

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

| | |
|--|---|
| Date Stamp CITY OF SAN LEANDRO OCT 05 2006 CITY CLERK'S OFFICE | CALIFORNIA 2005/06 FORM 460 1 / 8 For Official Use Only |
|--|---|

Statement covers period
from 07/01/2006
through 09/30/2006

Date of election if applicable:
(Month, Day, Year)
11/07/2006

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"/> Ballot Measure Committee <input type="checkbox"/> Primary Formed <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"/> Primary Formed Candidate/Officeholder Committee (Also Complete Part 7.) |

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1284208

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Diana Souza

STREET ADDRESS (NO P.O. BOX)
151 Callan Av 306

| | | | |
|---------------------|-------------|------------------------|-----------------------------------|
| CITY San Leandro | STATE CA | ZIP CODE 94577-4536 | AREA CODE/PHONE (510) 895-2011 |
|---------------------|-------------|------------------------|-----------------------------------|

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
151 Callan Av 306

| | | | |
|---------------------|-------------|------------------------|-----------------|
| CITY San Leandro | STATE CA | ZIP CODE 94577-4536 | AREA CODE/PHONE |
|---------------------|-------------|------------------------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS
(510) 895-2018

Treasurer(s)

NAME OF TREASURER
Tina Robertson

MAILING ADDRESS
151 Callan Av 306

| | | | |
|---------------------|-------------|------------------------|-----------------------------------|
| CITY San Leandro | STATE CA | ZIP CODE 94577-4536 | AREA CODE/PHONE (510) 895-2011 |
|---------------------|-------------|------------------------|-----------------------------------|

NAME OF ASSISTANT TREASURER, IF ANY
Kenneth Pon CPA

MAILING ADDRESS
151 Callan Av 306

| | | | |
|---------------------|-------------|------------------------|-----------------------------------|
| CITY San Leandro | STATE CA | ZIP CODE 94577-4536 | AREA CODE/PHONE (510) 895-2011 |
|---------------------|-------------|------------------------|-----------------------------------|

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 10/05/2006 By SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/05/2006 By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Cover Page – Part 2**

Type or print in ink.

| | |
|----------------------------|------------|
| CALIFORNIA FORM | 460 |
| 2 / 8 | |

5. Officeholder or Candidate Controlled Committee

| | | | |
|--|---------------------|-------------|-------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE Diana Souza | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Sought: City Council Member City 003 | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 151 Callan Av 306 | CITY San Leandro | STATE CA | ZIP 94577-4536 |

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 to 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. Ballot Measure Committee

| | | |
|---|---------------------|--|
| NAME OF BALLOT MEASURE | | |
| BALLOT NO. OR LETTER | JURISDICTION | <input checked="" 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 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>20060701</u> | CALIFORNIA FORM 460 |
| through <u>20060930</u> | |
| 3 / 8 | |
| I.D. NUMBER 1284208 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Diana Souza

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>915.00</u> | \$ <u>5394.61</u> |
| 2. Loans Received | Schedule B, Line 7 | <u>1300.00</u> | <u>2843.61</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 | \$ <u>2215.00</u> | \$ <u>8238.22</u> |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | <u>0.00</u> | <u>1573.08</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | <u>2215.00</u> | \$ <u>9811.30</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. Contribution Received | \$ <u>7596.30</u> | \$ <u>2240.00</u> |
| 21. Expenditures Made | \$ <u>8206.99</u> | \$ <u>2484.56</u> |

Expenditures Made

| | | | |
|--|----------------------|-------------------|-------------------|
| 6. Payments Made | Schedule E, Line 4 | \$ <u>2484.56</u> | \$ <u>8206.99</u> |
| 7. Loans Made | Schedule H, Line 7 | <u>0.00</u> | <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 | \$ <u>2484.56</u> | \$ <u>8206.99</u> |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | <u>0.00</u> | <u>1573.08</u> |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 | \$ <u>2484.56</u> | \$ <u>9780.07</u> |

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 |
|--------------------------------|---------------|
| _____ | \$ _____ |
| _____ | \$ _____ |

Current Cash Statement

| | | |
|---|---|------------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ <u>300.79</u> |
| 13. Cash Receipts | Column A, Line 3 above | <u>2215.00</u> |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | <u>0.00</u> |
| Cash Payments | Column A, Line 8 above | <u>2484.56</u> |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>31.23</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.

