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User's Manual

Campaign Finance:

### STAROSCIAK FOR CITY COUNCIL 2016, JOYCE

#### **Election Cycle:**

@ 2011 through 2012

C Historical

#### View Information:

(Due to the amount of data, these pages may take some time to load.)

- General Information
- Contributions Received
- Contributions Made
- Expenditures Made
- Late and \$5000+ Contributions Received
- Late Contributions Made
- Late Independent Expenditures
- Electronic Filings

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

FILER ID:

1338910

FILER PHONE:

(510) 351-3463

SUMMARY INFORMATION - STAROSCIAK FOR CITY COUNCIL 2016, JOYCE (ID# 1338910)

**CURRENT STATUS** 

TERMINATED 05/31/2012

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

Statement of	Organization									STA	ATEMENT	OF ORGANIZA	ATION
Recipient Co			Type or	print in ink				Date	Stamp	C	ALIFOR FORM		0
Statement Type	☐ Initial  Not yet qualified ☐ or		Amendme	ent	LISULL	ermination – See Par D. number: 38910		OF SAN LE			For Off	icial Use Only	
	Date qualified as comm	nittee D	J Pate qualified a: (If applic		05 Da	ate of Termination	CITY	CLERK'S	OFFICE				
. Committee	Information					2. Treasurer a	nd Oth	er Princip	oal Offic	cers			
NAME OF COMMITT	EE					NAME OF TREASU							
JOYCE STAR	OSCIAK FOR CITY	COUNCIL 2	2016			CHRISTINE W							
						STREET ADDRESS (		X)					
STREET ADDRESS	(NO DO BOY)					148 BEST AVE	=		STATE	ZIP COD		AREA CODE/PH	IONE
	* 0-250 to accord out packs ( **)					CITY	0			94577		10-867-7152	
15208 RANGE	R ROAD					SAN LEANDR		REB IE ANY	CA	94377		10-007-7 132	
CITY		STATE	ZIP CODE	AREA CODE		NAME OF AGGIGIAN	II IIILAOOI	(21), 11 7041					
SAN LEANDR		CA	94579	510-351-3	3463	STREET ADDRESS (	(NO P.O. BO	X)					
MAILING ADDRESS	(IF DIFFERENT)						•	•					
						CITY			STATE	ZIP COD	ÞΕ	AREA CODE/PH	HONE
OPTIONAL: FAX / E	-MAIL ADDRESS												
						NAME OF PRINCIPA	L OFFICER(	S)		AND THE PARTY OF T			
COUNTY OF DOMIC				ACTIVE IF DIFFER	RENT								
	THA	IN COUNTY OF	DOMICILE			STREET ADDRESS	(NO P.O. BO	X)					
ALAMEDA												1001 0005 01	IONE
Attach additional ir	nformation on appropriate	v labeled cont	inuation sheets	÷.		CITY			STATE	ZIP COI	DE	AREA CODE/PH	HONE
	and the second s	Z											
3. Verification I have used all reperjury under the	easonable diligence in e laws of the State of C	preparing thi alifornia that	s statement a the foregoin	and to the best g is true and co	of my kno orrect.	owledge the information	on contain	ed herein is t	true and co	omplete. I	certify ur	nder penalty o	of
Executed on	DATE	115	_	Ву		Chris	NATURE OF T	REASURER OR AS	SSISTANT TRE	ASURER			
Executed on	5/31/12 DATE			Ву		SIGNATURE OF CONTR	OLLING OFFIC	CEHOLDER, CAND	IDATE, OR ST	ATE MEASURE	PROPONEN	IT	***************************************
Executed on	DATE		MANA!	Ву		SIGNATURE OF CONTR	OLLING OFFIC	CEHOLDER, CAND	IDATE, OR ST	ATE MEASURE	PROPONEN	IT	
Executed on	DATE		99954	Ву			OLUMO OFF	OCUPIED CAND	IDATE OD ST	ATE MEXICIPA	DROBONES	IT.	

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-	*	<b></b> 1

#### **Statement of Organization Recipient Committee**

CALIFORNIA FORM	
Page 2	

	FORM TIO
INSTRUCTIONS ON REVERSE	Page 2
COMMITTEE NAME	I.D. NUMBER
JOYCE STAROSCIAK FOR CITH COUNCIL 2016	1338910

4. Type of Committee Complete the applicable sections.

#### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUG (INCLUDE DISTRICT NUMBER		YEAR OF ELECTION	PARTY	
JOYCE STAROSCIAK	Councilmember District 4,City	of San Leandro	2016	Non-Partisan	
	·			☐ Non-Partisan	
List the financial institution where the campaign bank account is lo			INT NI IMPED		
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOU	INT NUMBER		
BANK OF THE WEST					
ADDRESS	CITY	STATE	ZIP CODE		
1601 WASHINGTON AVE	SAN LEANDRO	CA	94577		
	e specific candidates or measures in a sin		: R MEASURE(S) JURISDICTIO	N	
CANDIDATE(\$) NAME OR MEASURE(\$) FULL TITLE (INCLUDE BALLOT NO. OF		ISTRICT NO., CITY OR COL		CHEC	
		-		SUPPORT	OPPOSE
				SUPPORT	OPPOSE

