

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

**ORIGINAL**  
Type or print in ink.

COVER PAGE

CALIFORNIA  
2001/02  
FORM

**460**

SEE INSTRUCTIONS ON REVERSE

Date Stamp

FILED

OFFICE OF THE CITY CLERK  
OAKLAND

06 APR - 7 AM 11:47

Page \_\_\_\_\_ of \_\_\_\_\_

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<p>Statement covers period from <u>Jan 1, 2005</u> through <u>April 6 2005</u></p>	<p>Date of election if applicable: (Month, Day, Year) <u>May 17 2005</u></p>
--	--

**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"/> Primarily Formed Ballot Measure Committee             |
| <input type="radio"/> State Candidate Election Committee                         | <input type="radio"/> Controlled   |
| <input type="radio"/> Recall   | <input type="radio"/> Sponsored  |
| (Also Complete Part 5)   | (Also Complete Part 6)   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee |
| <input type="radio"/> Sponsored  | (Also Complete Part 7)   |
| <input type="radio"/> Small Contributor Committee                                |  |
| <input type="radio"/> Political Party/Central Committee                          |  |

**3. Committee Information**

I.D. NUMBER

1274089

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

Neighbors For Aimee Allison

STREET ADDRESS (NO P.O. BOX)

3242 Grand Ave

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

P. O Box 16093

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**2. Type of Statement:**

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

Treasurer(s) Aaron Baluyot

NAME OF TREASURER

P. O Box 16093

MAILING ADDRESS

Oakland

CITY

CA 94610

STATE ZIP CODE

510/594.7772

AREA CODE/PHONE

Habib Njam

NAME OF ASSISTANT TREASURER IF ANY

MAILING ADDRESS

Oakland

CITY

CA 94610

STATE ZIP CODE

AREA CODE/PHONE

510/594.7772

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 4. 6. 05  
Date  
4/6/05

By Habib Njam  
Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_  
Date \_\_\_\_\_

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date \_\_\_\_\_

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent



**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period  
from Jan 01, 2005

CALIFORNIA  
FORM **460**

Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Neighbors For Aimee Allison*

I.D. NUMBER  
**1274089**

**Contributions Received**

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	<i>Schedule A, Line 3</i>	\$ <u>19317</u>	\$ <u>19317</u>
2. Loans Received .....	<i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	<i>Add Lines 1 + 2</i>	\$ <u>19317</u>	\$ <u>19317</u>
4. Nonmonetary Contributions .....	<i>Schedule C, Line 3</i>	\$ <u>150</u>	\$ <u>150</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	<i>Add Lines 3 + 4</i>	\$ <u>19467</u>	\$ <u>19467</u>

**Expenditures Made**

6. Payments Made .....	<i>Schedule E, Line 4</i>	\$ <u>7823.19</u>	\$ <u>7823.19</u>
7. Loans Made .....	<i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	<i>Add Lines 6 + 7</i>	\$ <u>7823.19</u>	\$ <u>7823.19</u>
9. Accrued Expenses (Unpaid Bills) .....	<i>Schedule F, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment .....	<i>Schedule C, Line 3</i>	\$ <u>150</u>	\$ <u>150</u>
11. TOTAL EXPENDITURES MADE .....	<i>Add Lines 8 + 9 + 10</i>	\$ <u>7973.19</u>	\$ <u>7973.19</u>

**Current Cash Statement**

12. Beginning Cash Balance .....	<i>Previous Summary Page, Line 16</i>	\$ <u>0</u>
13. Cash Receipts .....	<i>Column A, Line 3 above</i>	\$ <u>19317</u>
14. Miscellaneous Increases to Cash .....	<i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments .....	<i>Column A, Line 8 above</i>	\$ <u>7823.19</u>
16. ENDING CASH BALANCE .....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>11493.11</u>

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

17. LOAN GUARANTEES RECEIVED .....	<i>Schedule B, Part 2</i>	\$ <u>0</u>
------------------------------------	---------------------------	-------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	<i>See instructions on reverse</i>	\$ <u>11493.11</u>
19. Outstanding Debts .....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ <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	\$ _____	\$ _____

**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

_____ / _____ / _____	\$ _____
_____ / _____ / _____	\$ _____

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.

