

**Recipients Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.



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COVER PAGE

CALIFORNIA 460
2001/02
FORM

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Page 1 of 8
For Official Use Only

Statement covers period
from 01/01/06
through 06/30/06

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

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 982793

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Political Action Committee
for Excellence - P.A.C.E.

STREET ADDRESS (NO P.O. BOX)
844 Dutton Ave.

CITY STATE ZIP CODE AREA CODE/PHONE
San Leandro CA 94577 (510) 553-1040

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
J. PLANKENHORN@comcast.NET

Treasurer(s)

NAME OF TREASURER
Janet Plankenhorn

MAILING ADDRESS
844 Dutton Ave.

CITY STATE ZIP CODE AREA CODE/PHONE
San Leandro CA 94577 (510) 553-1040

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
Same

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 schedules 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 07/30/06
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By Janet Plankenhorn
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

COPY

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>01/01/06</u> through <u>06/30/06</u>	CALIFORNIA FORM 460
	Page <u>2</u> of <u>8</u>
I.D. NUMBER <u>982793</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Political Action Committee for Excellence P.A.C.E.

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>2440.</u>	\$ _____
2. Loans Received Schedule B, Line 7	\$ <u>- 0 -</u>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>2440.</u>	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>- 0 -</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>2440.</u>	\$ _____

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL DATE
6. Payments Made Schedule E, Line 4	\$ <u>4359.</u>	\$ _____
7. Loans Made Schedule H, Line 7	\$ <u>- 0 -</u>	\$ _____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>4359.</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>-</u>	\$ _____
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>-</u>	\$ _____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>4359.</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>5877.</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>2440.</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>- 0 -</u>
15. Cash Payments Column A, Line 8 above	\$ <u>4359.</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3958.</u>

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).

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 01/01/06
through 06/30/06

CALIFORNIA
FORM **460**

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

POLITICAL ACTION COMMITTEE for EXCELLENCE P.A.C.E.

I.D. NUMBER
982793

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)
5/01/06	Jacquelyn Diaz 1285 Alon Ave. San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Asst. to City Mgr. City of Pleasanton	180.		
1/21/06	KATHERINE Frates 739 Bridge Rd. San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Clinical services San Leandro Surgery Ctr.	180.		
1/27/06	Faith Frazier 474 Dolores #209 San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	180.		
2/28/06	Esther Holcomb 694 Douglas Ave. San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed contractor Holcomb's Home Repair	180.		
1/21/06	Rose Johnson 2832 Foothill Oaks Terrace Pleasanton, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Dir. Davis St. Family Resource Ctr.	180.		

SUBTOTAL \$ 900.

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1270.
- Amount received this period - unitemized contributions of less than \$100 \$ 1170.
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 2440.

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

**Module A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (C)

Statement covers period
from 01/01/06
through 06/30/06

CALIFORNIA
FORM **46**

Page 4 of 8

I.D. NUMBER
982193

NAME OF FILER

Political Action Committee for Excellence P.A.C.E.

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)
<i>2/28/06</i>	<i>Denise B. Kaplan 364 Dawling San Leandro, CA 94577</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>office Mgr. JAT Computer Consulting, Inc.</i>	<i>180.</i>		
<i>1/27/06</i>	<i>PAT RAPOSO 1445 Daily Dr. San Leandro, CA 94577</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Retired</i>	<i>190.</i>		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				<i>370.</i>		

***Contributor Codes**

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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

Statement covers period
from 01/01/06
through 06/30/06

SCHEDULE D
CALIFORNIA FORM 460

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Political Action Committee for Excellence P.A.C.E.

I.D. NUMBER

982793

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<i>5/01/06</i>	<i>Committee to Elect Esther Holcomb I.D. # 1284890</i>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<i>County Board of Education Area 4</i>	<i>1000.</i>		
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<i>5/01/06</i>	<i>Friends of Ellen Corbett I.D. # 1253363</i>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<i>State Senate Dist. #10</i>	<i>750.</i>		
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<i>5/01/06</i>	<i>(Steital) Young for Supervisor I.D. # 1275205</i>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<i>County Board of Supvrs. Dist. #3</i>	<i>1000.</i>		
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				<i>2750.</i>		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 4250.
- Unitemized contributions and independent expenditures made this period of under \$100 \$ -0-
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 4250.

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

Statement covers period
from 01/01/06
through 06/30/06

SCHEDULE D (CONT.)
CALIFORNIA FORM 460
Page 6 of 8
I.D. NUMBER
982793

NAME OF FILER

Political Action Committee for Excellence P.A.C.E.

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<i>5/01/06</i>	<i>Mary Hayashi Member for assembly I.D. # 1266729</i>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<i>State assembly Dist. #18</i>	<i>750.</i>		
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<i>5/05/06</i>	<i>Committee to Elect Sandra K. Bear I.D. # 1285541</i>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<i>Superior court Judge Seat 21</i>	<i>750.</i>		
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$ *1500.*

**Schedule E
Payments Made**

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

Statement covers period
from 01/01/06
through 06/30/06

SCHEDULE
CALIFORNIA
FORM **460**

Page 7 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Political Action Committee for Excellence P.A.C.E.

I.D. NUMBER
982793

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/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT 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
<i>Committee To Elect Esther Holcomb I.D. # 1284890 P.O. Box 323 San Leandro, CA 94577</i>	<i>CTB</i>		<i>1000.</i>
<i>Friends of ELLEN Corbett I.D. # 1253363 P.O. Box 804 San Leandro, CA 94577</i>	<i>CTB</i>		<i>750.</i>
<i>Young Fox Supervisor (Sheika) I.D. # 1275205 830 E. 14th St., # 2 San Leandro CA 94577</i>	<i>CTB</i>		<i>1000.</i>

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

SUBTOTAL \$ 2750.

Schedule E Summary

- | | |
|--|------------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ <u>4250.</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>109.</u> |
| 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.) | TOTAL \$ <u>4359.</u> |

Schedule E
(Continuation Sheet)
Payments Made

Type Print in Ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
 from 01/01/06
 through 06/30/06

CALIFORNIA
 FORM **460**

Page 8 of 8

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

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/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT 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
Mary Hayashi Democrat for Assembly I.D. #1266729 22734 Main St. Hayward, CA 94541	CTB		750.
Committee to Elect Sandra K. BEAN I.D. #1285541 P.O. Box 1562 Pleasanton, CA 94566	CTB		750.

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

SUBTOTAL \$ 1500.