Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	ORIGI Type or print in i	NAL nk.	Date Stamp PILED DE OF THE CITY CLER	COVER PAGE CALIFORNIA 2001/02 FORM
SEE INSTRUCTIONS ON REVERSE	statement covers period from Jan 1, 2005 through April 6 2005	Date of election if applicable: (Month, Day, Year)	DE OF THE CITY CLER OAKLAND 5 APR - 7 AM 11:47	Page of
O State Candidate Election Committee O Recall (Also Complete Part 5) ☐ General Purpose Committee O Sponsored O Small Contributor Committee	mplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored So Complete Part 6) Primarily Formed Candidate/ Difficeholder Committee So Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Speci Suppermination) State	terly Statement fal Odd-Year Report lemental Preelection ment - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Neighbors For Aimee STREET ADDRESS (NO P.O. BOX) 3242 Grand Ave CITY STATE ZIP CO MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B P. O. BOX 16093 CITY STATE ZIP CO CA 94 OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE S10/594-7772 OX DE AREA CODE/PHONE		CA 94 STATE ZIP CO	610 510/594.777 DE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on Executed on Date Executed on Date Executed on Date	By Signature of Control	viedge the information contained her Signature of Treasurer or Assistant T olling Officeholder, Candidate, State Measure Proping of Controlling Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, Candi	Freasurer ponent or Responsible Officer of Sponsor ate Measure Proponent	es is true and complete. I certify

Officeholder or Candidate Controlled	Committee	6. Primarily Formed Bal	Int Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	iot measure	- Committee	
Aimee Allison		NAME OF BALLOT MEASURE			
City Council district	1 2	BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	AKLAND CA 94610	Identify the controlling o			ure proponent, if ar
Related Committees Not Included in t	this Statement	NAME OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENT	
not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily formed to receive	OFFICE SOUGHT OR HELD	****	DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Can officeholder(s) or candidate	ndidate/Offi (s) for which th	ceholder Committee is committee is primarily	List names of formed.
COMMITTEE ADDRESS STREET ADDRESS (I	☐ YES ☐ NO	7. Primarily Formed Car officeholder(s) or candidate	(s) for which th	ceholder Committee is committee is primarily OFFICE SOUGHT OR HE	formed.
COMMITTEE ADDRESS STREET ADDRESS (I	☐ YES ☐ NO	officeholder(s) or candidate	(s) for which the	nis committee is primarily	LD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (I	NO P.O. BOX)	NAME OF OFFICEHOLDER OR	(s) for which the CANDIDATE CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE LD SUPPORT OPPOSE LD SUPPORT
	NO P.O. BOX) ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE	Formed. LD SUPPORT OPPOSE LD SUPPORT OPPOSE LD SUPPORT OPPOSE LD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (I CITY STATE COMMITTEE NAME	YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE LD SUPPORT OPPOSE LD SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from Jan 01, 2005

through April 6, 2005

CALIFORNIA 460

FORM

LD. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Neighbors For Aimee Allison

HOIGHBARS ON AIMEE All	150n		1274089
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$\\\ 19317 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$ 19317 \$ 19317 150 \$ 19467	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 7823.19 \$	\$\frac{7823.19}{\phi}\$\$\frac{\phi}{7823.19}\$\$\frac{\phi}{150}\$\$\$\frac{150}{7973.19}\$\$\$\$\$\$\$\$\$\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 0 19317 4 7823.19 \$ 11493.11	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	s	the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	* - 4		FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement

Executed on ____

ORIGINA Print in ink.

