

**Recipient Committee
Campaign Statement**
ORIGINAL

(Government Code Sections 84200 - 84216.5)

Statement covers period from <u>04/03/2001</u> through <u>06/30/2001</u>	Date of Election if applicable: (Month, Day, Year) _____
--	--

Date Stamp
FILED
OFFICE OF THE CITY CLERK
OAKLAND

CALIFORNIA
FORM **460**

Page 1 of 14

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1. Type of Recipient Committee:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee |
| <input type="checkbox"/> Ballot Measure Committee | <input type="checkbox"/> General Purpose Committee |
| <input type="radio"/> Primarily Formed | <input type="radio"/> Sponsored |
| <input type="radio"/> Controlled | <input type="radio"/> Broad Based |
| <input type="radio"/> Sponsored | |

2. Type of Statement:

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

3. Committee Information

 I.D. NUMBER
972050

COMMITTEE NAME

CAROLE WARD ALLEN FOR CITY COUNCIL

Treasurer(s)

NAME OF TREASURER

DR. JESSE M. WYATT

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

OAKLAND

CA

3540

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

MAILING ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

(510) 658-0463 /

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

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 14

4. Officeholder or Candidate Controlled Committee 5. Ballot Measure Committee

NAME OF OFFICEHOLDER OF CANDIDATE

Ms. CAROLE ALLEN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL DISTRICT 6, District 6

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY
5534 MARTIN LUTHER KING

STATE ZIP CODE

JR. WAY

OAKLAND

CA 94609-1616

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT

OPPOSE

Related Committees Not Included in this Statement: List any committees
not included in this consolidated statement that are controlled by you or which are primarily
formed to receive contributions or to make expenditures on behalf of your candidacy.

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

COMMITTEE NAME

I.D. NUMBER

6. Primarily Formed Committee

NAME OF TREASURER

CONTROLLED COMMITTEE?

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

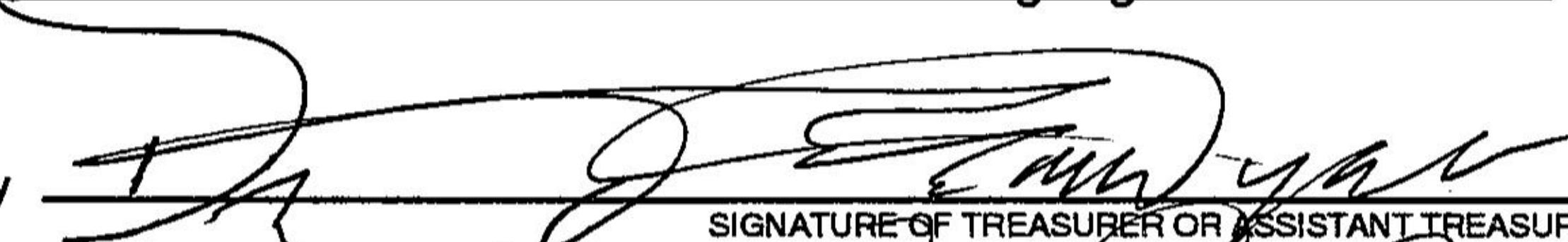
NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

