

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Dlugosh,	Thomas	Charles	(510) 483-3333
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
15381 Sunnyhaven Street	San Leandro,	CA 94579	tom@store-fixtures.com

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Alameda County Transportation Improvement Authority

Division, Board, District, if applicable:
Citizens Watch Dog Committee

Your Position:
Member

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

Agency: City of San Leandro

Position: Planning Commission, Member

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

- State
- County of Alameda
- 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, 2005, through December 31, 2005.
- or-
- The period covered is ____/____/____ through December 31, 2005.
- Leaving Office Date Left: ____/____/____
(Check one)
- The period covered is January 1, 2005, through the date of leaving office.
- or-
- The period covered is ____/____/____ through the date of leaving office.
- Candidate

4. Schedule Summary

- ⇒ Total number of pages including this cover page: 5
- ⇒ 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 – 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 03/12/06
(month, day, year)

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Dlugosh, T.C.

STREET ADDRESS OR PRECISE LOCATION
900 Aladdin Avenue

CITY
San Leandro, CA 94577

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / **05** DISPOSED / / **05**

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME. If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Dlugosh Cabinet & Fixture, Inc.

NAME OF LENDER* _____

ADDRESS _____

BUSINESS ACTIVITY OF LENDER _____

INTEREST RATE _____ % None TERM (Months/Years) _____

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

STREET ADDRESS OR PRECISE LOCATION _____

CITY _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / **05** DISPOSED / / **05**

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME. If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

NAME OF LENDER* _____

ADDRESS _____

BUSINESS ACTIVITY OF LENDER _____

INTEREST RATE _____ % None TERM (Months/Years) _____

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

Comments: _____

* Loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status are not reportable.