Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-842	•	RICIN	Type or print in	ink.	Date St.	Y CLERN	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	. ,	S from throu	17 March #2 2006	Date of election if applicable: (Month, Day, Year) June 6, 2006	MR2i Aii	9: 25	Page _ l _ of _ 2.1 _ For Official Use Only
1. Type of Recipient Committee Officeholder, Candidate Controlle State Candidate Election Com Recali (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Commit	d Committee mittee	Primarily Committe Contr Spon (Also Compi	Formed Ballot Measure se colled sored ste Part 6) Formed Candidate/ lder Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	ermination)	Speci	erly Statement al Odd-Year Report emental Preelection ment - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S I	NAME IF NO COM	I.D. NUMB 127408 IMITTEE)		Treasurer(s) NAME OF TREASURER			
Neighbors for Aimee Allison				Elizabeth Merzenich MAILING ADDRESS 531 Valle Vista Avenue)		
STREET ADDRESS (NO P.O. BOX) 3208 Grand Avenue				CITY		ATE ZIP CC	
CITY	STATE	ZIP CODE	AREA CODE/PHONE	Oakland NAME OF ASSISTANT TREASU		A 94610	510-891-9254
Oakland	CA	94610	510 277-0182	Aaron Baluyot	7.141		
MAILING ADDRESS (IF DIFFERENT) NO). AND STREET C	OR P.O. BOX		MAILING ADDRESS 547 Jean Street			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY		ATE ZIP CC	
OPTIONAL: FAX / E-MAIL ADDRESS			:	Oakland		A 94610	510-594-7740
OPTIONAL: FAX / E-MAIL ADDRESS			\ \	optional: FAX / E-MAIL ADDR bmerzeni@yahoo.com			
4. Verification I have used all reasonable diligence in under penalty of perjury under the law Executed on	s of the State of	reviewing this sta California that th	e foregoing is true and correct: By By	Signature of Preasurer or Assistant ontrolling Officeholder, Candidate, State Measure Pro-	Treasurer oponent or Responsible Contact Measure Proponent	Officer of Sponsor	es is true and complete. I certify
Date Date Date Date Date Date Date Date	9			Signature of Controlling Officeholder, Candidate, S	State Measure Proponent		EDDO Form 400 (10000-1/05)

Officeholder or Candidate Controlled Cor	nmittee		6.	Primarily Formed Ballo	ot Measure Committe	ee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Aimee Allison							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER	IF APPLICABLE)	_	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
City Council District 2, Oakland, CA						1 🗀	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP	-				
547 Jean Street	Oakland,	CA 94610		Identify the controlling offi	lceholder, candidate, or	state measure p	proponent, if any.
			_	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by y contributions or make expenditures on behalf of your COMMITTEE NAME	ou or are prim	List any committees earlly formed to receive	; /e	OFFICE SOUGHT OR HELD		DISTRICT NO. I	F ANY
NAME OF TREASURER .	CONTRO	LLED COMMITTEE?	– 7.	Primarily Formed Cano officeholder(s) or candidate(s)	didate/Officeholder () for which this committee	Committee List is primarily form	st names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.				NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE SC	OUGHT OR HELD	SUPPORT OPPOSE
	P CODE	AREA CODE/PHON	E	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SC	OUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMI	BER		NAME OF OFFICEHOLDER OR C	SANDIDATE OFFICE SC	DUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS (NO PC	☐ YE	LLED COMMITTEE?	-	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SC	DUGHT OR HELD	SUPPORT OPPOSE
	P CODE	AREA CODE/PHON	Ē	Attac	ch continuation sheets in	f necessary	

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARYPAGE CALIFORNIA 460 Statement covers period Janary 1, 2006 **FORM**

from . March 17, 2006 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Elizabeth Merzenich 1274089

Contributions Received	Column A TOTALTHIS 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	\$ 21,221	\$	21,221	General Elections
2. Loans Received Schedule B, Line 3	0		350	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 21,221	\$	21,571	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3	0		0	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 21,221	\$	21,571	Made \$\$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 14,643	\$	14,643	Candidates
7. Loans Made Schedule H, Line 3	0		0	On Commission For and Nove Advisor
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 14,643	\$	14,643	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	1,187		1,187	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0		0	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 15,830	\$	15,830	\$
Current Cash Statement		Π		<i></i> \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 2,044	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	21,221	am	ounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0		responding amounts n Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	14,643		ort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 8,622	figi	res that should be	
If this is a termination statement, Line 16 must be zero.	 	pe	otracted from previous riod amounts. If this is first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	for	this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts			m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 350			FPPC Form 460 (January/0 FPPC Toli-Free Helpline: 866/ASK-FPPC (866/275-377.

