

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE**

Date Received  
*Official Use Only*  
**CITY OF SAN LEANDRO**  
AUG 05 2010  
**CITY CLERK'S OFFICE**

Please type or print in ink.

*A Public Document*

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Mestas	Sara	M	( 510 ) 355-2789		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
2777 Alvarado St, Ste A		San Leandro	Ca	94577	saramestas@gmail.com

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
Mayor of San Leandro

Division, Board, District, if applicable:

Your Position:  
Candidate

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

State

County of \_\_\_\_\_

City of San Leandro

Multi-County \_\_\_\_\_

Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate Election Year: 2010

**4. Schedule Summary**

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes – schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B  Yes – schedule attached  
*Real Property*

Schedule C  Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes – schedule attached  
*Income – Gifts*

Schedule E  Yes – schedule attached  
*Income – Gifts – Travel Payments*

**-or-**

No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any 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.

Date Signed 08/04/2010  
(month, day, year)

Signature Sara M. Mestas  
(File the originally signed statement with your filing official.)

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <p align="center">Sara Mestas</p>
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**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Self-Employment

ADDRESS (Business Address Acceptable)  
235 W. Winton Ave Ste 118, Hayward, Ca 94544

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Consulting

YOUR BUSINESS POSITION  
Consultant

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment  
 Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more

Other Payment received for services rendered  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
California Police Activities

ADDRESS (Business Address Acceptable)  
2000 E. 14th St, California, Ca 94577

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Youth Services

YOUR BUSINESS POSITION  
Mentoring Program Coordinator

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment  
 Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more

Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
Keith Erickson

ADDRESS (Business Address Acceptable)  
225 W Winton Ave, Ste 116, Hayward, Ca 94544

BUSINESS ACTIVITY, IF ANY, OF LENDER  
Tax Preparer

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_ %     None      120/120

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
 \_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_

Other Royalties from record label  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

Name  
Sara Mestas

▶ NAME OF SOURCE  
Dave Mestas  
 ADDRESS (Business Address Acceptable)  
15265 Wiley St, San Leandro, Ca 94579  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
None

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 01 / 09</u>	<u>\$ 450.00</u>	<u>Cash</u>
<u>02 / 02 / 10</u>	<u>\$ 200.00</u>	<u>Cash</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
Nancy Yost  
 ADDRESS (Business Address Acceptable)  
2246 Sitka St, San Leandro, Ca 94579  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
None

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 23 / 09</u>	<u>\$ 300.00</u>	<u>Cash</u>
<u>08 / 15 / 09</u>	<u>\$ 200.00</u>	<u>Cash</u>
<u>03 / 05 / 10</u>	<u>\$ 300.00</u>	<u>Cash</u>

▶ NAME OF SOURCE  
John Ramphal  
 ADDRESS (Business Address Acceptable)  
Skylark st, Union City, Ca  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
None

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 11 / 09</u>	<u>\$ 150.00</u>	<u>Cash</u>
<u>06 / 15 / 09</u>	<u>\$ 150.00</u>	<u>Cash</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
Chuck Witherspoon  
 ADDRESS (Business Address Acceptable)  
Deceased  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
None

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 01 / 09</u>	<u>\$ 500.00</u>	<u>Cash</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: Gifts from Family Members

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <p align="center">Sara Mestas</p>
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- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**

▶ NAME OF SOURCE  
Kent Entertainment (Morey Alexander)  
 ADDRESS (Business Address Acceptable)  
1390 Village Center Circle  
 CITY AND STATE  
Las Vegas, Nevada  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Music/Recording Manager  
 DATE(S): 05 / 17 / 09 - 08 / 04 / 10 AMT: \$ 10,000.00  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: Advances from music Royalties, and for business related travel.

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_