

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	CALIFORNIA 2005/06 FORM 460
CITY OF SAN LEANDRO	1 / 15
OCT 05 2010	For Official Use Only
CITY CLERK'S OFFICE	

Statement covers period
 from 07/01/2010
 through 09/30/2010

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

2. Type of Statement:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input 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 10/05/2010 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/05/2010 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**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

2 / 15

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) CITY STATE ZIP
151 Callan Ave 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 PAGE

Statement covers period		CALIFORNIA FORM 460
from	20100701	
through	20100930	3 / 15
		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	\$ 6395.00	\$ 11107.00
2. Loans Received	Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 6395.00	\$ 11107.00
4. Nonmonetary Contributions	Schedule C, Line 3	1780.79	2130.79
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 8175.79	\$ 13237.79

**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	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 5566.30	\$ 7505.71
7. Loans Made	Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 5566.30	\$ 7505.71
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	2270.00	2270.00
10. Nonmonetary Adjustment	Schedule C, Line 3	1780.79	2130.79
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 9617.09	\$ 11906.50

**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	\$ 6469.51
13. Cash Receipts	Column A, Line 3 above	6395.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	30.00
Cash Payments	Column A, Line 8 above	5566.30
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 7328.21

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).

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 2270.00

*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		CALIFORNIA FORM 460
from	20100701	
through	20100930	4 / 15
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: 08/05/2010	Lawrence Allphin 155 Parrott St 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	Goldsmith Allphin Jewelers	100.00	100.00	100.00 G 10
Rcpt Dt: 08/27/2010	AMALGAMATED TRANSIT UNION LOCAL 1555 POLITICAL ACTION COMMITTEE 132 9TH STREET, SUITE 100 OAKLAND CA 94607 ID: 981455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 G 10
Rcpt Dt: 09/02/2010	Anthony Batarse Jr 10550 International Bl Oakland CA 94603 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Lloyd A Wise Co	100.00	100.00	100.00 G 10
Rcpt Dt: 09/29/2010	CALIFORNIA APARTMENT ASSOCIATION POLITICAL ACTION COMMITTEE 980 9TH STREET, SUITE 2150 SACRAMENTO CA 95814 ID: 745208	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00 G 10
Rcpt Dt: 09/29/2010	Wilma Chan 2627 Clay St Alameda CA 94501-5312 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Children Now	75.00	125.00	75.00 G 10 50.00 P 10
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 4927.00
2. Amount received this period - unitemized contributions of less than \$100	\$ 1468.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 6395.00

*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	20100701	
through	20100930	5 / 15
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: 08/03/2010	Esther Collier 694 Douglas Dr San Leandro CA 94577-1417 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Collier Home Repair	100.00	100.00	100.00 G 10
Rcpt Dt: 08/05/2010	Dr Jennifer Ong, OD 2223 Santa Clara Ave A Alameda CA 94501 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 G 10
Rcpt Dt: 07/29/2010	Katherine Frates 2062 Evergreen 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	None	50.00	100.00	50.00 G 10 50.00 P 10
Rcpt Dt: 09/29/2010	Louis Heystek 161 Georgia Way San Leandro CA 94577-1832 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy CFO Dutra Enterprises, Inc	1.00	347.66	347.66 G 10
Rcpt Dt: 09/29/2010	Louis Heystek 161 Georgia Way San Leandro CA 94577-1832 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy CFO Dutra Enterprises, Inc	1.00	347.66	347.66 G 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		CALIFORNIA FORM 460
from	20100701	
through	20100930	6 / 15
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: 08/13/2010	INSULATORS & ASBESTOS WORKERS LOCAL UNION # 600 1320 HARBOR BAY PARKWAY, SUITE 220 ALAMEDA CA 94502 ID: 1250907	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 G 10
Rcpt Dt: 08/05/2010	Kenneth Pon CPA 151 Callan Av San Leandro CA 94577-4536 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	200.00	200.00 G 10 1250.00 P 10
Rcpt Dt: 09/29/2010	Kenneth Pon CPA 151 Callan Av San Leandro CA 94577-4536 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	200.00	200.00 G 10 1250.00 P 10
Rcpt Dt: 09/29/2010	Susan Kleebauer 825 Collier 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	Managing Attorney Alameda County Bar Assn	150.00	150.00	150.00 G 10
Rcpt Dt: 08/05/2010	Carolyn Lizotte 440 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	Regional Sales Executive Anixter	100.00	150.00	100.00 G 10 100.00 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		CALIFORNIA FORM 460
from	20100701	
through	20100930	7 / 15
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: 08/05/2010	NORTHERN CALIFORNIA CARPENTERS REGIONAL COUNCIL 265 HEGENBERGER ROAD, SUITE 200 OAKLAND CA 94621 ID: 972104	<input type="checkbox"/> IND <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	SMALL CONTRIBUTOR COMMITTEE	500.00	500.00	500.00 G 10
Rcpt Dt: 09/02/2010	NORTHERN CALIFORNIA DISTRICT COUNCIL - INTERNATIONAL 1188 FRANKLIN STREET-4TH FLOOR SAN FRANCISCO CA 94109 ID: 910065	<input type="checkbox"/> IND <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LONGSHOREMEN'S & WAREHOUSEMEN'S UNION	100.00	100.00	100.00 G 10
Rcpt Dt: 07/30/2010	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		250.00	750.00	250.00 G 10 500.00 P 10
Rcpt Dt: 09/16/2010	Dwight Ost 27 - 28th St San Francisco CA 94110 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warehouse Tech Stanford University	200.00	200.00	200.00 G 10
Rcpt Dt: 09/16/2010	POLITICAL ACTION COMMITTEE FOR EXCELLENCE (PAC) PO Box 3287 San Leandro CA 94578 ID: 982793	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	1000.00 G 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>20100701</u>		CALIFORNIA FORM 460
through <u>20100930</u>		
		8 / 15
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: 08/16/2010	Barbara Scalzi 173 W Pioneer Av Homer AK 99603 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gift Shop Owner Self	200.00	200.00	200.00 G 10
Rcpt Dt: 09/09/2010	STEAMFITTERS LOCAL 342 POLITICAL ACTION COMMITTEE 1030 SHARY CT CONCORD CA 94518 ID: 890268	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		250.00	250.00	250.00 G 10 500.00 P 10
Rcpt Dt: 09/28/2010	Melvin Switzer 726 Moraga Dr San Leandro CA 94578-4045 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coordinator Alameda County JATC, IBEW Local 595	100.00	100.00	100.00 G 10