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

| | | |
|-----------------------------------|--------------------|----------------|
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2 | \$ <u>0.00</u> |
|-----------------------------------|--------------------|----------------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|-------------------|
| 18. Cash Equivalents | See instructions on reverse | \$ <u>0.00</u> |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ <u>2843.61</u> |

Schedule A Monetary Contributions Received

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

SCHEDULE A

| | |
|---|----------------------------|
| Statement covers period from <u>20060701</u> | CALIFORNIA FORM 460 |
| through <u>20060930</u> | |
| 4 / 8 | |
| I.D. Number 1284208 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Diana Souza

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|--|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 09/14/2006 | BearWare, Inc. 7160 Chagrin Road, Suite 210 Chagrin Falls OH 44023 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 200.00 | 200.00 | 200.00 G 06 |
| Rcpt Dt: 09/29/2006 | Hanson, Bridgett, Marcus, Vlahos & Rudy, LLP 425 Market Street, 26th Floor San Francisco CA 94105 ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | 500.00 G 06 |
| Rcpt Dt: 09/18/2006 | Donna Lack 2342 Longview Dr San Leandro CA 94577-6319 ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Freight hauler City Drayage | 100.00 | 400.00 | 400.00 G 06 |

SUBTOTAL \$ 800.00

Schedule A Summary

| | |
|---|------------------------|
| 1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) | \$ 800.00 |
| 2. Amount received this period - unitemized contributions of less than \$100 | \$ 115.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$ 915.00 |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B - Part 1 Loans Received

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

| | |
|--|----------------------------|
| Statement covers period from <u>20060701</u> through <u>20060930</u> | CALIFORNIA FORM 460 |
| | 5 / 8 |
| NAME OF FILER Committee to Elect Diana Souza | |
| I.D. NUMBER 1284208 | |

SEE INSTRUCTIONS ON REVERSE

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|--|------------------------------------|--|--|----------------------------------|--|--|
| Diana Souza 151 Callan Av 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 600.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 600.00 06/22/2007 DATE DUE | 0.00 % RATE \$ 0.00 | \$ 600.00 06/22/2006 DATE INCURRED | \$ 2843.61 PER ELECTION** 2843.61 G 06 |
| Diana Souza 151 Callan Av 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 943.61 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 943.61 12/31/2006 DATE DUE | 0.00 % RATE \$ 0.00 | \$ 943.61 06/30/2006 DATE INCURRED | \$ 2843.61 PER ELECTION** 2843.61 G 06 |
| Diana Souza 151 Callan Av 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 0.00 | \$ 100.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 100.00 12/31/2006 DATE DUE | 0.00 % RATE \$ 0.00 | \$ 100.00 07/27/2006 DATE INCURRED | \$ 2843.61 PER ELECTION** 2843.61 G 06 |
| SUBTOTALS | | \$ | \$ | \$ | \$ | | | |

Schedule B Summary

1. Loans received this period. _____ \$ 1300.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____ \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net \$** 1300.00
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

*Contributor Codes
IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule B - Part 1
Loans Received**

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

| | |
|---|----------------------------|
| Statement covers period from <u>20060701</u> | CALIFORNIA FORM 460 |
| through <u>20060930</u> | |
| 6 / 8 | |
| I.D. NUMBER 1284208 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Diana Souza

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|--|------------------------------------|--|--|----------------------------------|--|---|
| Diana Souza 151 Callan Av 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 0.00 | \$ 700.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 700.00 12/31/2006 DATE DUE | 0.00 % RATE \$ 0.00 | \$ 700.00 09/18/2006 DATE INCURRED | CALENDAR YEAR \$ 2843.61 PER ELECTION** 2843.61 G 06 |
| Diana Souza 151 Callan Av 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 0.00 | \$ 500.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 500.00 12/31/2006 DATE DUE | 0.00 % RATE \$ 0.00 | \$ 500.00 09/29/2006 DATE INCURRED | CALENDAR YEAR \$ 2843.61 PER ELECTION** 2843.61 G 06 |

SUBTOTALS \$ 1300.00 \$ 0.00 \$ 2843.61 \$ 0.00

Schedule B Summary

- Loans received this period. _____ \$ _____
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period _____ \$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) _____ **Net \$** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

*Contributor Codes
IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

Schedule E Payments Made

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

| | | |
|--------------------------------|----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 20060701 | |
| through | 20060930 | 7 / 8 |
| NAME OF FILER | | I.D. NUMBER |
| Committee to Elect Diana Souza | | 1284208 |

SEE INSTRUCTIONS ON REVERSE

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 |
| IND 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, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| BelAire Displays, Inc 5710 Hollis St Emeryville CA 94608 | LIT | | | 603.56 |
| California Voter Guide 1954 W Carson St B Torrance CA 90501 | LIT | | | 350.00 |
| Estudillo Homeowners Association 1198 Begier Av San Leandro CA 94577 | LIT | | | 275.00 |

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

SUBTOTAL \$

Schedule E Summary

| | | |
|--|-----------------|----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 2478.56 |
| 2. Unitemized payments made this period of under \$100. | \$ | 6.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | 0.00 |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | 2484.56 |

Schedule E Payments Made

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

| | | |
|--------------------------------|----------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 20060701 | |
| through | 20060930 | 8 / 8 |
| NAME OF FILER | | I.D. NUMBER |
| Committee to Elect Diana Souza | | 1284208 |

SEE INSTRUCTIONS ON REVERSE

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 |
| IND 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, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Your Ballot Guide 15030 Ventura Bl 530 Sherman Oaks CA 91403 | LIT | ID: | 1250.00 |

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

SUBTOTAL \$ 2478.56

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100. \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____