

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	CITY OF SAN LEANDRO	CALIFORNIA 2005/06 FORM 46
JUL 27 2007		1 / 6
CITY CLERK'S OFFICE		For Official Use Only

Statement covers period	Date of election if applicable:
from 01/01/2007	(Month, Day, Year)
through 06/30/2007	

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Primary Formed |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Controlled |
| (Also Complete Part 5.) | <input type="checkbox"/> Sponsored |
| <input type="checkbox"/> General Purpose Committee | (Also Complete Part 6.) |
| <input type="checkbox"/> Sponsored | <input type="checkbox"/> Primary Formed Candidate/ |
| <input type="checkbox"/> Small Contributor Committee | Officeholder Committee |
| <input type="checkbox"/> Political Party/Central Committee | (Also Complete Part 7.) |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input checked="" type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection |
| <input type="checkbox"/> Amendment (Explain below) | Statement - Attach Form 49 |

3. Committee Information

I.D. NUMBER
1284208

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Diana Souza

STREET ADDRESS (NO P.O. BOX)
151 Callan Av 306

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Leandro	CA	94577-4536	(510) 895-2011

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
151 Callan Av 306

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Leandro	CA	94577-4536	

OPTIONAL: FAX/E-MAIL ADDRESS
(510) 895-2018

Treasurer(s)

NAME OF TREASURER
Tina Robertson

MAILING ADDRESS
151 Callan Av 306

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Leandro	CA	94577-4536	(510) 895-2011

NAME OF ASSISTANT TREASURER, IF ANY
Kenneth Pon CPA

MAILING ADDRESS
151 Callan Av 306

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Leandro	CA	94577-4536	(510) 895-2011

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedule is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/10/2007 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/10/2007 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Type or print in ink.

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Diana Souza

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sought: City Council Member
City 003

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
151 Callan Av 306 San Leandro CA 94577-4536

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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Committee

 List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PA

Statement covers period
from 20070101
through 20070630

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Diana Souza

I.D. NUMBER

1284208

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received	Schedule B, Line 7	\$ <u>-352.93</u>	\$ <u>8490.68</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>-352.93</u>	\$ <u>8490.68</u>
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>-352.93</u>	\$ <u>8490.68</u>

Calendar Year Summary for Candidate Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$ <u>0.00</u>	\$ <u>0.00</u>
21. Expenditures Made	\$ <u>0.00</u>	\$ <u>0.00</u>

Expenditures Made

		Column A	Column B
6. Payments Made	Schedule E, Line 4	\$ <u>388.60</u>	\$ <u>388.60</u>
7. Loans Made	Schedule H, Line 7	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>388.60</u>	\$ <u>388.60</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>388.60</u>	\$ <u>388.60</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	\$ _____
_____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>741.53</u>
13. Cash Receipts	Column A, Line 3 above	\$ <u>-352.93</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0.00</u>
Cash Payments	Column A, Line 8 above	\$ <u>388.60</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0.00</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>8490.68</u>

Schedule B - Part 1 Loans Received

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

Statement covers period
from 20070101
through 20070630

CALIFORNIA FORM **460**
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Diana Souza

I.D. NUMBER
1284208

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Diana Souza 151 Callan Av 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 600.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 352.93 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 247.07 06/22/2007 DATE DUE	0.00 % RATE \$ 0.00	\$ 600.00 06/22/2006 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTOR 8843.61
Diana Souza 151 Callan Av 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 943.61	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 943.61 12/31/2006 DATE DUE	0.00 % RATE \$ 0.00	\$ 943.61 06/30/2006 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTOR 8843.61
Diana Souza 151 Callan Av 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 100.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 100.00 12/31/2006 DATE DUE	0.00 % RATE \$ 0.00	\$ 100.00 07/27/2006 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTOR 8843.61
SUBTOTALS								
		\$	\$	\$	\$			

Schedule B Summary

1. Loans received this period. _____ \$ 0.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____ \$ 352.93
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net \$** -352.93
(may be a negative number)

Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on
Schedule E, Line 3)

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

** If required.

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

Schedule B - Part 1 Loans Received

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

Statement covers period
from 20070101
through 20070630

CALIFORNIA
FORM **460**
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Diana Souza

I.D. NUMBER

1284208

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Diana Souza 151 Callan Av 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 700.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 700.00 12/31/2006 DATE DUE	0.00 % RATE \$ 0.00	\$ 700.00 09/18/2006 DATE INCURRED	CALENDAR YEAR PER ELECTOR 8843.61
Diana Souza 151 Callan Av 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 500.00 12/31/2006 DATE DUE	0.00 % RATE \$ 0.00	\$ 500.00 09/29/2006 DATE INCURRED	CALENDAR YEAR PER ELECTOR 8843.61
Diana Souza 151 Callan Av 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 6000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 6000.00 12/31/2006 DATE DUE	0.00 % RATE \$ 0.00	\$ 6000.00 10/06/2006 DATE INCURRED	CALENDAR YEAR PER ELECTOR 8843.61
SUBTOTALS		\$	0.00	\$ 352.93	\$ 8490.68	\$ 0.00		

Schedule B Summary

1. Loans received this period. _____ \$ _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____ \$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net \$** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

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

** If required.

*Contributor Codes

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

**Schedule E
Payments Made**

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

Statement covers period
from 20070101
through 20070630

SCHEDULE
CALIFORNIA FORM 46
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I.D. NUMBER
1284208

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Diana Souza

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC 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
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sp
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Washington Manor Swim Team PO Box 1611 San Leandro CA 94577	CVC	ID:	104

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

SUBTOTAL \$ 104

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 104.00
2. Unitemized payments made this period of under \$100.	\$ 284.60
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 388.60