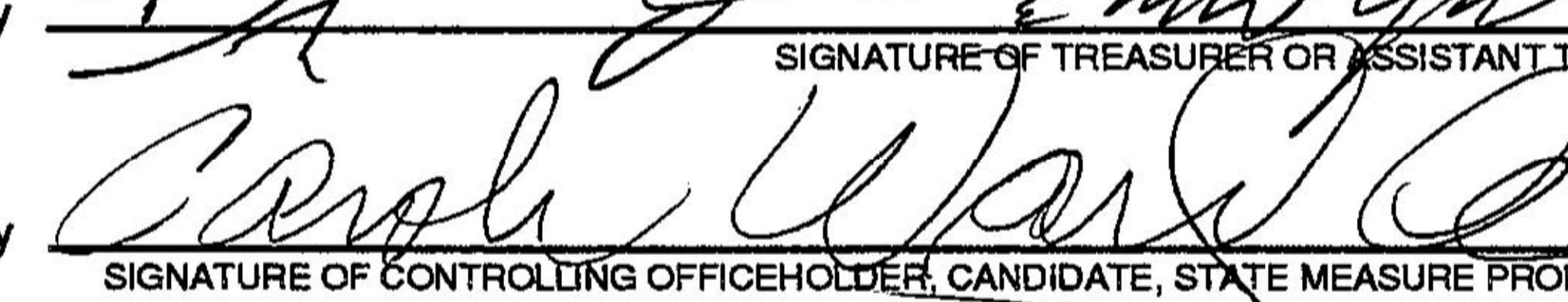
7. Verification

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

Executed on Aug 8, 2001
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on Aug 8, 2001
DATE

By 
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

Campaign Disclosure Statement

Summary Page

Statement covers period	CALIFORNIA FORM
from <u>04/03/2001</u>	460
through <u>06/30/2001</u>	
Page <u>3</u> of <u>14</u>	
I.D. NUMBER	
<u>972050</u>	

NAME OF FILER

Ms. CAROLE ALLEN, CAROLE WARD ALLEN FOR CITY COUNCIL

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	<i>Schedule A, Line 3</i>	\$ <u>5,920.00</u>	\$ <u>20,898.27</u>	\$ <u>26,818.27</u>
2. Loans Received	<i>Schedule B, Line 7</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ <u>5,920.00</u>	\$ <u>20,898.27</u>	\$ <u>26,818.27</u>
4. Non-monetary Contributions	<i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ <u>5,920.00</u>	\$ <u>20,898.27</u>	\$ <u>26,818.27</u>

Expenditures Made

6. Cash Payments	<i>Schedule E, Line 4</i>	\$ <u>19,231.40</u>	\$ <u>24,656.49</u>	\$ <u>43,887.89</u>
7. Loans Made	<i>Schedule H, Line 7</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ <u>19,231.40</u>	\$ <u>24,656.49</u>	\$ <u>43,887.89</u>
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ <u>3,373.81</u>	\$ <u>0.00</u>	\$ <u>3,373.81</u>
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ <u>22,605.21</u>	\$ <u>24,656.49</u>	\$ <u>47,261.70</u>

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ <u>(784.22)</u>
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ <u>5,920.00</u>
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ <u>0.00</u>
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ <u>19,231.40</u>
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>(14,095.62)</u>

If this is a Termination Statement, Line 16 must be zero.

*From previous statement Summary Page, Column C.
However, if this is the first report filed for the calendar year,
Column B should be blank except for Loans Received (Line 2),
Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 1, Column (b)</i>	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents		\$ <u>0.00</u>
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>3,373.81</u>

Summary for Candidates in Both June and November Elections

	1/1 thru 6/30	7/1 to Date
20. Contributions Received \$	<u>0</u>	<u>0</u>
21. Expenditures Made \$	<u>0</u>	<u>0</u>

**Recipient Committee
Campaign Statement**

(Government Code Sections 84200 - 84216.5)

ORIGINAL

COVER PAGE - LONG FORM

Date Stamp
FILED
OFFICE OF THE CITY CLERK
OAKLAND
CALIFORNIA FORM 460

01 APR - 6 PM 3:52

Page 1 of 18

A For Official Use Only

Statement covers period
from 01/01/2001
through 03/03/2001

Date of Election if applicable:
(Month, Day, Year)
4/17/01

1. Type of Recipient Committee:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee |
| <input type="checkbox"/> Ballot Measure Committee | <input type="checkbox"/> General Purpose Committee |
| <input type="radio"/> Primarily Formed | <input type="radio"/> Sponsored |
| <input type="radio"/> Controlled | <input type="radio"/> Broad Based |
| <input type="radio"/> Sponsored | |

3. Committee Information

COMMITTEE NAME

CAROLE WARD ALLEN FOR CITY COUNCIL

I.D. NUMBER
972050

2. Type of Statement:

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

REPLACES ORIGINALLY FILED
1ST PRE-ELECTION STATEMENT.