ORIGINA Type or print in ink.

COVER PAGE

Date Stamp **CALIFORNIA** Cover Page **FORM** (Government Code Sections 84200-84216.5) 2H 10: 05 Statement covers period Date of election of applicable: Page (Month, Day, Year) MARCH 18, 22006 from For Official Use Only SEE INSTRUCTIONS ON REVERSE MAY 20, 2006 JUNE 6, 2006 through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure State Candidate Election Committee Preelection Statement Quarterly Statement Committee Semi-annual Statement Controlled Special Odd-Year Report (Also Complete Part 5) ☐ Termination Statement Sponsored Supplemental Preelection (Also file a Form 410 Termination) (Also Complete Part 6) ☐ General Purpose Committee Statement - Attach Form 495 Amendment (Explain below) Sponsored Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee O Political Party/Central Committee (Also Complete Part 7) 3. Committee Information I.D. NUMBER Treasurer(s) 1274089 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER NEIGHBORS FOR AIMEE ALLISON **ROSEANN TORRES** MAILING ADDRESS 366 GRAND AVENUE SUITE 274 STREET ADDRESS (NO P.O. BOX) CITY 3208 GRAND AVENUE STATE ZIP CODE AREA CODE/PHONE OAKLAND CITY CA 94610 510-910-0404 ZIP CODE STATE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY **CAKLAND** CA 94610 510-277-0182 **AARON BALUYOT** MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS 547 JEAN STREET CITY ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OAKLAND OPTIONAL: FAX / E-MAIL ADDRESS CA 94610 510-594-7740 OPTIONAL: FAX / E-MAIL ADDRESS 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 5-24-06 Executed on Executed on nolder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Signature of Controlling Officeholder. Candidate. State Measure Proponent

CALIFORNIA 460

age 2 of 29

. Officeholder or Candidate Controlled C	ommittee	6.	Primarily Formed Ballot N	leasure (Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
AIMEE ALLISON			WANTE OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND I	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER J	URISDICTIO	N T	
CITY COUNCIL DISTRICT 2, OAKLAND				07.110510110	``	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET						
E47 1E441 0=====	AKLAND CA 94610		Identify the controlling officeh	older, can	didate, or state measure	proponent, if any.
			NAME OF OFFICEHOLDER, CANDIDA			, , , , , , , ,
Related Committees Not Included in thi not included in this statement that are controlled by contributions or make expenditures on behalf of your contributions.	VOU OF 250 primarily farment		OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO	CONTROLLED COMMITTEE? YES NO	7.	Primarily Formed Candida officeholder(s) or candidate(s) for	which this	holder Committee is primarily for	ist names of med.
,			THE STATE OF THE S	IDAIL	OFFICE SOUGHT OR HELD	SUPPORT
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICE			☐ OPPOSE
			NAME OF OFFICEHOLDER OR CAND	IDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER					OPPOSE
NAME OF TREASURER			NAME OF OFFICEHOLDER OR CANDI	IDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CANDI	IDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)					☐ OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		Attach co	ontinuation	sheets if necessary	

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

SUMMARY PAGE

Statement covers period **CALIFORNIA** MARCH 18 2006 **FORM** from MAY 20 2006 Page _ through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