Date Stamp CALIFORNIA

Cover Page (Government Code Sections 84200-84216.5)			OFFICE OF THE CITY	CLEON		2001/02 FORM
SEE INSTRUCTIONS ON REVERSE	from	04/30/05	Date of election if applicable: (Month, Day Year) May 17 2005		Pag	For Official Use Only
1. Type of Recipient Committee: All C	Committees – Complete	Parts 1, 2, 3, and 4.	2. Type of Statement:		,	
✓ Officeholder, Candidate Controlled Comm	ittee Primaril Commit O Cont Spo (Also Com) Primaril Officeho	y Formed Ballot Measure ee rolled nsored	 ✓ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below) 		☐ Supplement	atement I-Year Report al Preelection Attach Form 495
3. Committee Information	I.D. NUM 12740		Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF I	NO COMMITTEE)		NAME OF TREASURER			
Neighbors for Aimee Allison			Aaron Baluyot			
- -			MAILING ADDRESS			
			P.O. Box 16093			
STREET ADDRESS (NO P.O. BOX) 3242 Grand Ave		· · · · · · · · · · · · · · · · · · ·	CITY	STATE	ZIP CODE	AREA CODE/PHONE
			Oakland	CA	94610	510-594-7772
Oakland	CA 94610	AREA CODE/PHONE 510-594-7772	NAME OF ASSISTANT TREASURER, IF AN' Habib Ngom			
MAILING ADDRESS (IF DIFFERENT) NO. AND ST	REET OR P.O. BOX		MAILING ADDRESS			
P.O Box 16093			P.O Box 16093			
	STATE ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	CA 94610	510-594-7772	Oakland	CA	94610	510-594-7772
OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS	•		
4. Verification I have used all reasonable diligence in preparir under penalty of perjury under the laws of the S Executed on 5.5.05 Date Executed on Date Executed on Date	ng and reviewing this st State of California that th	By By	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Response	onsible Officer		ue and complete. I certify

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

COVERP	AGE-PART2
CALIFORNIA FORM	460
Page	of

	ntrolled Committee		^	Data at the man				
NAME OF OFFICEHOLDER OR CANDIDAT				Primarily Formed Bal	lot Measure	Committee		
Aimee Allison	· -			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LO	CATION AND DISTRICT NUMB	FR IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	ON		
City Council District 2		acci i i i ciondee)		DALEST NO. ON LETTER	JORISDICTI	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO.	. AND STREET) CITY	STATE ZIP				· · · · · · · · · · · · · · · · · · ·		
547 Jean St	Oakland	CA 94610		Identify the controlling of	fficeholder, ca	ndidate, or state	measure pr	roponent, if ar
				NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PR	ROPONENT		
Related Committees Not Inclu	uded in this Statemer	it: List any committees						
ot included in this statement that are ontributions or make expenditures or	controlled by you or are no	rimarily formed to manabase		OFFICE SOUGHT OR HELD		DIS	STRICT NO. IF	ANY
OMMITTEE NAME								
SIGNALLY LEE LANGE	I.D. NU	JMBER						
						•		
AME OF TREASURER								
INE OF TREASURER	CONTR	ROLLED COMMITTEE?	7.	Primarily Formed Car	ndidate/Offic	eholder Com	mittee List	t names of
				oπiceholder(s) or candidate((s) for which thi	eholder Come s committee is pr	mittee List	t names of d.
				Primarily Formed Car officeholder(s) or candidate(NAME OF OFFICEHOLDER OR	(s) for which thi	ceholder Comis committee is pri	rimarily formed	d.
DMMITTEE ADDRESS STREET A	ADDRESS (NO P.O. BOX)	YES NO		oπiceholder(s) or candidate((s) for which thi	is committee is pri	rimarily formed	t names of d. SUPPORT OPPOSE
DMMITTEE ADDRESS STREET A				oπiceholder(s) or candidate((s) for which this	is committee is pri	T OR HELD	d. SUPPORT OPPOSE
DMMITTEE ADDRESS STREET A	ADDRESS (NO P.O. BOX) STATE ZIP CODE	YES NO NO AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	(s) for which this	OFFICE SOUGHT	T OR HELD	SUPPORT OPPOSE
DMMITTEE ADDRESS STREET A	ADDRESS (NO P.O. BOX)	YES NO NO AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	T OR HELD T OR HELD	d. SUPPORT OPPOSE
OMMITTEE ADDRESS STREET A	ADDRESS (NO P.O. BOX) STATE ZIP CODE	YES NO NO AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	T OR HELD T OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
OMMITTEE ADDRESS STREET A ITY DMMITTEE NAME	STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT	T OR HELD T OR HELD	SUPPORT OPPOSE OPPOSE
OMMITTEE ADDRESS STREET A ITY DMMITTEE NAME	STATE ZIP CODE	AREA CODE/PHONE JMBER ROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT	T OR HELD T OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
OMMITTEE ADDRESS STREET A TY DMMITTEE NAME AME OF TREASURER	STATE ZIP CODE I.D. NU	AREA CODE/PHONE JMBER ROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OFFICE SOUGHT OFFICE SOUGHT	T OR HELD T OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
OMMITTEE ADDRESS STREET A ITY OMMITTEE NAME AME OF TREASURER DMMITTEE ADDRESS STREET A	STATE ZIP CODE I.D. NU CONTR	AREA CODE/PHONE JMBER ROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OFFICE SOUGHT OFFICE SOUGHT	T OR HELD T OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
OMMITTEE ADDRESS STREET A ITY OMMITTEE NAME AME OF TREASURER	STATE ZIP CODE I.D. NU CONTR	AREA CODE/PHONE JMBER ROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	(s) for which this CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OFFICE SOUGHT OFFICE SOUGHT	T OR HELD T OR HELD T OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