Treasurer(s)

NAME OF TREASURER

DR. JESSE M. WYATT

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

OAKLAND

CA

AREA CODE/PHONE

3540

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

NAME OF ASSISTANT TREASURER, IF ANY

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

()

(510) 658-0463 /

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 18

4. Officeholder or Candidate Controlled Committee 5. Ballot Measure Committee

NAME OF OFFICEHOLDER OF CANDIDATE

Ms. CAROLE ALLEN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL DISTRICT 6, District 6

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

JR. WAY OAKLAND CA 94609-1616

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT

OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPOVNT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which 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?

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

6. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

7. 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 04/06/2001
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/06/2001
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER OR RESPONSIBLE OFFICER OF SPONSOR

Executed on 04/06/2001
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

Executed on 04/06/2001
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Statement covers period from <u>01/01/2001</u>	through <u>03/03/2001</u>	CALIFORNIA FORM 460
		Page <u>3</u> of <u>18</u>
		I.D. NUMBER <u>972050</u>

NAME OF FILER

Ms. CAROLE ALLEN, CAROLE WARD ALLEN FOR CITY COUNCIL

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	<i>Schedule A, Line 3</i>	\$ <u>12,733.27</u>	\$ <u>0.00</u>	\$ <u>12,733.27</u>
2. Loans Received	<i>Schedule B, Line 7</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ <u>12,733.27</u>	\$ <u>0.00</u>	\$ <u>12,733.27</u>
4. Non-monetary Contributions	<i>Schedule C, Line 3</i>	\$ <u>799.25</u>	\$ <u>0.00</u>	\$ <u>799.25</u>
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ <u>13,532.52</u>	\$ <u>0.00</u>	\$ <u>13,532.52</u>

Expenditures Made

6. Cash Payments	<i>Schedule E, Line 4</i>	\$ <u>12,423.71</u>	\$ <u>0.00</u>	\$ <u>12,423.71</u>
7. Loans Made	<i>Schedule H, Line 7</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ <u>12,423.71</u>	\$ <u>0.00</u>	\$ <u>12,423.71</u>
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ <u>799.25</u>	\$ <u>0.00</u>	\$ <u>799.25</u>
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ <u>13,222.96</u>	\$ <u>0.00</u>	\$ <u>13,222.96</u>

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ <u>2,924.00</u>
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ <u>12,733.27</u>
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ <u>0.00</u>
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ <u>12,423.71</u>
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>3,233.56</u>

If this is a Termination Statement, Line 16 must be zero.

*From previous statement Summary Page, Column C.
However, if this is the first report filed for the calendar year,
Column B should be blank except for Loans Received (Line 2),
Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 1, Column (b)</i>	\$ <u>0.00</u>
------------------------------------	---------------------------------------	----------------

**Summary for Candidates in Both June
and November Elections**

	1/1 thru 6/30	7/1 to Date
18. Cash Equivalents	\$ <u>0.00</u>	\$ <u>0</u>
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>0.00</u>
20. Contributions Received	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

ORIGINAL

Date Stamp
FILED
 OFFICE OF THE CITY CLERK
OAKLAND

APR -5 PM 2:44

 CALIFORNIA
 FORM **460**
Page 1 of 13

A For Official Use Only

Statement covers period	Date of Election if applicable:
from <u>03/04/2001</u>	(Month, Day, Year)
through <u>04/05/2001</u>	

1. Type of Recipient Committee:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee |
| <input type="checkbox"/> Ballot Measure Committee | <input type="checkbox"/> General Purpose Committee |
| <input type="radio"/> Primarily Formed | <input type="radio"/> Sponsored |
| <input type="radio"/> Controlled | <input type="radio"/> Broad Based |
| <input type="radio"/> Sponsored | |

2. Type of Statement:

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

3. Committee InformationI.D. NUMBER
972050

COMMITTEE NAME

CAROLE WARD ALLEN FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)

