

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | |
|--|--|
| Date Stamp CITY OF SAN LEANDRO MAY 30 2008 CITY CLERK'S OFFICE | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>3</u> For Official Use Only |

| | |
|---|--|
| Statement covers period from <u>Jan. 1., 2008</u> through <u>March 17, 2008</u> | Date of election if applicable: (Month, Day, Year) <u>June 3, 2008</u> |
|---|--|

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 (Also Complete Part 5) | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored (Also Complete Part 6) |
| <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 (Also Complete Part 7) |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) <input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

3. Committee Information

I.D. NUMBER
13077344

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

Committee to Elect Wafaa for City Council

STREET ADDRESS (NO P.O. BOX)

672 Tudor Road 510-410-9232

CITY STATE ZIP CODE AREA CODE/PHONE

San Leandro, CA 94577

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

same

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Wafaa Aborashed

MAILING ADDRESS

672 Tudor Road

CITY STATE ZIP CODE AREA CODE/PHONE

San Leandro, CA 94577 510-410-9232

NAME OF ASSISTANT TREASURER, IF ANY

Jason Moreno

MAILING ADDRESS

1543 Highland Blvd. Hayward, CA 94542 510-889-0145

CITY STATE ZIP CODE AREA CODE/PHONE

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 5/29/08
Date

Executed on 5/29/08
Date

Executed on _____
Date

Executed on _____
Date

By Wafaa Aborashed
Signature of Treasurer or Assistant Treasurer

By Wafaa Aborashed
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 3

5. Officeholder or Candidate Controlled Committee

| | | | | |
|--|-----------------|-------|-------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | | |
| Wafaa Aborashed | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | | | |
| City Council District #6 | | | 94577 | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP | |
| 672 Tudor Road | San Leandro, CA | | | |

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 |
| Committee to Elect Wafaa for City Council | 13077344 |
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
| Wafaa Aborashed | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| 672 Tudor Road | 510-410-9232 |
| CITY | STATE ZIP CODE AREA CODE/PHONE |
| San Leandro, CA | 94577 |

| | |
|---|--|
| COMMITTEE NAME | I.D. NUMBER |
| Committee to Elect Wafaa for City Council | 13077344 |
| 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 or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>Jan. 1, 2008</u> through <u>March 17, 2008</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>3</u> |
| | I.D. NUMBER 13077344 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Wafaa Aborashed

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 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 | \$ <u>0</u> | \$ <u>0</u> |

**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

| | | |
|---|----------|----------|
| 6. Payments Made Schedule E, Line 4 | \$ _____ | \$ _____ |
| 7. Loans Made Schedule H, Line 3 | _____ | _____ |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ _____ | \$ _____ |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | _____ | _____ |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | _____ | _____ |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ _____ | \$ _____ |

**Expenditure Limit Summary for State
Candidates**

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

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| <u>06 / 03 / 08</u> | \$ <u>0</u> |
| ____ / ____ / ____ | \$ _____ |

Current Cash Statement

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

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

| | |
|---|----------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ _____ |
|---|----------|

Cash Equivalents and Outstanding Debts

| | |
|---|-------------|
| 18. Cash Equivalents See instructions on reverse | \$ <u>0</u> |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ <u>0</u> |

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, only carry over the amounts from Lines 2, 7, and 9 (if any).

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