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

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CALIFORNIA  
2001/02  
FORM

**460**

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OAKLAND

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Page \_\_\_\_\_ of \_\_\_\_\_

For Official Use Only

Statement covers period from <u>04/03/05</u>	Date of election if applicable: (Month, Day, Year) <u>05 MAY - 5</u>
through <u>04/30/05</u>	May 17 2005

Statement covers period from <u>04/03/05</u>	Date of election if applicable: (Month, Day, Year) <u>05 MAY - 5</u>
through <u>04/30/05</u>	May 17 2005

**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"/> Primarily Formed Ballot Measure Committee         | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="radio"/> State Candidate Election Committee                         | <input type="radio"/> Controlled   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="radio"/> Recall   | <input type="radio"/> Sponsored  | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| (Also Complete Part 5)   | (Also Complete Part 6)   |   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |   |
| <input type="radio"/> Sponsored  | (Also Complete Part 7)   |   |
| <input type="radio"/> Small Contributor Committee                                |  |   |
| <input type="radio"/> Political Party/Central Committee                          |  |   |

**3. Committee Information**

I.D. NUMBER  
1274089

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

Neighbors for Aimee Allison

STREET ADDRESS (NO P.O. BOX)

3242 Grand Ave

CITY                    STATE                    ZIP CODE                    AREA CODE/PHONE

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

P.O Box 16093

CITY                    STATE                    ZIP CODE                    AREA CODE/PHONE

Oakland                    CA                    94610

OPTIONAL: FAX / E-MAIL ADDRESS

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Semi-annual Statement              |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> (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 |

**Treasurer(s)**

NAME OF TREASURER

Aaron Baluyot

MAILING ADDRESS

P.O. Box 16093

CITY                    STATE                    ZIP CODE                    AREA CODE/PHONE

Oakland                    CA                    94610

NAME OF ASSISTANT TREASURER, IF ANY

Habib Ngom

MAILING ADDRESS

P.O Box 16093

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. 5. 05  
Date

By Habib Ngom  
Signature of Treasurer or Assistant Treasurer

Executed on 5-5-05  
Date

By Habib Ngom  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

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 \_\_\_\_\_ of \_\_\_\_\_

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Aimee Allison

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

City Council District 2

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

547 Jean St Oakland CA 94610

**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*  
[REDACTED]

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
------	-------	----------	-----------------

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
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**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
-----------------------	---------------------

**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

CALIFORNIA  
FORM

**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Neighbors for Aimee Allison

Statement covers period  
from 04/03/05

through 04/30/05

Page \_\_\_\_\_ of \_\_\_\_\_

I.D. NUMBER  
**1274089**

**Contributions Received**

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	<i>Schedule A, Line 3</i>	\$ 10828.63	\$ 30145
2. Loans Received .....	<i>Schedule B, Line 3</i>	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS .....	<i>Add Lines 1 + 2</i>	\$ 10828.63	\$ 30145
4. Nonmonetary Contributions .....	<i>Schedule C, Line 3</i>	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED .....	<i>Add Lines 3 + 4</i>	\$ 10828.63	\$ 30145

**Expenditures Made**

6. Payments Made .....	<i>Schedule E, Line 4</i>	\$ 10972.3	\$ 18795
7. Loans Made .....	<i>Schedule H, Line 3</i>	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS .....	<i>Add Lines 6 + 7</i>	\$ 10972.3	\$ 18795
9. Accrued Expenses (Unpaid Bills) .....	<i>Schedule F, Line 3</i>	\$ 0	\$ 0
10. Nonmonetary Adjustment .....	<i>Schedule C, Line 3</i>	\$ 0	\$ 150
11. TOTAL EXPENDITURES MADE .....	<i>Add Lines 8 + 9 + 10</i>	\$ 10972.3	\$ 18945

**Current Cash Statement**

12. Beginning Cash Balance .....	<i>Previous Summary Page, Line 16</i>	\$ 11493
13. Cash Receipts .....	<i>Column A, Line 3 above</i>	\$ 10828.63
14. Miscellaneous Increases to Cash .....	<i>Schedule I, Line 4</i>	\$ 0
15. Cash Payments .....	<i>Column A, Line 8 above</i>	\$ 10972.3
16. ENDING CASH BALANCE .....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 11349.33

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

17. LOAN GUARANTEES RECEIVED .....	<i>Schedule B, Part 2</i>	\$ 0
------------------------------------	---------------------------	------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	<i>See instructions on reverse</i>	\$ 11349.33
19. Outstanding Debts .....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 0

**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	\$ _____	\$ _____

**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
/ / /	\$ _____
/ / /	\$ _____

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.

