

Recipient Committee Campaign Statement Cover Page

Date Stamp  
CITY OF SAN LEANDRO  
JAN 31 2012  
CITY CLERK'S OFFICE

CALIFORNIA FORM 460  
Page 1 of 6  
For Official Use Only

Statement covers period  
from 07/01/2011  
through 12/31/2011

Date of Election if applicable  
(Month, Day, Year)

1. Type of Recipient Committee

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

- Pre-election Statement
Semi-Annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Statement
Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1320251

COMMITTEE NAME: Pauline Cutter for City Council 2010
STREET ADDRESS (NO PO BOX): 151 Callan Av 306
CITY: San Leandro
STATE: CA ZIP CODE: 94577 AREA CODE/PHONE: (510) 895-2011
MAILING ADDRESS (IF DIFFERENT)
OPTIONAL: FAX / E-MAIL ADDRESS: (510) 895-2018

Treasurer(s)

NAME OF TREASURER: Kenneth Pon CPA
STREET ADDRESS: 151 Callan Ave 306
CITY: San Leandro STATE: CA ZIP CODE: 94577 AREA CODE/PHONE: 510/895-2011
NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS: (510) 895-2018 / kponcpa@sprynet.com

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 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 1.31.12 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 1-31-12 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Statement covers period  
from 07/01/2011  
through 12/31/2011

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Pauline Cutter

OFFICE SOUGHT OR HELD ( INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

- District 05

RESIDENTIAL/BUSINESS ADDRESS ( NO. AND STREET) CITY STATE ZIP

151 Callan Ave 306 San Leandro CA 94577

**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 make expenditures on behalf of your candidacy.*

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

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
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OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder 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
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OPPOSE

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

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

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

**Campaign Disclosure Statement  
Summary Page**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2011	
through	12/31/2011	Page 3 of 6

NAME OF FILER Pauline Cutter for City Council 2010

I.D. NUMBER  
1320251

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions . . . . . Schedule A, Line 3	\$ 0.00	\$ 1,050.00
2. Loans Received . . . . . Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS . . . . . Add Lines 1+ 2	\$ 0.00	\$ 1,050.00
4. Nonmonetary Contributions . . . . . Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED . . . . . Add Lines 3 + 4	\$ 0.00	\$ 1,050.00

**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	\$ _____	\$ _____

	Column A	Column B
<b>Expenditures Made</b>		
6. Payments Made . . . . . Schedule E, Line 4	\$ 175.00	\$ 1,927.00
7. Loans Made . . . . . Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS . . . . . Add Lines 6 + 7	\$ 175.00	\$ 1,927.00
9. Accrued Expenses (Unpaid Bills) . . . . . Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment . . . . . Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDIURES MADE . . . . . Add Lines 8 + 9 + 10	\$ 175.00	\$ 1,927.00

**Expenditure Limit Summary  
for State Candidates**

22. Cumulative Expenditures Made \*  
( If Subject to Voluntary Expenditure Limits)

_____	\$ _____
_____	\$ _____

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

<b>Current Cash Statement</b>	
12. Beginning Cash Balance . . . . . Previous Summary Page, Line 16	\$ 1,156.65
13. Cash Receipts . . . . . Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash . . . . . Schedule I, Line 4	0.00
15. Cash Payments . . . . . Column A, Line 8 above	175.00
16. ENDING CASH BALANCE . Add Lines 12 + 13 + 14, then subtract Line 15	\$ 981.65
17. LOAN GUARANTEES RECEIVED. . . . . Schedule B, Part 2	\$ 0.00

<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents . . . . .	\$ 0.00
19. Outstanding Debts. . . . . Add Lines 2 + Line 9 in Column B above	\$ 0.00

**Schedule A**  
**Monetary Contributions Received**

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Pauline Cutter for City Council 2010

I.D. NUMBER  
1320251

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/07/2011	International Union of Painters and Allied Trades 1750 New York Ave NW Washington, DC 20006	COM	ID No. C00000885	-500.00 Returned by Bank	500.00	
08/18/2011	International Union of Painters and Allied Trades 1750 New York Ave NW Washington, DC 20006	COM	ID No. C00000885	500.00	500.00	

**SUBTOTAL \$** 0.00

**Schedule A Summary**

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals) .....	\$	<u>0.00</u>
2. Amount received this period - unitemized .....	\$	<u>0.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) .....	<b>TOTAL \$</b>	<u>0.00</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**

Statement covers period		<b>CALIFORNIA</b> <b>FORM 460</b>
from	07/01/2011	
through	12/31/2011	Page 5 of 6

NAME OF FILER Pauline Cutter for City Council 2010

I.D. NUMBER  
1320251

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)
10/28/2011	Wilma Chan for Supervisor 2010	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	100.00	
		<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE				

**SUBTOTAL \$** 100.00

**Schedule D Summary**

1. Itemized contributions and independent expenditures made this period. ( Include all Schedule D subtotals. ) .....	\$	100.00
2. Unitemized contributions and independent expenditures made this period of under \$100. ....	\$	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) . . .	<b>TOTAL \$</b>	100.00

**Schedule E**  
**Payments Made**

Statement covers period		<b>CALIFORNIA 460</b>	
from	12/31/2011	Page	6 of 6
through	12/31/2011	I.D. NUMBER	1320251

NAME OF FILER Pauline Cutter for City Council 2010

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                        | MSR 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | 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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Alameda Building Trades Council 8400 Enterprise Wy 205 Oakland, CA 94621	MTG		75.00
Wilma Chan for Supervisor 2010 5436 Locksley Av Oakland, CA 94618 ID No: 1323585	CTB		100.00

**SUBTOTAL \$ 175.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	175.00
2. Unitemized payments made this period of under \$100	\$	0.00
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	<b>175.00</b>