Statement of Organization Recipient Committee		on	Type or print in ink				Da !	te Stamp	CALIF	ORNIA 410
Statement Ty	Pe Initial  Not yet qualified Implementation  Date qualified as		List I.D. number:  #	as committee	#	rmination – See Part 5 number:	CITY OF SA MAY 2 CITY CLER	3 <b>7</b> 2011	RU	ORM 4 I U
1. Committe	e Information					2. Treasurer and Oth	er Principal O	fficers		
NAME OF CO	MMITTEE	<del>-</del>				NAME OF TREASURER				
Joyce Sta	rosciak for City Cou	ncil 2016				Christine Wise				
						STREET ADDRESS (NO P.	O. BOX)			
STREET ADDI	RESS (NO P.O. BOX)					148 Best Ave.		STATE	ZIP CODE	AREA CODE/PHONE
						San Leandro		CA	94577	510-867-7152
CITY	nger Road	STATE	ZIP CODE	AREA CODE	Z/DHONE	NAME OF ASSISTANT TRE	ASURER, IF ANY			
San Lean	dro	CA	94579	510-351-						
	RESS (IF DIFFERENT)			<del></del>		STREET ADDRESS (NO P.	O. BOX)			······································
			<u> </u>			CITY	ę	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: F	AX / E-MAIL ADDRESS				•	NAME OF PRINCIPAL OFF	ICER(S)			
COUNTY OF E	OOMICILE	COUNTY WHE	RE COMMITTEE IS	ACTIVE IF DIFFER	RENT					
		THAN COUNTY	OF DOMICILE			STREET ADDRESS (NO P.	O. BOX)			· · · · · · · · · · · · · · · · · · ·
Alameda						<u> </u>		····		
Attach addition	onal information on appro	priately labeled o	continuation shee	ts.		CITY	ŧ	STATE	ZIP CODE	AREA CODE/PHONE
perjury und Executed on	all reasonable diligeners the laws of the State	e of California t	this statement hat the foregoin	and to the best g is true and co	of my knov orrect.	viedge the information co	OF TREASURER OR A	SSISTANT TREA	SURER	

FPPC Form 410 (June/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Statement of Organization Recipient Committee				STATEMENT OF ORGANIZATION CALIFORNIA 410 FORM
NSTRUCTIONS ON REVERSE				Page 2
COMMITTEE NAME  Joyce Starosciak for City Council 2016		<del></del>		I.D. NUMBER
4. Type of Committee Complete the applicable sections.		•••		
Controlled Committee				c
<ul> <li>List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election.</li> </ul>	measure proponent. If candidate o	or officeholder controlled	also list the elective of	office sought or held, and
List the political party with which each officeholder or candidate is	affiliated or check "non-partisan."			(
If this committee acts jointly with another controlled committee, list	t the name and identification numb	er of the other controlled	committee.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOU (INCLUDE DISTRICT NUMBE		YEAR OF ELECTION	PARTY
Joyce Starosciak	Councilmember, District 4, C	ity of San Leandro	2016	
· · · · · · · · · · · · · · · · · · ·				☐ Non-Partisan
List the financial institution where the campaign bank account is lo	ocated (controlled "candidate election	on" committees only)	•	
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUN	TNUMBER	<del></del>
Bank of the West				
ADDRESS	CITY	STATE	ZIP CODE	
1601 Washington Ave.	San Leandro	CA	94577	(
Primarily Formed Committee Primarily formed to support or opposed CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OF		single election. List below:  FFICE SOUGHT OR HELD OR I		ON CHECK ONE SUPPORT TOPPOSE

SUPPORT

OPPOSE

### Statement of Organization Recipient Committee

CALIFORNIA 410
FORM

INSTRUCTIONS ON REVERSE	Į.	Page 3
COMMITTEE NAME  Joyce Starosciak for City Council 2016	į	I.D. NUMBER
4. Type of Committee (Continued)		
General Purpose Committee  Not formed to support or oppose specific candidates or measures in a sing CITY Committee COUNTY Committee STATE Commit		
PROVIDE BRIEF DESCRIPTION OF ACTIVITY		
Sponsored Committee List additional sponsors on an attachment.		
NAME OF SPONSOR . INDUSTRY GROUP OR A	AFFILIATION OF SPONSOR	
STREET ADDRESS NO. AND STREET CITY	STATE ZIP CODE	
Small Contributor Committee Date qualified	ţ.	

