

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Statement covers period from <u>7-01-06</u> through <u>12-31-06</u>	Date of election if applicable (Month, Day, Year) <u>n/a</u>
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Date Stamp CITY CLERK'S OFFICE JAN 23 2007 CITY OF SAN LEANDRO	CALIFORNIA 460 2001/02 FORM Page <u>1</u> of <u>5</u> For Official Use Only
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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
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <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"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection 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
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
980751

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends of Shelia Young

STREET ADDRESS (NO P.O. BOX)

14751 Pansy Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Leandro	CA	94578	(510) 352-0212

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

POB 3175

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Leandro	CA	94578	(510) 352-0212

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Geraldine M. Mellen

MAILING ADDRESS

1735 141st Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Leandro	CA	94578	(510) 483-8156

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 January 18, 2007
Date

Executed on January 18, 2007
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By 
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
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**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Shelia Young				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Mayor, City of San Leandro				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		CITY	STATE	ZIP
14751 Pansy Street		San Leandro, CA		94578

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
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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input 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 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 <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

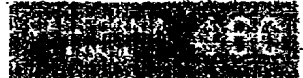
**Campaign Disclosure Statement
Summary Page**

Type of report in this
summary may be changed
to whole periods

SUMMARY PAGE

Statement covers period

from 7-01-06
through 12-31-06



Page 3 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SHELIA YOUNG, FRIENDS OF

ID NUMBER

980751

Contributions Received

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

**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	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ 4,243	\$ 35,102
7. Loans Made Schedule F, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 4,243	\$ 35,102
9. Accrued Expenses (Unpaid Bills) Schedule E, Line 3	_____	_____
10. Nonmonetary Adjustment Schedule G, Line 3	_____	_____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 4,243	\$ 35,102

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yyyy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 12	\$ 16,692
13. Cash Receipts Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash Schedule C, Line 4	_____
15. Cash Payments Column A, Line 8 above	4,243
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 12,449

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, carry over the amounts from lines 2, 7 and 9 of any

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

If this is a termination statement, Line 16 must be zero

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents Schedule B, Part 2

19. Outstanding Debts

**Schedule E
Payments Made**

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

Statement covers period from <u>7-01-06</u> through <u>12-31-06</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>5</u> I.D. NUMBER 980751
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Shelia Young

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	PEF 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)*	PQS 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Metropolitan Jr. Golf Program, Inc. 10051 Doolittle Drive Oakland, CA 94603	CVC		110
Shelia Young for Supervisor, #1275205 POB 3175 San Leandro CA 94578	CTB	<i>Transfer to pay legal expenses</i>	412
Irma Anderson for Mayor, #unknown 5016 Nunn Street Richmond CA	CTB		100
SUBTOTAL \$			622

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>3622</u>
2. Unitemized payments made this period of under \$100	\$ <u>621</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>4342</u>

**Schedule E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	7-01-06	
through	12-31-06	Page <u>5</u> of <u>5</u>
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of Shelia Young

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 |
| ND 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, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Martin C. Kaufman, 100 Club of Alameda County 781 McKean Place Concord, CA 94518	CVC		1,000.
San Leandro Rotary Endowment Fund c/o Camozzi Carpet, 563 Harlan St. San Leandro CA 94577	CVC		500.
California Conservatory Theater POB 894 San Leandro CA 94577	CVC		1,000.
Chabot College Foundation 25555 Hersperian Blvd. Hayward CA 94545	CVC		500.00

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

SUBTOTAL \$ 3,000.