ROSEANN TORRES

- COLANN TORRES						•	1274089
Contributions Received	(F	Column A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)		Column CALENDAR Y TOTAL TO DA	ÆAR	Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$.	23026.00	\$	442	47.00	General Elections	•
2. Loans Received Schedule B, Line 3		-350.00	¥	3	50.00	1/1 th	arough 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$.	22676.00	\$	445	97.00	20. Contributions	
4. Nonmonetary Contributions	-	0			0		 \$ <u></u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$.	22676.00	\$	445	97.00	21. Expenditures Made \$	\$
Expenditures Made						Famous III	
6. Payments Made Schedule E, Line 4	\$_	22091.00	\$	367	34.00	Expenditure Limit S Candidates	Summary for State
7. Loans Made Schedule H, Line 3	_	0			0		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$_	22091.00	\$	367	34.00	22. Cumulative	e Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	_	870.00		8	70.00	Date of Election	
10. Nonmonetary Adjustment	_	0	_		0	(mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$_	22961.00	\$	2296	31.00		- \$
Current Cash Statement	·		<u> </u>			, ,	
2. Beginning Cash Balance Previous Summary Page, Line 16	\$_	8622.00					- \$
[−] 13. Cash Receipts Column A, Line 3 above	_	22676.00	lo cald	culate Colum its in Column	n B, add I A to the		
14. Miscellaneous Increases to Cash Schedule I, Line 4		14572.00	corres	ponding amo olumn B of y	ounts	*Amounts in this section ma	ay be different from amounts
15. Cash Payments Column A, Line 8 above		22091.00	report.	Some amou	unts in	reported in Column B.	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$_	23779.00	figures	n A may be r that should	be		
If this is a termination statement, Line 16 must be zero.			period	cted from pramounts. If	this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$_	0	for this	t report bein calendar ye	ar, only		
Cash Equivalents and Outstanding Debts			carry c from Li	over the amo	ounts d 9 (if		
18. Cash Equivalents See instructions on reverse	\$ _	0	any).				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$_	0					FPPC Form 460 (January/05)
					ļ	FPPC Toll-Free Helpline	: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)				Type or print in	ink.	Date Stamp	(CALIFORNIA 460		
			fro	Statement covers period March 18	Date of election if applicable: (Month, Day, Year)	06 MAY 26 /	(a) Pag	ge of5 For Official Use Only		
SEE	INSTRUCTIONS ON REVERSE		th	roughMay 20, 2006	June 6, 2006		, , , , , , , , , , , , , , , , , , ,			
1.	Type of Recipient Committee:	All Comm	ittees – Comple	ete Parts 1, 2, 3, and 4.	2. Type of Statement:					
	☐ Officeholder, Candidate Controlled Color State Candidate Election Committee (Also Complete Part 5) ☐ General Purpose Committee (Sponsored (Small Contributor Committee (Political Party/Central Committee	ommittee ee	Comn Co Si (Also Co Prima Office	arily Formed Ballot Measure nittee ontrolled consored omplete Part 6) rily Formed Candidate/ holder Committee omplete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 T ☑ Amendment (Explain b Wrong name on one (remove Mel Shaw, a	ermination) elow) of the donors- co	Supplement - Statement -	d-Year Report tal Preelection Attach Form 495 osed on Page 5 .		
	or Committee information		1.D. NU 1274		Treasurer(s)					
	COMMITTEE NAME (OR CANDIDATE'S NAME	IF NO CO	MMITTEE)		NAME OF TREASURER					
	Neighbors for Aimee Allison				Roseann Torres					
					MAILING ADDRESS					
	STREET ADDRESS (NO P.O. BOX)				366 Grand Ave, Suite 2	.74				
	3208 Grand Ave,				CITY	STATE	ZIP CODE	AREA CODE/PHONE		
	CITY	STATE	ZIP CODE	AB50 00000000000000000000000000000000000	Oakland,	CA	94610	510-910-0404		
	Oakland,	CA	94610	AREA CODE/PHONE 510-277-0182	NAME OF ASSISTANT TREASUR	RER, IF ANY				
	MAILING ADDRESS (IF DIFFERENT) NO. AN		OR PO BOY	310-277-0102	Aaron Baluyot					
	PO Box 16093	OINEE	OK 1.0. BOX		MAILING ADDRESS					
i	CITY	STATE	ZIP CODE	AREA CODE/PHONE	547 Jean St	CA	94610	510-594-7740		
	Oakland,	CA	94610	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
	OPTIONAL: FAX / E-MAIL ADDRESS		04010	·	OPTIONAL: FAX / E-MAIL ADDR	ESS				
4. \	/erification	· · · · · · · · · · · · · · · · · · ·					<u>. </u>			
	/Aritication									

Executed on	By No To
Executed on	By Signature of Controlling Officer of Sponsor Signature of Controlling Officer of Sponsor
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent

5.	Officeholder or Candidate Controlled Comm	nittoo		D. 11 H				
	NAME OF OFFICEHOLDER OR CANDIDATE		6.	Primarily Formed Ballo	t Measure	Committee		
	Aimee Allison			NAME OF BALLOT MEASURE				
							•	
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
	City Council, District 2, Oakland, CA							OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	ITY STATE ZIP						
	547 Jean St. Oakland, CA 946			Identify the controlling office	ceholder, ca	ndidate, or state	e measure	proponent, if any.
				NAME OF OFFICEHOLDER, CAND	DIDATE, OR PR	ROPONENT		
	Related Committees Not Included in this State not included in this statement that are controlled by you contributions or make expenditures on behalf of your call	Or are primarily formed to receive		OFFICE SOUGHT OR HELD		DI	ISTRICT NO.	IF ANY
	COMMITTEE NAME	I.D. NUMBER						
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	eholder Com s committee is pi	nmittee L	ist names of ned.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	DX)		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
:	CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER						OFFOSE
				NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
_	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT
(COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)					·	OPPOSE
Ō	CITY STATE ZIP C	ODE AREA CODE/PHONE		Attach	continuatio	n sheets if nec	essary	

