

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA 2005/06 FORM 460
CITY OF SAN LEANDRO	1 / 13
AUG 02 2010	For Official Use Only
CITY CLERK'S OFFICE	

Statement covers period
 from 01/01/2010
 through 06/30/2010

Date of election if applicable:
 (Month, Day, Year)
11/02/2010

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/Officeholder Committee |
| <input type="checkbox"/> Small Contributor Committee | (Also Complete Part 7.) |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1320251

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Pauline Cutter for City Council 2010

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 Ave 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
Kenneth Pon CPA

MAILING ADDRESS
151 Callan Ave 306

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 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 07/28/2010 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/28/2010 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

**Recipient Committee
Campaign Statement
Cover Page – Part 2**

CALIFORNIA FORM 460
2 / 13

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Pauline Cutter			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Sought: City Council Member City 05			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 151 Callan Ave 306	CITY San Leandro	STATE CA	ZIP 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
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	

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 PAGE

Statement covers period from <u>20100101</u>	CALIFORNIA FORM 460
through <u>20100630</u>	
3 / 13	
I.D. NUMBER 1320251	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Pauline Cutter for City Council 2010

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>4712.00</u>	\$ <u>4712.00</u>
2. Loans Received	Schedule B, Line 7	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ <u>4712.00</u>	\$ <u>4712.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3	<u>350.00</u>	<u>350.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ <u>5062.00</u>	\$ <u>5062.00</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. Contribution Received	\$ <u>5062.00</u>	\$ <u>0.00</u>
21. Expenditures Made	\$ <u>1939.41</u>	\$ <u>0.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>1939.41</u>	\$ <u>1939.41</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>1939.41</u>	\$ <u>1939.41</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>350.00</u>	<u>350.00</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ <u>2289.41</u>	\$ <u>2289.41</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>3696.65</u>
13. Cash Receipts	Column A, Line 3 above	<u>4712.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>0.27</u>
Cash Payments	Column A, Line 8 above	<u>1939.41</u>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>6469.51</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 \$ 0.00

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>0.00</u>

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	20100101	
through	20100630	4 / 13
NAME OF FILER Pauline Cutter for City Council 2010		I.D. Number 1320251

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 01/04/2010	James Bolar 430 Breed Av San Leandro CA 94577 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HR Manager Kaiser Air	100.00	100.00	100.00 P 10
Rcpt Dt: 05/14/2010	BRICKLAYERS AND ALLIED CRAFTWORKER LOCAL NO. 601C 10806 Bigge St San Leandro CA 94577 ID: 1244975	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		150.00	150.00	150.00 P 10
Rcpt Dt: 01/26/2010	Gerard Clum 306 Begier Av San Leandro CA 94577-2816 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chiropractor Life Chiropractic College West	250.00	250.00	250.00 P 10
Rcpt Dt: 01/25/2010	John Dutra 260 Traminer Ct Fremont CA 94539-6085 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman of the Board Dutra Enterprises, Inc	250.00	250.00	250.00 P 10
Rcpt Dt: 03/25/2010	Evelyn Gonzalez 1700 Daniels Dr San Leandro CA 94577 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	500.00	500.00	500.00 P 10
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 3050.00
2. Amount received this period - unitemized contributions of less than \$100	\$ 1662.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 4712.00

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	20100101	
through	20100630	5 / 13
NAME OF FILER Pauline Cutter for City Council 2010		I.D. Number 1320251

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 02/09/2010	Peggy Hynd Combs 61 Georgia Way San Leandro CA 94577-1830 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Resource Development Consultant Self employed	100.00	100.00	100.00 P 10
Rcpt Dt: 01/20/2010	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 595 PAC 6250 VILLAGE PARKWAY DUBLIN CA 94568-3004 ID: 1273532	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 P 10
Rcpt Dt: 02/09/2010	MJC Employee Benefits and Insurance Services Inc 151 Callan Ave 200 San Leandro CA 94577 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 P 10
Rcpt Dt: 03/26/2010	OPERATING ENGINEERS LOCAL 3, DISTRICT 20 PAC 1620 SOUTH LOOP ROAD ALAMEDA CA 94502 ID: 891396	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 P 10
Rcpt Dt: 03/11/2010	Garni Phillips 249 Cherrywood Av San Leandro CA 94577 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Hayward USD	100.00	100.00	100.00 P 10