| Statement covers period | CALIFORNIA | 460 | FORM | 1.D. NUMBER | 1.D.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Neighbors for Aimee Allison 1274089 Column A **Contributions Received** Column B **Calendar Year Summary for Candidates** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTALTODATE General Elections 1. Monetary Contributions Schedule A, Line 3 \$ __ 30145 2. Loans Received Schedule B, Line 3 1/1 through 6/30 7/1 to Date 0 0 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _ 10828.63 30145 20. Contributions Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ 10828.63 30145 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ _ 18795 **Candidates** 7. Loans Made Schedule H. Line 3 0 O 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ _ 22. Cumulative Expenditures Made* 10972.3 18795 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 0 0 Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C, Line 3 150 (mm/dd/yy) 10972.3 18945 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _ 11493 To calculate Column B. add 13. Cash Receipts Column A, Line 3 above 10828.63 amounts in Column A to the 14. Miscellaneous Increases to Cash Schedule I, Line 4 corresponding amounts *Amounts in this section may be different from amounts from Column B of your last reported in Column B. 15. Cash Payments Column A, Line 8 above 10972.3 report. Some amounts in Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtrect Line 15 \$ ___ 11349.33 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ___ for this calendar year, only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any). 18. Cash Equivalents See instructions on reverse \$ ____ 11349.33 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

COVER	PAGE

Recipient Committee Campaign Statement Cover Page		Type or print in	PH DEHISE OF TH	te Stamp (ED) E CITY CLER LAND	CALIFORNIA 460 2001/02 FORM
(Government Code Sections 84200-84216.5)	fro	Statement covers period m5/1/05	Date of election if applicable: (Month, Day, Year)	PM 5: 02	Page of
SEE INSTRUCTIONS ON REVERSE	thi	ough6/30/05	May 17, 2005		
1. Type of Recipient Committee: All Committee: All Committee: All Committee: Officeholder, Candidate Controlled Committee: Officeholder, Candidate Election Committee: Officeholder Pert 5) General Purpose Committee: Officeholder Committee: Officeholder Committee: Officeholder Party/Central Committee	Prima Comn Com Si (Also Co	rily Formed Ballot Measure	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	☐ Speci	terly Statement ial Odd-Year Report demental Preelection ment - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO Neighbors for Aimee Allison	127	MBER 4089	Treasurer(s) NAME OF TREASURER Aaron Baluyot MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX) 3242 Grand Ave			PO Box 16093 CITY Oakland	STATE ZIP C	
Oakland C MAILING ADDRESS (IF DIFFERENT) NO. AND STR	A 94610	AREA CODE/PHONE 510-594-7772	NAME OF ASSISTANT TREASURER, IF ANY Habib Ngom MAILING ADDRESS		
PO Box 16093 CITY STA Oakland C OPTIONAL: FAX / E-MAIL ADDRESS	ATE ZIP CODE A 94610	area code/phone 510-594-7772	PO Box 16093 CITY Oakland OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP C	
under penalty of perjury under the laws of the St Executed on 6/30/05 Date Executed on Date	and reviewing thi ate of California th	ByBy	nowledge the information contained herein and in the Signature of Treasurer or Assistant Treasurer		
Executed on		Ву	Signature of Controlling Officeholder, Candidate, State Measure Pr Signature of Controlling Officeholder, Candidate, State Measure Pr		FPPC Form 460 (January/05