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

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Date Stamp <b>FILED</b> OFFICE OF THE CITY CLERK OAKLAND	CALIFORNIA 2001/02 FORM <b>460</b>
05 JUN 30 PM 5:02	Page _____ of _____ For Official Use Only

Statement covers period from _____ through _____	Date of election if applicable: (Month, Day, Year) May 17, 2005
5/1/05 6/30/05	

**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"/> Primarily Formed Ballot Measure Committee                                       | <input type="checkbox"/> Preelection Statement                                       | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="radio"/> State Candidate Election Committee                         | <input type="radio"/> Controlled   | <input type="checkbox"/> Semi-annual Statement                                       | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="radio"/> Recall<br>(Also Complete Part 5)                           | <input type="radio"/> Sponsored  | <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br>(Also Complete Part 7) | <input type="checkbox"/> Amendment (Explain below)                                   |   |
| <input type="radio"/> Sponsored  |  |  |   |
| <input type="radio"/> Small Contributor Committee                                |  |  |   |
| <input type="radio"/> Political Party/Central Committee                          |  |  |   |

**2. Type of Statement:**

- |  |
|--|
| <input type="checkbox"/> Preelection Statement                                       |
| <input type="checkbox"/> Semi-annual Statement                                       |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) |
| <input type="checkbox"/> Amendment (Explain below)                                   |

**3. Committee Information**I.D. NUMBER  
1274089

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

Neighbors for Aimee Allison

STREET ADDRESS (NO P.O. BOX)

3242 Grand Ave

CITY STATE ZIP CODE AREA CODE/PHONE

Oakland CA 94610 510-594-7772

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

PO Box 16093

CITY STATE ZIP CODE AREA CODE/PHONE

Oakland CA 94610

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Aaron Baluyot

MAILING ADDRESS

PO Box 16093

CITY STATE ZIP CODE AREA CODE/PHONE

Oakland CA 94610

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

PO Box 16093

CITY STATE ZIP CODE AREA CODE/PHONE

Oakland CA 94610

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 6/30/05

By \_\_\_\_\_  
Signature of Treasurer or Assistant TreasurerExecuted on 6/30/05  
DateBy \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of SponsorExecuted on \_\_\_\_\_  
DateBy \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure ProponentExecuted on \_\_\_\_\_  
DateBy \_\_\_\_\_  
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 \_\_\_\_\_ of \_\_\_\_\_

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Aimee Allison

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

City Council District 2

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

547 Jean Street Oakland, CA 94610

**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

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES  NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES  NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

**6. Primarily Formed Ballot Measure Committee**

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

**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

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT  
 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

CALIFORNIA  
FORM

**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Statement covers period  
from 5/1/05

through 6/30/05

Page \_\_\_\_\_ of \_\_\_\_\_

I.D. NUMBER  
**1274089**

**Contributions Received**

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	<i>Schedule A, Line 3</i>	<b>6,438</b>	<b>36,583</b>
2. Loans Received .....	<i>Schedule B, Line 3</i>	0	0
3. SUBTOTAL CASH CONTRIBUTIONS .....	<i>Add Lines 1 + 2</i>	<b>6,438</b>	<b>36,583</b>
4. Nonmonetary Contributions .....	<i>Schedule C, Line 3</i>	0	0
5. TOTAL CONTRIBUTIONS RECEIVED .....	<i>Add Lines 3 + 4</i>	<b>6,438</b>	<b>36,583</b>

**Expenditures Made**

6. Payments Made .....	<i>Schedule E, Line 4</i>	<b>17,788.5</b>	<b>36,583</b>
7. Loans Made .....	<i>Schedule H, Line 3</i>	0	0
8. SUBTOTAL CASH PAYMENTS .....	<i>Add Lines 6 + 7</i>	<b>17,788.5</b>	<b>36,583</b>
9. Accrued Expenses (Unpaid Bills) .....	<i>Schedule F, Line 3</i>	0	0
10. Nonmonetary Adjustment .....	<i>Schedule C, Line 3</i>	0	0
11. TOTAL EXPENDITURES MADE .....	<i>Add Lines 8 + 9 + 10</i>	<b>17,788.5</b>	<b>36,583</b>

**Current Cash Statement**

12. Beginning Cash Balance .....	<i>Previous Summary Page, Line 16</i>	<b>11,349.33</b>
13. Cash Receipts .....	<i>Column A, Line 3 above</i>	<b>6,438</b>
14. Miscellaneous Increases to Cash .....	<i>Schedule I, Line 4</i>	0
15. Cash Payments .....	<i>Column A, Line 8 above</i>	<b>17,788.5</b>
16. ENDING CASH BALANCE .....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	<b>0</b>

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

17. LOAN GUARANTEES RECEIVED .....	<i>Schedule B, Part 2</i>	\$ _____
------------------------------------	---------------------------	----------

**Cash Equivalents and Outstanding Debts**

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

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).