SUBTOTAL \$

Schedule A Summary

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

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>20100101</u> through <u>20100630</u>	CALIFORNIA FORM 460
	6 / 13
NAME OF FILER Pauline Cutter for City Council 2010	
I.D. Number 1320251	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 06/03/2010	SHEET METAL WORKERS LOCAL UNION 104 POLITICAL ACTION COMMITTEE 2610 CROW CANYON ROAD, SUITE 300 SAN RAMON CA 94583-1547 ID: 850381	<input type="checkbox"/> IND <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	COMMITTEE	500.00	500.00	500.00 P 10

SUBTOTAL \$ 3050.00

Schedule A Summary

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

*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 from <u>20100101</u> through <u>20100630</u>	CALIFORNIA FORM 460
	7 / 13
	I.D. Number 1320251

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pauline Cutter for City Council 2010

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)
Rcpt Dt: 02/04/2010	Zocalo Coffeehouse 645 Bancroft Av San Leandro CA 94577 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Facility usage and refreshments	350.00	350.00	350.00 P 10

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL \$	350.00	
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Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$	<u>350.00</u>
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$	<u>0.00</u>
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$	<u>350.00</u>

*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.

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from	20100101	
through	20100630	8 / 13
NAME OF FILER		I.D. NUMBER
Pauline Cutter for City Council 2010		1320251

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pauline Cutter for City Council 2010

DATE	CANDIDATE AND OFFICE, MEASURE 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)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure				
	District No: <input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$	0.00	
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Schedule D Summary

- 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 0.00
- 2. Unitemized contributions and independent expenditures made this period of under \$100 \$ 50.00
- 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** 50.00

Schedule E Payments Made

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

SCHEDULE E

Statement covers period from <u>20100101</u>	CALIFORNIA FORM 460
through <u>20100630</u>	
9 / 13	
I.D. NUMBER 1320251	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pauline Cutter for City Council 2010

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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Alameda Building Trades Council 8400 Enterprise Wy 205 Oakland CA 94621	MTG	ID:		125.00
Louis Heystek 161 Georgia Wy San Leandro CA 94577	MTG	ID:		50.00
Louis Heystek 161 Georgia Wy San Leandro CA 94577	OFC	ID:		42.25

* 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.)	\$ 1715.46
2. Unitemized payments made this period of under \$100.	\$ 223.95
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 \$ 1939.41

Schedule E Payments Made

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	20100101	
through	20100630	10 / 13
NAME OF FILER		I.D. NUMBER
Pauline Cutter for City Council 2010		1320251

SEE INSTRUCTIONS ON REVERSE

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, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Louis Heystek ID: 161 Georgia Wy San Leandro CA 94577	OFC			64.90
Louis Heystek ID: 161 Georgia Wy San Leandro CA 94577	OFC			79.04
In & Out Printing ID: 14628 Wicks Bl San Leandro CA 94577	OFC			82.31

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

SUBTOTAL \$

Schedule E Summary

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

Schedule E Payments Made

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

SCHEDULE E

Statement covers period from <u>20100101</u>	CALIFORNIA FORM 460
through <u>20100630</u>	
11 / 13	
I.D. NUMBER 1320251	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pauline Cutter for City Council 2010

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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
In & Out Printing 14628 Wicks Bl ID: San Leandro CA 94577	OFC			345.71
Kenneth Pon CPA 151 Callan Av 306 ID: San Leandro CA 94577-4536	POS			306.25
Postmaster 1319 Washington Av ID: San Leandro CA 94577-3645	POS			440.00

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

SUBTOTAL \$

Schedule E Summary

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

Schedule E Payments Made

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	20100101	
through	20100630	12 / 13
NAME OF FILER		I.D. NUMBER
Pauline Cutter for City Council 2010		1320251

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pauline Cutter for City Council 2010

I.D. NUMBER

1320251

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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Leandro Chamber of Commerce 15555 E 14th St 100 ID: San Leandro CA 94578-1972	MTG			30.00
San Leandro Chamber of Commerce 15555 E 14th St 100 ID: San Leandro CA 94578-1972	MTG			150.00

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

SUBTOTAL \$ 1715.46

Schedule E Summary

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

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>20100101</u> through <u>20100630</u>	CALIFORNIA FORM 460
	13 / 13
	I.D. NUMBER 1320251

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pauline Cutter for City Council 2010

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	ID:		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule I Summary

1. Itemized increases to cash this period.	\$ <u>0.00</u>
2. Unitemized increases to cash under \$100 this period.....	\$ <u>0.27</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$ <u>0.00</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$ <u>0.27</u>