Recipient Committee Campaign Statement Cover Page — Part 2

COVERP	AGE-PART2
CALIFORNIA FORM	460
Page	of

Officeholder or Candidate Controlled Co	mmittee	6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				······································
Aimee Allison							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N		SUPPORT
City Council District 2							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling off	iceholder, car	ıdidate, or state ı	measure pi	roponent, if any
547 Jean Street Oa	kland, CA 94610		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to receive		OFFICE SOUGHT OR HELD	, , , , , , , , , , , , , , , , , , ,	DIST	TRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	 Primarily Formed Can officeholder(s) or candidate(s) 				
	☐ YES ☐ NO		<u>``</u>		·	<u>-</u>	
COMMITTEE ADDRESS (NO I	P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER						
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
	YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)				-		1
CITY STATE	ZIP CODE AREA CODE/PHONE		A++~	ch continuette	on sheets if nece	eean/	
· · · · · · · · · · · · · · · · · · ·			Atta	on conundant	ni sileets ii Nece	soary	

Campaign Disclosure Statement Summary Page

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ ___

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 5/1/05 CALIFORNIA 460

through 6/30/05 Page of ______

I.D. NUMBER 1274089

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1/1 through 6/30 7/1 to Date 0 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 6,438 36,583 Received 0 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 36,583 6,438 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ _____ 36,583 **Candidates** 0 22. Cumulative Expenditures Made* 17.788.5 36.583 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 36.583 17,788.5 **Current Cash Statement** 11,349.33 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 6,438 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. 17,788.5 report. Some amounts in Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ ___ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ _

THE OTY CLEAR STATE OF Y CLEAR

06 FEB -2 PN 2: 10

		,			COVER PAGE
Recipient Committee Campaign Statement Cover Page	Type or print in lnk.	īk.	Date Stamp	CALIFORNIA FORM	460
(GOVERNMENT CODE SECTIONS 842UV-84210.5)	Statement covers period 7/1/05 from	Date of election if applicable: (Month, Day, Year)		For Official Use Only	of
SEE INSTRUCTIONS ON REVERSE	12/31/05 through	June 6, 2006			
1. Type of Recipient Committees: All Committees - Complete Parts 1, 2, 3, and 4. Sofficeholder, Candidate Controlled Committee O State Candidate Electon Committee O Recall (Also Complete Parts) O Spensored (Also Complete Parts) O Spensored O Small Contributor Committee	Complete Parts 1, 2, 3, and 4. Primarily Forned Ballot Measure Committee O Controlled O Sponsored (Aleo Complete Parts) Primarily Forned Candidate/ Officeholder Committee	2. Type of Statement: Preelection Statement Statement Semi-arrural Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	etion)	Quarterly Statement Special Odd-Year Report Suptlemental Preelection Statement - Attach Form 495	n n 1495
O Political Party/Central Committee	C H				***************************************
3. Committee Information	1.D. NUMBER 1274 089	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Neighbors for Aimee Allison		NAME OF TREASURER Elizabeth Merzenich			
		531 Valle Vista			
er Abdress (NO P.O. BOX) Jean Street		cıry Oakland	STATE	ZIP CODE ARE. 94610 510-8	AREA CODE/PHONE 510-891-9254
STATE CA	ZIP CODE AREA CODE/PHONE 94610	NAME OF ASSISTANT TREASURER, IF ANY Aaron Baluyot	er, if any		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS 547 Jean Street			
STATE	ZIP CODE AREA CODE/PHONE	ciry Oakland	STATE Z CA 9	ZIP CODE ARE/ 94610 510-	AREA CODE/PHONE 510-594-7740
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	SSS		
4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my mowledge the information contained herein and in the attached schedules is true and complete. I certify under the laws of the State of Celifornia that the foregoing is true and confest.	ing this statement and to the best of my 4000 mis that the foregoing is true and correst.	wedge the information contained here	in and in the attached sch	nedules is true and comp	lete. I certify
Executed on 129/06		Signature of Tresperith Productive	stant Treasurer	l	
//24/ Date		Signature of Confroling Officeholder, §arkideer, State Messure Propo	onent or Responsible Officer of Sponso	nsor	
Exercised on Date		Signature of Controlling Officeholder, Canddate, State Messure Proposien	te Measure Propostent		
Executed on	By West of the state of the sta	Signature of Controlling Officeholder, Candidate, State Messure Proponent FPF	te Messure Proponent FPPC Toll-Fre	FPPC Form 486 (January)05) FPPC TOII-Free Helpline: 866/ASK-FPPC (866/275.3772) State of California	460 (January/05) C (866/276-3772) tate of California
				•	

CALIFORNIA 460 7/1 to Date Total to Date Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 22. Cumulative Expenditures Made* ((18ubjecto Voluniary Expenditure Limit) Expenditure Limit Summary for State Candidates ₽. I.D. NUMBER 1274089 ₩. ↔ ↔ 1/1 through 6/30 Page_ Date of Election (mm/dd/yy) 4 Statement covers period Contributions Received 21. Expenditures Made 12/31/05 50. through 2830 3180 1136 1136 3180 1136 0 0 from. 0 Column B
CALENDAR YEAR
TOTAL TODATE ь Type or print in ink, Amounts may be rounded to whole dollars. Column A
TOTAL THIS PERIOD
(FROMATTACHED SCHEDULES) 1136 350 3180 0 0 1136 2830 3180 1136 0 49 ₩ ø ₩ Add Lines 1 + 2 ... Add Lines 3 + 4 Schedule E, Line 4 Schedule H, Line 3 Add Lines 6 + 7 Schedule F, Line 3 Schedule C, Line 3Add Lines 8 + 9 + 10 Schedule A, Line 3 Schedule B, Line 3 Schedule C, Line 3 Campaign Disclosure Statement Summary Page SUBTOTAL CASH CONTRIBUTIONS TOTAL CONTRIBUTIONS RECEIVED 11. TOTAL EXPENDITURES MADE Accrued Expenses (Unpaid Bills) SUBTOTAL CASH PAYMENTS 10. Nonmonetary Adjustment **Current Cash Statement Contributions Received** Nonmonetary Contributions Monetary Contributions SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Elizabeth Merzenich **Expenditures Made** Payments Made Loans Received ... Loans Made .. ø. ω 4 ıç.

1136 3180

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Add Line 2 + Line 9 in Column B above

See instructions on reverse

Cash Equivalents and Outstanding Debts

18. Cash Equivalents 19. Outstanding Debts

17. LOAN GUARANTEES RECEIVED

0

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

3180

0

Schedule I, Line 4 Column A, Line 8 above

14. Miscellaneous Increases to Cash

Column A, Line 3 above

.... Add Lines 12 + 13 + 14, then subtract Line 15

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

16. ENDING CASH BALANCE

15. Cash Payments

0

Previous Summary Page, Line 16

12. Beginning Cash Balance

13. Cash Receipts

1136 2044

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your lest 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 flied for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

0

Schedule B, Part 2