SUBTOTAL \$ 4927.00

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		CALIFORNIA FORM 460
from	20100701	
through	20100930	9 / 15
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 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: 08/05/2010	Scott Cutter 234 Sunnyside 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	Carpenter Alameda County	Food and beverages	264.43	264.43	264.43 G 10
Rcpt Dt: 09/29/2010	Dr Jennifer Ong, OD 2223 Santa Clara Av A Alameda CA 94501 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Banquet rental, catering, event supplies	920.70	920.70	920.70 G 10
Rcpt Dt: 08/30/2010	Gianna Babb Photography 151 Callan Av 306 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		Photography services	250.00	250.00	250.00 G 10
Rcpt Dt: 09/03/2010	Louis Heystek 161 Georgia Way San Leandro CA 94577-1832 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy CFO Dutra Enterprises, Inc	Office supplies	345.66	347.66	347.66 G 10

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL \$	1780.79
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Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$	1780.79
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$	0.00
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 \$	1780.79

*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	20100701	
through	20100930	10 / 15
NAME OF FILER		I.D. NUMBER
Pauline Cutter for City Council 2010		1320251

SEE INSTRUCTIONS ON REVERSE

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	District No: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure				

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 \$ 100.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** 100.00

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	20100701	
through	20100930	11 / 15
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
Alameda County Democratic Central Committee PO Box 55577 Hayward CA 94545-0577 ID: 747153	MTG			75.00
Alameda County Democratic Central Committee PO Box 55577 Hayward CA 94545-0577 ID: 747153	OFC			25.00
Autumn Press 945 Camelia St Berkeley CA 94710 ID:	LIT			1296.75

* 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.)	\$	5273.25
2. Unitemized payments made this period of under \$100.	\$	293.05
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 \$	5566.30

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	20100701	
through	20100930	12 / 15
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
BelAire Displays 5710 Hollis St Emeryville CA 94608-2514	CMP	ID:		1536.50
City of San Leandro 835 E 14th St San Leandro CA 94577-3767	FIL	ID:		1200.00
Postmaster 1319 Washington Av San Leandro CA 94577-3645	POS	ID:		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.

Statement covers period		CALIFORNIA FORM 460
from	20100701	
through	20100930	13 / 15
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
Vo's Restaurant ID: 277 Parrott St San Leandro CA 94577	FND			600.00
Washington Homes Owners Association ID: PO Box 4291 San Leandro CA 94579	LIT			100.00

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

SUBTOTAL \$ 5273.25

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 F
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from <u>20100701</u>	CALIFORNIA FORM 460
through <u>20100930</u>	
14 / 15	
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	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ID: Autumn Press 945 Camelia St Berkeley CA 94710	LIT	0.00	2270.00	0.00	2270.00

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

SUBTOTALS \$ 0.00 \$ 2270.00 \$ 0.00 \$ 2270.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$ 2270.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$ 0.00
3. Net change this period. Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$ 2270.00 <small>May be a negative number.</small>

**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>20100701</u> through <u>20100930</u>	CALIFORNIA FORM 460
	15 / 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Pauline Cutter for City Council 2010	I.D. NUMBER 1320251
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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>30.00</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>30.00</u>