- 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:
  - · This committee has ceased to receive contributions and make expenditures;
  - · This committee does not anticipate receiving contributions or making expenditures in the future;
  - · This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - · This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
    - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
    - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in		SAN LEANDRO Pag	LIFORNIA 460
,	Statement covers period from 01/01/2012		<b>27</b> 2012	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through07/31/2012	CITY CL	ERK'S OFFICE	
O State Candidate Election Committee O Recall (Also Complete Part 5)  ☐ General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure Committee Controlled Sponsored No Complete Part 6) Crimarily Formed Candidate/ Officeholder Committee No Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) Additional time covered 6/1/12	Supplement Statement -	latement J-Year Report Ial Preelection Attach Form 495
	DDE AREA CODE/PHONE D 510-351-3463	Treasurer(s)  NAME OF TREASURER CHRISTINE WISE  MAILING ADDRESS 148 Best Ave. CITY SAN LEANDRO NAME OF ASSISTANT TREASURER, IF ANY	STATE ZIP CODE CA 94577	AREA CODE/PHONE 510-867-7152
PO BOX 1872  CITY STATE ZIP CO  SAN LEANDRO CA 94577  OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP 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 7/26/12  Date  Executed on Date  Executed on Date	a that the foregoing is true and correct.  By	Signature of Controlling Officeholder, Candidate, State Measure Proposed State State Measure Proposed State State Measure Proposed State State Measure Proposed State State State Measu	ponsible Officer of Sponsor roponent	rue and complete. I certify

NAME OF OFFICEHOLDER OR CANDIDATE			Primarily Formed Ballot	measure con		
			NAME OF BALLOT MEASURE			
JOYCE RUTLEDGE STAROSCIAI	K					
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	ON AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	-	SUPPORT OPPOSE
CITY COUNCIL						☐ OFFOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	•		Identify the controlling offic	eholder, candida	te, or state measu	re proponent, if any.
15208 RANGER ROAD	SAN LEANDRO CA 94579		NAME OF OFFICEHOLDER, CAND	IDATE, OR PROPON	IENT	
	d in this Statement: List any committees trolled by you or are primarily formed to receive half of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT I	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candi officeholder(s) or candidate(s)	for which this con	nmittee is primarily i	formed.
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FICE SOUGHT OR HE	LD SUPPORT OPPOSE
CITY ST			<del></del>	NDIDATE OF	FICE SOUGHT OR HE	ID .
and the second s	TATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE OF	102 0000111 011112	SUPPORT OPPOSE
and the second s	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA		FICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO			INDIDATE OF		□ SUPPORT □ OPPOSE  LD □ SUPPORT □ OPPOSE
COMMITTEE NAME	I.D. NUMBER  CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	INDIDATE OF	FICE SOUGHT OR HE	UD SUPPORT SUPPORT OPPOSE

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period	CALIFORNIA 160
from01/01/2012	FORM TOU
through07/31/2012	Page3 of5
	I.D. NUMBER

NAME OF FILER JOYCE STAROSCIAK FOR CITY COUNCIL 2016 1338910 **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTALTHIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE **General Elections** 1. Monetary Contributions ...... Schedule A, Line 3 \$ \_\_\_\_\_\_ 1/1 through 6/30 7/1 to Date 2. Loans Received ...... Schedule B. Line 3 0 0 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received n n 21. Expenditures 0 Made TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 429 **Candidates** 6. Payments Made ...... Schedule E, Line 4 \$ 0 7. Loans Made ...... Schedule H. Line 3 22. Cumulative Expenditures Made\* 429 429 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 0 Total to Date Date of Election (mm/dd/yy) 0 0 10. Nonmonetary Adjustment ...... Schedule C, Line 3 **Current Cash Statement** 429 12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 \$ To calculate Column B. add amounts in Column A to the corresponding amounts \*Amounts in this section may be different from amounts 0 14. Miscellaneous Increases to Cash ...... Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in 429 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 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 18. Cash Equivalents...... See instructions on reverse \$ \_\_\_\_ 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) Schedule D **SCHEDULED Summary of Expenditures** Type or print in ink. Statement covers period CALIFORNIA Amounts may be rounded **Supporting/Opposing Other** to whole dollars. 01/01/2012 **FORM** from **Candidates, Measures and Committees** 07/31/2012 through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1338910 JOYCE STAROSCIAK FOR CITY COUNCIL 2016 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION TYPE OF PAYMENT AMOUNT THIS DATE CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN, 1 - DEC, 31) (IF REQUIRED) OR COMMITTEE ☐ Monetary Contribution □ Nonmonetary Contribution ☐ Independent Expenditure ☐ Oppose ☐ Support Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Oppose ☐ Support Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support ☐ Oppose **SUBTOTAL \$** 

