REVERSE					June	30, 2014	Page 6	of	
NAME OF FILER							I.D. NUMBER		
Katie Camarillo							1366011		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIOE	N. CLOSE OF THIS	(0) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Diana Souza 1212 Coe Ave	SELF		2	☐ PAID			0500	CALENDAR YEAR	
San Leandro, CA 94579				\$	_ s	%	s6500	\$6500	
				FORGIVEN		RATE		PER ELECTION**	
		s	6500	\$		s	05/05/14	s	
† par IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED		
				☐ PAID				CALENDAR YEAR	
				\$	_   s	%	s	s	
				FORGIVEN		RATE		PER ELECTION **	
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		s	s	s	DATE DUE	s	DATE INCURRED	s	
				☐ PAID				CALENDAR YEAR	
	•			\$	_ s	% RATE	s	\$ PER ELECTION**	
†□ IND □ COM □ OTH □ PTY □ SCC		\$	s	\$	DATE DUE	s	DATE INCURRED	s	
		SUBTOTALS \$	6500	<b>5</b>	\$	\$			
Schedule B Summary				(Enter (e) on Schedule E, Line 3)					
•				_	6500				
1. Loans received this period				\$					
(Total Column (b) plus unitemized loan:	s or less than \$100.)				•	1 .	Contributor Codes	¥	
2. Loans paid or forgiven this period		•••••		\$	0		ND – Individual COM – Recipient Co	mmittee	
(Total Column (c) plus loans under \$100	) paid or forgiven.)					I	(other than I	PTY or SCC)	
(Include loans paid by a third party that	are also itemized on Scheo	iule A.)					OTH - Other (e.g., PTY-Political Party	business entity)	
3. Net change this period. (Subtract Line	2 from Line 1 \			NET ¢	6500		SCC - Small Contrib		
Enter the net here and on the Summar	y Page, Column A, Line 2.	******************	••••••	H=1 Φ(	May be a negative number)	_		· · · · · · · · · · · · · · · · · · ·	

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

\*\* If required.

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

nedule E  yments Made  NSTRUCTIONS ON REVERSE  OF FILER  Satia Camarillo				from	throughJune 30, 2014			
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the campaign paraphernalia/misc.  CMP campaign paraphernalia/misc.  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  LEG legal defense  LEG campaign codes accurately describes the payment, you may enter the code. Otherwise, describe the member communications  MER member communications  meetings and appearances  Office expenses  Office expenses						uction costs I meals and meals s of the san	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE C	)R	DESCRIPTION OF F	PAYMENT		AMOUNT PAID	
Charlie Gilcrest 1271 Terra Ave San Leandro, CA 94578		CNS					\$2000	
In & Out Printing 14628 Wicks Bivd San Leandro, CA 94577		LIT					\$290	
	***************************************							
* Payments that are contributions or independent expenditures	must also be summ	arized on So	chedule D.		· su	BTOTAL\$	2290	
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule	E subtotals.)	••••••				\$	2290	
2. Unitemized payments made this period of under \$100	•••••		•••••••••••	***************************************		\$	220	
3. Total interest paid this period on loans. (Enter amount from	1, Column (	e).)	••••	······	\$	2510		
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)							<u> </u>	