5534 MARTIN LUTHER KING JR WAY

OAKLAND

CA 94609-1616 () 658-3540

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

5933 CAMDEN ST.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OAKLAND, CA. 94605

(510) 635-4695

OPTIONAL: FAX/E-MAIL ADDRESS

(510) 658-0463 /

Treasurer(s)

NAME OF TREASURER

DR. JESSE M. WYATT

MAILING ADDRESS

5534 MARTIN LUTHER KING JR WAY

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OAKLAND

CA 94609

(510) 658-3540

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

()

OPTIONAL: FAX/E-MAIL ADDRESS

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

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 13

4. Officeholder or Candidate Controlled Committee 5. Ballot Measure Committee

NAME OF OFFICEHOLDER OF CANDIDATE

Ms. CAROLE ALLEN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL DISTRICT 6, District 6

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE
5534 MARTIN LUTHER KING JR. WAY OAKLAND CA 94609-1616

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which 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?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT

OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPOSER

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

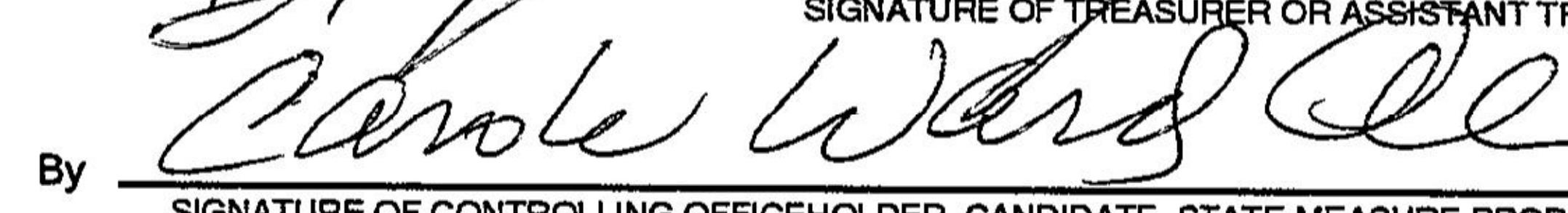
7. Verification

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 accurate.

Executed on 04/05/2001
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/05/2001
DATE

By 
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER OR RESPONSIBLE OFFICER OF SPONSOR

Executed on 04/05/2001
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

Executed on 04/05/2001
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Statement covers period
from 03/04/2001
through 04/05/2001

CALIFORNIA FORM **460**

Page 3 of 13

NAME OF FILER

Ms. CAROLE ALLEN, CAROLE WARD ALLEN FOR CITY COUNCIL

I.D. NUMBER
972050

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	<i>Schedule A, Line 3</i>	\$ <u>7,860.00</u>	\$ <u>12,733.27</u>	\$ <u>20,593.27</u>
2. Loans Received	<i>Schedule B, Line 7</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ <u>7,860.00</u>	\$ <u>12,733.27</u>	\$ <u>20,593.27</u>
4. Non-monetary Contributions	<i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>799.25</u>	\$ <u>799.25</u>
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ <u>7,860.00</u>	\$ <u>13,532.52</u>	\$ <u>21,392.52</u>

Expenditures Made

6. Cash Payments	<i>Schedule E, Line 4</i>	\$ <u>15,507.25</u>	\$ <u>12,423.71</u>	\$ <u>27,930.96</u>
7. Loans Made	<i>Schedule H, Line 7</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ <u>15,507.25</u>	\$ <u>12,423.71</u>	\$ <u>27,930.96</u>
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>799.25</u>	\$ <u>799.25</u>
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ <u>15,507.25</u>	\$ <u>13,222.96</u>	\$ <u>28,730.21</u>

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ <u>3,233.56</u>
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ <u>7,860.00</u>
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ <u>50.00</u>
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ <u>15,507.25</u>
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>(4,363.69)</u>

If this is a Termination Statement, Line 16 must be zero.