#### **Schedule D Summary**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	Ď	
Unitemized contributions and independent expenditures made this period of under \$100	\$	100
3 Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$	100

Schedule E
Payments Made

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

-	SCHEDULEE
Statement covers period	CALIFORNIA 1 CO
from01/01/2012	FORM 400
through07/31/2012	Page of
	I.D. NUMBER

1338910

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOYCE STAROSCIAK FOR CITY COUNCIL 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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 communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads			ls same candidate/sponsor			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID			
FIRELIGHT GLASS 844 DOOLITTLE DR SAN LEANDRO, CA 94577		OFC		168			
* Payments that are contributions or independent expenditures	* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$						
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule 2. Unitemized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Part	1, Column (e).)	\$ \$	261			
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)							

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA FORM 460

Page 2 of 5

Officeholder or Candidate Controlled Con	NAME OF OFFICEHOLDER OR CANDIDATE						
		NA.	ME OF BALLOT MEASURE				
JOYCE RUTLEDGE STAROSCIAK			ALLOT NO. OR LETTER	JURISDICTI			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)	DA	ALEOT NO. ON LETTEN	COMODIONI	011		☐ SUPPORT ☐ OPPOSE
CITY COUNCIL							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Ide	entify the controlling of	ficeholder, ca	ndidate, or s	tate measure	proponent, if an
15208 RANGER ROAD SAN	LEANDRO CA 94579		AME OF OFFICEHOLDER, CA				
not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are primarily formed to receive candidacy.	OF	FFICE SOUGHT OR HELD			DISTRICT NO	o. IF ANY
COMMITTEE NAME	I.D. NUMBER						
COMMITTEE NAME	I.D. NUMBER						
		7. P	rimarily Formed Car	ndidate/Offic	eholder C	ommittee	List names of
	CONTROLLED COMMITTEE?	7. Pi	rimarily Formed Car	ndidate/Offic (s) for which the	ceholder C	ommittee s primarily for	List names of rmed.
NAME OF TREASURER	CONTROLLED COMMITTEE?	of:	rimarily Formed Car ficeholder(s) or candidate(	s) for which the	is committee i	ommittee s primarily for JGHT OR HELD	rmed.
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.	CONTROLLED COMMITTEE?	ofi NA	ficeholder(s) or candidate(	(s) for which the	OFFICE SOL	s primarily for	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.  CITY STATE Z	CONTROLLED COMMITTEE?  YES NO D. BOX)	of NA NA	ficeholder(s) or candidate(	CANDIDATE  CANDIDATE	OFFICE SOL	s <i>primarily for</i> JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
	CONTROLLED COMMITTEE?  YES NO  D. BOX)  IP CODE AREA CODE/PHONE	of NA NA	ME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE	OFFICE SOL	s primarily for JGHT OR HELD JGHT OR HELD	SUPPOR  SUPPOR  SUPPOR  SUPPOR  SUPPOR

### Campaign Disclosure Statement Summary Page

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

		SUMMARY PAGE
State	ment covers period 01/01/2012	FORM 460
through	07/31/2012	Page 3 of 5
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE				through		Page or	
NAME OF FILER						I.D. NUMBER 1338910	
JOYCE STAROSCIAK FOR CITY COUNCIL 2016  Contributions Received		Column A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)		Column B CALENDARYEAR TOTALTODATE  0		nmary for Candidates ne State Primary and	
<ol> <li>Monetary Contributions</li></ol>	\$	0 0	\$	0 0 0 0	20. Contributions Received \$	\$\$	_
Expenditures Made  6. Payments Made	\$	0 429 0 0	\$	429 0 429 0 0	Candidates  22. Cumulati	Summary for State  ve Expenditures Made* to Voluntary Expenditure Limit)  Total to Date  \$	
17. LOAN GUARANTEES RECEIVED	\$ \$	0 0 429 0	am coo fro rep Coo figures sul per the for	calculate Column B, add nounts in Column A to the rresponding amounts in Column B of your last port. Some amounts in dumn A may be negative ures that should be obtracted from previous riod amounts. If this is a first report being filed this calendar year, only my over the amounts in Lines 2, 7, and 9 (if y).	*Amounts in this section reported in Column B.	may be different from amounts  FPPC Form 460 (January/05)	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$				FPPC Toll-Free Helpl	FPPC Form 460 (January/05) ine: 866/ASK-FPPC (866/275-3772)	

Supportin Candidate SEE INSTRUCTIO NAME OF FILER	of Expenditures g/Opposing Other es, Measures and Committees	Type or print in Amounts may be re to whole dollar	ounded	Statement covers period from		CALIFO FOI Page I.D. NUM 13389	4 of 5
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - I	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure  Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
		<u> </u>	SUBTOT	AL \$			

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)

