

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**

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

A Public Document

Please type or print in ink.

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)

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <p align="center">Sara Mestas</p>

▶ 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

CALIFORNIA FORM 700 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: _____