*From previous statement Summary Page, Column C.
However, if this is the first report filed for the calendar year,
Column B should be blank except for Loans Received (Line 2),
Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 1, Column (b)</i>	\$ <u>0.00</u>
------------------------------------	---------------------------------------	----------------

**Summary for Candidates in Both June
and November Elections**

	1/1 thru 6/30	7/1 to Date
20. Contributions Received \$	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made \$	\$ <u>0</u>	\$ <u>0</u>

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

ORIGINAL

Date Stamp 01 APR - 5 PM 2:	CALIFORNIA FORM 460
OFFICE OF THE CITY & OAKLAND	Page <u>1</u> of <u>18</u>
A For Official Use Only	

1. Type of Recipient Committee:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee |
| <input type="checkbox"/> Ballot Measure Committee | <input type="checkbox"/> General Purpose Committee |
| <input type="radio"/> Primarily Formed | <input type="radio"/> Sponsored |
| <input type="radio"/> Controlled | <input type="radio"/> Broad Based |
| <input type="radio"/> Sponsored | |

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME

CAROLE WARD ALLEN FOR CITY COUNCIL

I.D. NUMBER
972050

STREET ADDRESS (NO P.O. BOX)

EE24 MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OAKLAND

CA [REDACTED] 3540

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

CITY STATE ZIP CODE AREA CODE/PHONE

OAKLAND

CA 94605 [REDACTED]

OPTIONAL: FAX/E-MAIL ADDRESS

(510) 658-0463 /

Treasurer(s)

NAME OF TREASURER

DR. JESSE M. WYATT

MAILING ADDRESS

5534 MARTIN LUTHER KING JR WAY

CITY STATE ZIP CODE AREA CODE/PHONE

OAKLAND

CA 94609 (510) 658-3540

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2
CALIFORNIA FORM **460**

Page 2 of 18

4. Officeholder or Candidate Controlled Committee 5. Ballot Measure Committee

NAME OF OFFICEHOLDER OF CANDIDATE

Ms. CAROLE ALLEN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL DISTRICT 6, District 6

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY
5534 MARTIN LUTHER KING

STATE ZIP CODE

JR. WAY

OAKLAND

CA 94609-1616

Related Committees Not Included in this Statement: List any committees

not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

- SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPOVENT

COMMITTEE NAME

I.D. NUMBER

6. Primarily Formed Committee

NAME OF TREASURER

CONTROLLED COMMITTEE?

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

CITY

STATE

ZIP CODE

AREA CODE/PHONE

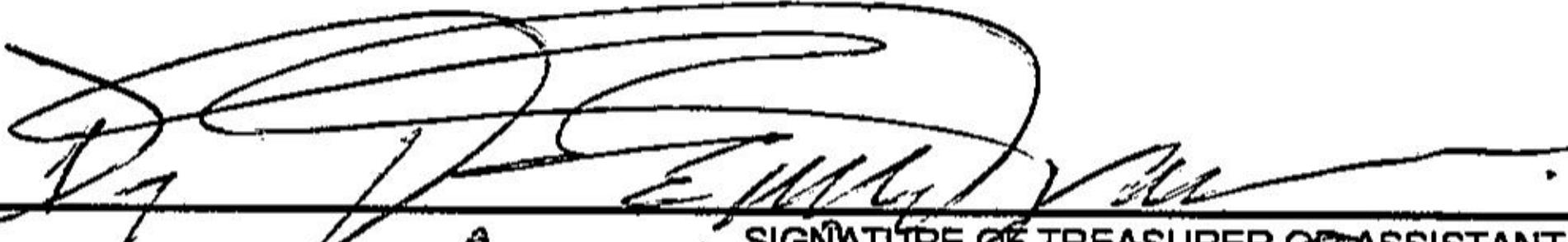
NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

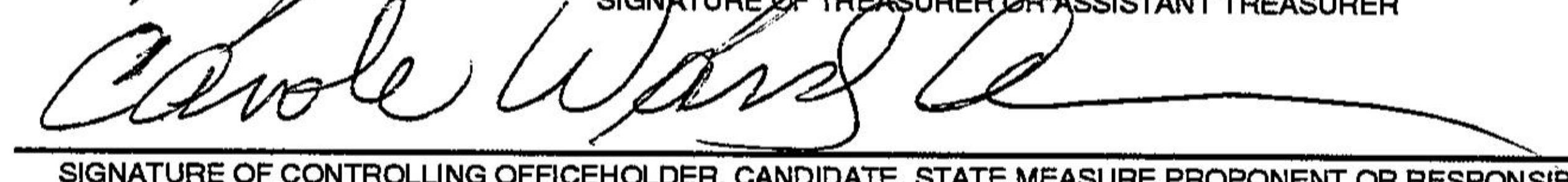
7. Verification

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 law of California that the foregoing is true and correct.