2. Unitemized contributions and independent expenditures made this period of under \$100 ......\$ 100 

100

•	-				-		SCHEDULEE
Schedule E Payments Made	Type or prin Amounts may b to whole d	e rounded		Statem	ent covers period 01/01/2012	CALIFOR FORM	
SEE INSTRUCTIONS ON REVERSE				through	07/31/2012		of
NAME OF FILER  JOYCE STAROSCIAK FOR CITY COUNCIL 2016						1.D. NUMBI 1338910	=R
CODES: If one of the following codes accurately describe  CMP campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance uses lating s survey resear ivery and me	s	RAD radion RFD returns SAL came TEL t.v. of TRC cane TRS staff TSF trans VOT vote	ibe the payment.  o airtime and production rned contributions paign workers' salaries or cable airtime and prod didate travel, lodging, an ispouse travel, lodging, sfer between committee or registration rmation technology costs	duction costs d meals and meals s of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF I	PAYMENT		AMOUNT PAID
FIRELIGHT GLASS 844 DOOLITTLE DR SAN LEANDRO, CA 94577		OFC					168
* Payments that are contributions or independent expenditures	must also be summ	narized on S	chedule D.		SI	JBTOTAL\$	168
Schodulo E Summary		-	<u> </u>				

1. Itemized payments made this period. (Include all Schedule E subtotals.)

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).).....\$

168

261

429

Recipient Committee Campaign Statement Cover Page — Part 2

COVERP	AGE-PART2
CALIFORNIA FORM	460
D	

	Committee		<b>Primarily Formed Ballo</b>	t Measure .	Johnmee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
JOYCE RUTLEDGE STAROSCIAK							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT OPPOSE	
CITY COUNCIL				<u>.l</u>		LI OFF COL	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	T) CITY STATE ZIP		Identify the controlling office	coholdor can	didata or state meas	ure proponent, if	anv.
15208 RANGER ROAD S	AN LEANDRO CA 94579		NAME OF OFFICEHOLDER, CAN			are propertions, is	
Related Committees Not Included in the not included in this statement that are controlled is contributions or make expenditures on behalf of y	by you or are primarily formed to receive		OFFICE SOUGHT OR HELD	-	DISTRICT	NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	didate/Offic	eholder Committe	<b>e</b> List names of	
	CONTROLLED COMMITTEE		omicenoinerisi vi canuluateisi	) for which this	committee is primarily	formed.	
	YES NO					formed.	
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO		NAME OF OFFICEHOLDER OR C		OFFICE SOUGHT OR HE	formed.	
	YES NO			ANDIDATE		ELD SUPPO	E  RT
CITY STATE	YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	ELD SUPPOS  ELD SUPPOS  OPPOS	E RT E RT
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# Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Stateme from	nt covers period 01/01/12	CALIFORNIA FORM	460
through	05/31/12	Page of	f

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1338910 JOYCE STAROSCIAK FOR CITY COUNCIL 2016 Calendar Year Summary for Candidates Column B Column A Contributions Received TOTAL THIS PERIOD CALENDAR YEAR TOTALTO DATE Running in Both the State Primary and (FROMATTACHED SCHEDULES) General Elections 1. Monetary Contributions ...... Schedule A, Line 3 \$ 7/1 to Date 1/1 through 6/30 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made ...... Schedule E, Line 4 \$ 429 **Candidates** 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 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 **Current Cash Statement** 429 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B, add 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 from Column B of your last reported in Column B. report. Some amounts in 429 Column A may be negative figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17 LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts 18. Cash Equivalents ...... See instructions on reverse \$ \_\_\_\_\_ 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)

### Schedule D **Summary of Expenditures Supporting/Opposing Other**

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

			SCHEDULE
Statement covers period		CALIFORNIA	460
from	01/01/12	FORM	400
through _	05/31/12	Page	of
		I.D. NUMBER	
		4000040	

Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE NAME OF FILER JOYCE STAROSCIAK FOR CITY COUNCIL 2016 1338910 **CUMULATIVE TO DATE** PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS TYPE OF PAYMENT CALENDAR YEAR TODATE DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support ☐ Oppose Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support ☐ Oppose Contribution □ Nonmonetary Contribution Independent Expenditure ☐ Oppose ☐ Support SUBTOTAL \$ **Schedule D Summary** 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) 100 2. Unitemized contributions and independent expenditures made this period of under \$100 ......\$ 100 

#### Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

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through _	05/31/12	Page of	
		I.D. NUMBER	

SEE IN	ISTRUC'	TIONS ON	REVERSE

NAME OF FILER

JOYCE STAROSCIAK FOR CITY COUNCIL 2016

CODES	If one of the following co	odes accurately describes	s the payment, you ma	v enter the code. Other	wise, describe the payment.