**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      \$ \_\_\_\_\_ \$ \_\_\_\_\_

**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

/ /      \$ \_\_\_\_\_

/ /      \$ \_\_\_\_\_

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

10  
22  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34

**COVER PAGE**

**Recipient Committee  
Campaign Statement  
Cover Page**  
(Government Code Sections 84200-84216.5)

Date Stamp	CALIFORNIA FORM 460		
Page _____ of _____	For Official Use Only		
<b>SEE INSTRUCTIONS ON REVERSE</b>		<b>Type or print In Ink.</b>	
<b>Statement covers period</b> from <u>7/1/05</u>	<b>Date of election if applicable:</b> (Month, Day, Year) <u>June 6, 2006</u>	<b>1. Type of Recipient Committee:</b> All committees – Complete Parts 1, 2, 3, and 4.	
<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Recall <input type="checkbox"/> Sponsored <i>(Also Complete Part 5)</i> <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Primarily Formed Candidate/ <input type="checkbox"/> Sponsored <input type="checkbox"/> Officeholder Committee <i>(Also Complete Part 7)</i> <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee		<b>2. Type of Statement:</b> <input type="checkbox"/> Prelection 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 <i>(Also file a Form 410 Termination)</i> <input type="checkbox"/> Amendment (Explain below)	
<b>3. Committee Information</b>		<b>Treasurer(s)</b> NAME OF TREASURER <u>Elizabeth Merzenich</u> MAILING ADDRESS <u>531 Valle Vista</u> CITY <u>Oakland</u> STATE <u>CA</u> ZIP CODE <u>94610</u> AREA CODE/PHONE <u>510-891-9254</u>	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Neighbors for Aimee Allison</u>		STREET ADDRESS (NO P.O. BOX) <b>547 Jean Street</b> CITY <u>Oakland</u> STATE <u>CA</u> ZIP CODE <u>94610</u> AREA CODE/PHONE <u>510-594-7740</u>  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  <b>547 Jean Street</b> CITY <u>Oakland</u> STATE <u>CA</u> ZIP CODE <u>94610</u> AREA CODE/PHONE <u>510-594-7740</u>  OPTIONAL: FAX / E-MAIL ADDRESS <u>OPTIONAL: FAX / E-MAIL ADDRESS</u>	
<b>4. Verification</b> 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 <u>1/29/06</u> Date <u>1/29/06</u> By <u>John B. Allison</u> Signature of Treasurer, Candidate, State Measure Proponent  Executed on <u>1/29/06</u> Date <u>1/29/06</u> By <u>John B. Allison</u> Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on <u>1/29/06</u> Date <u>1/29/06</u> By <u>John B. Allison</u> Signature of Controlling Officeholder, Candidate, State Measure Proponent			

**FPPC Form 460 (January/06)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3722)**  
**State of California**

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elizabeth Merzenich

		Statement covers period	CALIFORNIA FORM
		from 7/1/05	460
		through 12/31/05	Page _____ of _____
			I.D. NUMBER 1274089

**Contributions Received**

**Column A**  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

	Schedule A, Line 3	\$ 2830	\$ 2830
1. Monetary Contributions .....	Schedule B, Line 3	\$ 350	\$ 350
2. Loans Received .....	Add Lines 1 + 2	\$ 3180	\$ 3180
3. SUBTOTAL CASH CONTRIBUTIONS .....	Schedule C, Line 3	0	0
4. Nonmonetary Contributions .....	Add Lines 3 + 4	\$ 3180	\$ 3180
5. TOTAL CONTRIBUTIONS RECEIVED .....			

**Expenditures Made**

	Schedule E, Line 4	\$ 1136	\$ 1136
6. Payments Made .....	Schedule H, Line 3	0	0
7. Loans Made .....	Add Lines 6 + 7	\$ 1136	\$ 1136
8. SUBTOTAL CASH PAYMENTS .....	Schedule F, Line 3	0	0
9. Accrued Expenses (Unpaid Bills) .....	Schedule C, Line 3	0	0
10. Nonmonetary Adjustment .....	Add Lines 8 + 9 + 10	\$ 1136	\$ 1136
11. TOTAL EXPENDITURES MADE .....			

**Current Cash Statement**

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 0	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).
13. Cash Receipts .....	Column A, Line 3 above	\$ 3180	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0	
15. Cash Payments .....	Column A, Line 8 above	\$ 1136	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2044	

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ 0	
<b>Cash Equivalents and Outstanding Debts</b>			
18. Cash Equivalents .....	See instructions on reverse	\$ 0	
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 0	

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