Executed on APRIL 05, 2001
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on APRIL 05, 2001
DATE

By 
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

**Campaign Disclosure Statement
Summary Page**

Statement covers period
from 10/23/2000
through 03/03/2001

CALIFORNIA FORM **460**

Page 3 **of** 18

NAME OF FILER	I.D. NUMBER
Ms . CAROLE ALLEN, CAROLE WARD ALLEN FOR CITY COUNCIL	972050

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	<i>Schedule A, Line 3</i>	\$ <u>12,733.27</u>	\$ <u>180.00</u>	\$ <u>12,913.27</u>
2. Loans Received	<i>Schedule B, Line 7</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ <u>12,733.27</u>	\$ <u>180.00</u>	\$ <u>12,913.27</u>
4. Non-monetary Contributions	<i>Schedule C, Line 3</i>	\$ <u>799.25</u>	\$ <u>0.00</u>	\$ <u>799.25</u>
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ <u>13,532.52</u>	\$ <u>180.00</u>	\$ <u>13,712.52</u>

Expenditures Made

6. Cash Payments	<i>Schedule E, Line 4</i>	\$ <u>12,423.71</u>	\$ <u>0.00</u>	\$ <u>12,423.71</u>
7. Loans Made	<i>Schedule H, Line 7</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ <u>12,423.71</u>	\$ <u>0.00</u>	\$ <u>12,423.71</u>
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ <u>799.25</u>	\$ <u>0.00</u>	\$ <u>799.25</u>
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ <u>13,222.96</u>	\$ <u>0.00</u>	\$ <u>13,222.96</u>

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ <u>230.00</u>
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ <u>12,733.27</u>
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ <u>0.00</u>
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ <u>12,423.71</u>
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>539.56</u>

If this is a Termination Statement, Line 16 must be zero.

*From previous statement Summary Page, Column C.
 However, if this is the first report filed for the calendar year,
 Column B should be blank except for Loans Received (Line 2),
 Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 1, Column (b)</i>	\$ <u>0.00</u>
------------------------------------	---------------------------------------	----------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ <u>0.00</u>
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column C above</i>

Summary for Candidates in Both June and November Elections

	1/1 thru 6/30	7/1 to Date
20. Contributions Received \$	<u>0</u>	<u>0</u>
21. Expenditures Made \$	<u>0</u>	<u>0</u>

**Recipient Committee
Campaign Statement**

(Government Code Sections 84200-84216.5)

COPY

SEE INSTRUCTIONS ON REVERSE

Type or print clearly.

Date Stamp

CALIFORNIA
FORM

460

Page _____ of ____
For Official Use Only

Statement covers period from <u>01/01/01</u> through <u>03/01/01</u>	Date of election if applicable: (Month, Day, Year) <u>04/17/01</u>	OFFICE OF THE CITY CLERK OAKLAND <u>01 MAR - 8 PM 4:46</u>
--	--	--

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 7.

- Officeholder, Candidate Controlled Committee
(Also Complete Part 4)
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- (Also Complete Part 5)

- Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 6)
- General Purpose Committee
- Sponsored
- Broad Based

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

ID NUMBER

COMMITTEE NAME

CAROLE WARD ALLEN FOR CITY COUNCIL

STREET ADDRESS (NO PO BOX)

5534 MARTIN LUTHER KING JR. WAY

CA STATE ZIP CODE AREA CODE/PHONE
OAKLAND, CA. 94609

MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX/E-MAIL ADDRESS

FAX (510) 658-3540

Treasurer(s)