	•	•				
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs	
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries	
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs	
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals	ſ
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals	ξ,
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor	
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration	
LIT	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
FIRELIGHT GLASS 844 DOOLITTLE DR SAN LEANDRO,CA 94577	OFC	168

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

#### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ .	168
		261
2. Unitemized payments made this period of under \$100	\$ .	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$.	
4 Total payments made this period (Add Lines 1.2 and 3. Enter here and on the Summary Page Column A. Line 6.)	L\$	429

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Statement covers period from07/01/11	Date of election if applicable: (Month, Day, Year)	Date Stamp  CITY OF SAN LEAN  JAN 3 1 2012	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/11		CITY CLERK'S OFF	IUE
1. Type of Recipient Committee: All Committees –  Officeholder, Candidate Controlled Committee  State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored  Small Contributor Committee  Political Party/Central Committee	Complete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	Sermination) Selow)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
SAN LEANDRO CA 945 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C PO BOX 1872	CODE AREA CODE/PHONE 510-351-3463  BOX  CODE AREA CODE/PHONE	NAME OF TREASURER CHRISTINE WISE MAILING ADDRESS 148 BEST AVE CITY SAN LEANDRO NAME OF ASSISTANT TREASU  MAILING ADDRESS  CITY  OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZI CA 94 RER, IF ANY	
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Californ Executed on Date  Executed on Date  Executed on Date	ring this statement and to the best of my knornia that the foregoing is true and correct.  By	Signature of Treasurer or Assistant	Treasurer  coponent or Responsible Officer of Sponstate Measure Proponent	

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

# Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

		COMMATTIAGE
Statem	ent covers period	CALIFORNIA ACO
from	07/01/11	FORM 400
through _	12/31/11	Page 2 of 6
		I.D. NUMBER

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SHIMMARYPAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1338910 JOYCE STAROSCIAK FOR CITY COUNCIL 2016 Calendar Year Summary for Candidates Column A Column B **Contributions Received** CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1/1 through 6/30 7/1 to Date Loans Received ...... Schedule B, Line 3 300 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ miránte ser fa Se alleriton 21. Expenditures Car Sur Strange And Linde 2 + 4 2 \$ एक र ६ के अप्रणानस्य नीविधिक 300 " Made " " \$ TOTAL WATER WITH HERE SON A. **Expenditures Made** i Expenditura Lin 44. notes a **Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 - Strate - 690 - \$ -815 Candidates ---22. Cumulative Expenditures Made\* 690 815 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 3 815 690 **Current Cash Statement** 1119 To calculate Column B, add 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. report. Some amounts in : 690 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 429 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

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Page	3_ ,	of	

		<del></del>	NAME OF BALLOT MEADURE			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
JOYCE RUTLEDGE STAROSCIAK			-			
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CITY COUNCIL		<u>.</u> 2:	<del></del>		. y.	
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15208 RANGER ROD SAN	LEANDRO CA 94579	فهولهم دراي المهجود اردواده مانتخاص الكاملية المستم	Identify the controlling of	fficeholder, ca	ndidate, or state measur	re proponent, if ar
	<del>. 11. j. j. 12. j. j. j. j. j. j. 12. j. C. P. F.</del>	Frank Harly He + a vision	NAME OF OFFICEHOLDER, ©A	NDIDATE; OR PI	ROPONENT:	مقشوممو معدد فأقد يورادري
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	☐ YES ☐ NO	7. 	Primarily Formed Car officeholder(s) or candidate(	s) for which th	ceholder Committee is committee is primarily for	ormed.
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# Schedule D Summary of Expenditures

Type or print in ink. Amounts may be rounded

			SCHEDULE D
Stateme	ent covers period	CALIFORNIA	460
from	07/01/11	FORM	40U
through _	12/31/11	Page 4	of <u>L</u>
		I.D. NUMBER	

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SEE INSTRUCTION	•				through12/3	1/11	Page	
AME OF FILER JOYCE STA	AROSCIAK FOR CITY CO	UNCIL 2016					1.D. NUME 1338910	
DATE	NAME OF CANDIDATE, OFFIC MEASURE NUMBER OR LETTE OR COMMIT	ER AND JURISDICTION,	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAF (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
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	☐ Support [	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
		-		SUBTOTAL	\$ 250			
I. Itemized co	•	·	•	all Schedule D subtotals.)				250
	-	•	·	ler \$100		то		250