NAME OF TREASURER

DR. JESSE M. WYATT

MAILING ADDRESS

5534 MARTIN LUTHER KING JR. WAY

CITY STATE ZIP CODE AREA CODE/PHONE

OAKLAND, CA. 94609

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX/E-MAIL ADDRESS

Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page _____ of _____

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

CAROLE WARD ALLEN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included In This Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME	ID. NUMBER
CAROLE WARD ALLEN FOR CITY COUNCIL	972050
NAME OF TREASURER	CONTROLLED COMMITTEE?
DR. JESSE M. WYATT	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO PO. BOX)
5534 MARTIN LUTHER KING JR WAY	
[REDACTED]	
OAKLAND, CA. 94609	

Attach continuation sheets if necessary

7. 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 MARCH 8, 2001

DATE

MARCH 8, 2001

Executed on _____

DATE

Executed on _____

DATE

Executed on _____

DATE

By Dr. Jesse M. Wyatt Jr.
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Carole Ward Allen
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR THE SECRETARY OF STATE FOR A COMMITTEE

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

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

Schedule A
Monetary Contributions Received

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

Statement covers period

from 1/1/01through 3/1/01

CALIFORNIA FORM

460

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CAROLE WARD Allen for City Council Dist 6

I.D. NUMBER
973050

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER [REDACTED])	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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
2/11/01	Samuel's Gallery Jack Lierdon Sq. Oakland, Ca	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		75.00		
1/31/01	Shirley Coatsen 3226 - Hood St	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Librarian Laney College	\$ 100.00		
2/3/01	Oakland, Ca 94605					
1/30/01	Suzanne Angeles P.O. Box 679 P Concord, Ca 94534	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	mayor President Hill/BART Emply	\$ 100.00		
1/31/01	Arrey Sander P.O. Box 112 Post 499 Embarcadero, Oakland, Ca 94110	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Business Owner	\$ 100.00		
12/18/00	The Listening Corner P.O. Box 12474 Oakland, Ca 94609	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Business Listening Corner	\$ 100.00		
SUBTOTAL \$				475.00		

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 160.92.27
2. Amount received this period - unitemized contributions of less than \$100 \$ _____
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*Contributor Codes

IND - Individual

COM - Recipient Committee

OTH - Other

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

FILED Date Stamp
THE CITY CLERK
OAKLANDCALIFORNIA FORM **460**Page 1 of 4

A For Official Use Only

Statement covers period	Date of Election if applicable:
from <u>07/01/2001</u>	(Month, Day, Year)
through <u>12/31/2001</u>	

02 JAN 15 AM 10:24

1. Type of Recipient Committee:

Officeholder, Candidate
Controlled Committee

Primarily Formed Candidate/
Officeholder Committee

Ballot Measure Committee

General Purpose Committee

Primarily Formed

Sponsored

Controlled

Broad Based

Sponsored

3. Committee Information

COMMITTEE NAME

CAROLE WARD ALLEN FOR CITY COUNCIL

I.D. NUMBER
972050**2. Type of Statement:**

Pre-election Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Pre-election
Statement - Attach Form 495

Treasurer(s)

NAME OF TREASURER

DR. JESSE M. WYATT

MAILING ADDRESS

5534 MARTIN LUTHER KING JR WAY

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

OAKLAND

CA

3540

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

MAILING ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

()

OPTIONAL: FAX/E-MAIL ADDRESS

(510) 658-0463 /

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 4

4. Officeholder or Candidate Controlled Committee 5. Ballot Measure Committee

NAME OF OFFICEHOLDER OF CANDIDATE

Ms. CAROLE ALLEN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL DISTRICT 6, District 6

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY
5534 MARTIN LUTHER KING

STATE ZIP CODE

JR. WAY

OAKLAND

CA 94609-1616

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which 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?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT

OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPOSER

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

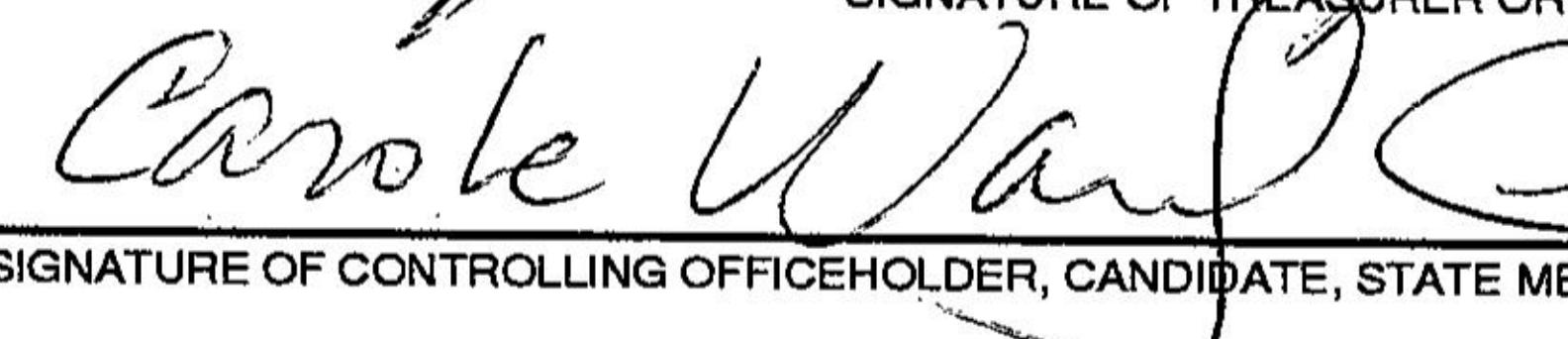
7. Verification

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

Executed on 01/11/2002
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/11/2002
DATE

By 
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER OR RESPONSIBLE OFFICER OF SPONSOR

Executed on 01/11/2002
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

Executed on 01/11/2002
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

**Campaign Disclosure Statement
Summary Page**

Statement covers period	CALIFORNIA FORM	460
from <u>07/01/2001</u>	through <u>12/31/2001</u>	Page <u>3</u> of <u>4</u>
NAME OF FILER		I.D. NUMBER
Ms. CAROLE ALLEN, CAROLE WARD ALLEN FOR CITY COUNCIL		972050

NAME OF FILER
Ms. CAROLE ALLEN, CAROLE WARD ALLEN FOR CITY COUNCIL

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	<i>Schedule A, Line 3</i>	\$ <u>0.00</u>	\$ <u>26,818.27</u>	\$ <u>26,818.27</u>
2. Loans Received	<i>Schedule B, Line 7</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ <u>0.00</u>	\$ <u>26,818.27</u>	\$ <u>26,818.27</u>
4. Non-monetary Contributions	<i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ <u>0.00</u>	\$ <u>26,818.27</u>	\$ <u>26,818.27</u>

Expenditures Made

6. Cash Payments	<i>Schedule E, Line 4</i>	\$ <u>0.00</u>	\$ <u>43,887.89</u>	\$ <u>43,887.89</u>
7. Loans Made	<i>Schedule H, Line 7</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ <u>0.00</u>	\$ <u>43,887.89</u>	\$ <u>43,887.89</u>
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ <u>300.00</u>	\$ <u>3,373.81</u>	\$ <u>3,673.81</u>
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ <u>300.00</u>	\$ <u>47,261.70</u>	\$ <u>47,561.70</u>

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ <u>(14,095.62)</u>
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ <u>0.00</u>
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ <u>0.00</u>
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ <u>0.00</u>
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>(14,095.62)</u>

If this is a Termination Statement, Line 16 must be zero.

*From previous statement Summary Page, Column C.
However, if this is the first report filed for the calendar year,
Column B should be blank except for Loans Received (Line 2),
Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 1, Column (b)</i>	\$ <u>0.00</u>
------------------------------------	---------------------------------------	----------------

Summary for Candidates in Both June and November Elections

	1/1 thru 6/30	7/1 to Date
18. Cash Equivalents	\$ <u>11.21</u>	\$ <u>0</u>
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>3,673.81</u>