Schedule E Payments Made	Type or print i Amounts may be to whole doll	rounded	Statem	ent covers period 07/01/11		460
SEE INSTRUCTIONS ON REVERSE			through _	12/31/11	Page _5_ of	6
NAME OF FILER  JOYCE STAROSCIAK FOR CITY COUNCIL 201	16				I.D. NUMBER 1338910	
CODES: If one of the following codes accurately of campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filling/ballot fees a way fundraising events independent expenditure supporting/opposing others (explain to campaign/filferature/and-mailings/crape()) and compaign/filferature/and-mailings/crape().	MBR member community meetings and a OFC office expense PET petition circulation phone banks POL polling and surplain)*  PRO professional se	unications appearances is ing: *****	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/ses TSF- trans VOT voter	be the payment. airtime and production of the contributions or cable airtime and production of the cable airtime and production of the cable airtime and producte travel, lodging, and spouse travel, lodging, after between committees registrations in the cable of the	uction costs I meals and meals s of the same candida	ate/spons
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BOYS & GIRLS CLUB OF SAN LEANDRO 401 MARINA BLVD SAN LEANDRO, CA 94577	-	CVC .		V	. "**1	100
BUILDING FUTURES FOR WOMEN & CHILDREN 1395 BANCROFT AVE SAN LEANDRO,CA 94577		CVC				100
STEPPING STONES 311 MACARTHUR BLVD SAN LEANDRO,CA 94577		cvc				10
* Payments that are contributions or independent exper	nditures must also be summar	ized on Schedule D.		SU	BTOTAL\$	300
Schedule E Summary						
1. Itemized payments made this period. (Include all S	Schedule E subtotals.)			•••••	\$	650
2. Unitemized payments made this period of under \$1	100				\$	40

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

690

# Schedule E

Type or print in ink.

SCHEDULE E (CONT.)

Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	from07/01/11	FORM 460
EE INSTRUCTIONS ON REVERSE		through12/31/11	Page 6 of 6
AME OF FILER			I.D. NUMBER
JOYCE STAROSCIAK FOR CITY COUNCIL 2016			1338910
CODES: If one of the following codes accurately of	describes the payment, you may enter the code.	Otherwise, describe the paymen	t.
MD compoign paraphornalia/misc	MRR member communications	BAD radio airtime and production	nn costs

CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees FND fundraising events  ND independent expenditure supporting/opposing others (explain)*  LEG legal defense (1975)  LEG legal defense (1975)  CAMPART MEMBER member com meetings an OFC office exper petition circumpation circumpation in the policy of the petition circumpation of the petition circumpation circumpation in the policy of the petition circumpation in the petition circumpation circumpatio	d appearance uses ulating s survey resear ivery and me services (leg	S RFE SAI SAI TEL TRC TRC th 2 TRS ssenger services TSF al, accounting) 2 2 2 2 VO	candidate travel, I staff/spouse trave transfer between voter registration information technic	tions s' salaries se and production cost odging, and meals l, lodging, and meals committees of the sal	me candidate/spons
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SAN LEANDRO POLICE OFFICERS ASSOC ASSOCIATED ASSOC ASSOC ASSOCIATED ASS	-CVC -	- HARASIN	<del>00. 3</del> 	E TOTAL	CONSTRAIN
ANTHONY PORTANTINO CONGRESSIONAL EXPLORATORY COMM PO BOX 93935 PASADENA, CA 91109	СТВ				250
					С

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

350

**SUBTOTAL \$** 

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	THE STATE OF THE S	Date Stamp	EANDR	LIFORNIA 460
	Statement covers period 06/01/11 through	Date of election if applicable: (Month, Day, Year)	JUL 2:7 2 City Clerk's		For Official Use Only
			<u></u>		
State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored  Pri  Sponsored  Sponsored  Sponsored  Sponsored  Sponsored  Sponsored  Sponsored  Sponsored  Sponsored  Sponsored	marily Formed Ballot Measure mmittee Controlled Sponsored complete Part 6) marily Formed Candidate/ ficeholder Committee complete Part 7)	2. Type of Statement:  ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te ☐ Amendment (Explain be	•	Supplement	atement I-Year Report al Preelection Attach Form 495
3. Committee Information	NUMBER 338910	Treasurer(s)	rain re		' NA 'F
STREET ADDRESS (NO P.O. BOX) 15208 RANGER ROAD	6	CHRISTINE WISE  MAILING ADDRESS  148 BEST AVE  CITY  SAN LEANDRO	STATE CA	ZIP CODE 94577	AREA CODE/PHO 510-867-7152
CITY STATE ZIP COD SAN LEANDRO CA 94579	E AREA CODE/PHONE 510-351-3463	NAME OF ASSISTANT TREASUR		34377	310-007 7 102
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO PO BOX 1872	x	MAILING ADDRESS			
CITY STATE ZIP COD SAN LEANDRO CA 94577	E AREA CODE/PHONE	СІТҮ	STATE	ZIP CODE	AREA CODE/PHO
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS		
4. Verification I have used all reasonable diligence in preparing and reviewing tunder penalty of perjury under the laws of the State of California  Executed on   Date  Executed on  Date  Date	that the foregoing is true and correct.  By	nowledge the information contained here Signature of Treasurer or Assistant T  Ontrolling Officeholder, Candidate (State Measure Pro-	reasurer		ue and complete. I certif
	D.,	•			
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, Str	ate Measure Proponent		

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

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALI F	FORNIA ORM	2	160			
Page	2	of	6			

. Officeholder or Candidate Controlled Committee			Primarily Formed Ball	ot Measure	Committe	е		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
JOYCE RUTLEDGE STAROSCIAK								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPP	
CITY COUNCIL							OPPC	
	EANDRO CA 94579		Identify the controlling of					
Related Committees Not Included in this St			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		e tipate	ای میں میں اور
not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT N	O. IF ANY	47.40°2, 48.40,40°2,
COMMITTEE NAME  NAME OF TREASURER	I.D. NUMBER  CONTROLLED COMMITTEE?	7.	Primarily Formed Can	didate/Offices) for which the	ceholder C	ommittee	List nam	es of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	YES NO	٠	NAME OF OFFICEHOLDER OR			UGHT OR HEL	P C	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HEL		SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HEL		SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HEL	-   Ŀ	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	CODE AREA CODE/PHONE		Atta	ch continuat	ion sheets if	necessary	- <u> </u>	

### Campaign Disclosure Statement Summary Page

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Type or print in ink.

Amounts may be rounded to whole dollars.

	COMMUNIC					
fr	Statement covers period on	CALIFORNIA 460				
th	06/30/11	Page3 of6				
		I.D. NUMBER				

SHIMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1338910 JOYCE STAROSCIAK FOR CITY COUNCIL 2016 **Calendar Year Summary for Candidates** Column A Column B Contributions Received CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 300 1. Monetary Contributions ...... Schedule A, Line 3 1/1 through 6/30 7/1 to Date 2 Loans Received Schedule B. Line 3 20. Contributions 300 SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures 300 Made 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 Expenditures Made **Expenditure Limit Summary for State** 125 6. Payments Made : Schedule E, Line 4 Candidates 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 125 125 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 125 125 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ \_\_\_\_\_\_ To calculate Column B. add 300 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 944 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 125 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 1119 figures that should be 16. ENDING CASH BALANCE .......... Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 17 LOAN GUARANTEES RECEIVED ...... Schedule B. Part 2 \$ \_\_ 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)

# Schedule A

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Monetary Contributions Received			is may be rounded whole dollars.	Statement covers period from		california 460		
OFF INSTRUCTION	INC ON DEVELORE			through06	5/30/11	Page_	4 of 6	
NAME OF FILER	ONS ON REVERSE					I.D. NUI	MBER	1
JOYCE S	TAROSCIAK FOR CITY COUNCIL 2016					13389	10	
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)	_
06/30/11	SHEET METAL WORKERS LOC 104 PAC 2610 CROW CANYON RD, STE 300 SAN RAMON, CA 94583	☐IND  ☑COM ☐OTH ☐PTY ☐SCC	#850381	300		300		(
-	1	□IND □COM □OTH □PTY □SCC	-			-		_
		□IND □COM □OTH □PTY □SCC						_
		□IND □COM □OTH □PTY □SCC						<del>_</del>
		□IND □COM □OTH □PTY □SCC						•
			SUBTOTAL	\$ 300				A.X. 8/8/
1. Amount re (Include a	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)				CON	(other t		
	eceived this period – unitemized monetary contribution	s of less than S	\$100 \$		PTY	-Political		
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$	300	300		Form 460 (January/05)	)

Schedule E Payments Made	Type or prin Amounts may to whole o	be rounded	trom	overs period 5/01/11	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  JOYCE STAROSCIAK FOR CITY COUNCIL 2016			through		I.D. NUMBER 1338910
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, del	munications d appearances ases alating	RAD radio airtime RFD returned co SAL campaign v TEL t.v. or cable TRC candidate tr TRS staff/spouse s > TSF transfer bet VOT voter regist	e and production on ntributions vorkers' salaries airtime and produ avel, lodging, and travel, lodging, a ween committees	ection costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	~ DESCRIPTION OF PAYMEN	Т	AMOUNT PAID
* Payments that are contributions or independent expenditures	must also be sumn	arized on Schedule D.		SUE	BTOTAL\$
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule)	e E subtotals.)				\$

125

125

Schedule Miscelland	eous Increases to Cash	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period  from06/01/11  through06/30/11	CALIFORNIA 460 FORM of 6
JOYCE STA	ROSCIAK FOR CITY COUNCIL 2016			1338910
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE .	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
06/01/11	JOYCE STAROSCIAK FOR MAYOR 2012	TRANSFER OF	TRANSFER OF CAMPAIGN FUNDS	
Attach addi	itional information on appropriately labeled continuation sheets.		SUBTOTAL	- \$ 944
2. Unitemize	I Summary ncreases to cash this period Indicate the cash of under \$100 this period		\$	4

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

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

944