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA

Statement covers period

				fro	om	March 18	FORM 460
SEE INSTRUCTIONS ON REVERSE				th	rough	May 20, 2006	Page3 of5
NAME OF FILER Roseann Torres							I.D. NUMBER 1274089
Contributions Received		Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	**	Column B CALENDAR YEAR TOTAL TO DATE		Calendar Year Sun Running in Both th	nmary for Candidates e State Primary and
1. Monetary Contributions	\$	23026.00	œ	44247.	.00	General Elections	and
2. Loans Received	Ÿ	-350.00	Φ	350.0		1/1 t	nrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$		•	44597.0		20. Contributions	
4. Nonmonetary Contributions Schedule C, Line 3		0	φ		0	Received \$	\$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	22676.00	\$	44597.0	.00	21. Expenditures Made \$	 \$
Expenditures Made					_	Example 11 11	
6. Payments Made Schedule E, Line 4	\$	22091.00	\$	36734.0	00	Expenditure Limit S	Summary for State
7. Loans Made Schedule H, Line 3		0			0		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	22091.00	\$	36734.0	00	22. Cumulativ	e Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		870		87	70	Date of Election	·
10. Nonmonetary Adjustment Schedule C, Line 3		0			0	(mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE	\$	22961.00	\$	22961.0	00		- \$
Current Cash Statement						1 1	Φ.
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	8622.00	_				-
13. Cash Receipts Column A, Line 3 above		22676.00		calculate Column B, ounts in Column A to			
14. Miscellaneous Increases to Cash Schedule I, Line 4		14572.00	cor	responding amounts n Column B of your	ts :	*Amounts in this section m	ay be different from amounts
15. Cash Payments		22091.00	rep	ort. Some amounts	in i	reported in Column B.	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	23779.00	Col figu	lumn A may be nega ires that should be	ative		
If this is a termination statement, Line 16 must be zero.			per	tracted from previous iod amounts. If this	is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	for	first report being file this calendar year, o	only		
Cash Equivalents and Outstanding Debts			fron	ry over the amounts in Lines 2, 7, and 9 (s (if		
18. Cash Equivalents	\$	0	uny	<i>/</i> ·	l		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0			Ì	FPPC Toll-Free Helpline	FPPC Form 460 (January/05) :: 866/ASK-FPPC (866/275-3772)

	COMOS OSÍMIL CITY OLOSA O COMA 25	CALIFORNIA 460 2001/02 FORM		
Statement covers period from	Date of election if applicable: (Month, Day Year)	Page of For Official Use Only		
through				
Ballot Measure Committee Primarily Formed Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Semi-annual Statement Special Supplies Supplies	erly Statement al Odd-Year Report emental Preelection nent - Attach Form 495		
Allison	Roseann Torres Malling address 366 Grand Ave Suite 27 CITY STATE ZIP COL			
ZIP CODE AREA CODE/PHONE 94610 \$10 2770 182	NAME OF ASSISTANT TREASURER, IF ANY Aaron Baluyot MAILING ADDRESS			
ZIP CODE AREA CODE/PHONE	CITY STATE ZIP COE	THE TOOL EN TIONE		
By Signature of Contr	Signature of Treasurer or Assistant Treasurer Olling Öfficeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	nedules is true and complete. I		
	through es - Complete Parts 1, 2, 3, and 4. Ballot Measure Committee Primarily Formed Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) I.D. NUMBER 1274089 ITTEE) Allison ZIP CODE AREA CODE/PHONE P.O. BOX ZIP CODE AREA CODE/PHONE State of California that the foregoing is true are By By Signature of Controller By Sig	through es - Complete Parts 1, 2, 3, and 4. Ballot Measure Committee		

Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ball	-4.86		
NAME OF OFFICEHOLDER OR CANDIDATE	-		ot Measur	e Committee	
AIMEE ALLISON		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	-	DALLOTAGO OD 1			
CITY COUNCIL DISTRICT 2, OAKLAND CA		BALLOT NO. OR LETTER	JURISDIC ⁻	1	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	-				
547 JEAN ST OAKLAND CA 94610		Identify the controlling of	ficeholder, c	andidate, or state measur	e proponent, if an
	•	NAME OF OFFICEHOLDER, CAI	NDIDATE, OR F	PROPONENT	1 - 1 - 1 - 1 - 1
Related Committees Not Included in this Statement: List any committees				•	
not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO) IF ANY
COMMITTEE NAME					2. II ANT
I.D. NUMBER	•				
VAME OF TREASURER CONTROLLED COMMITTEES	_				
CONTROLLED COMMITTEES	7.	Primarily Formed Can	didate/Offi	coholdor Committee	
CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Offi) for which th	ceholder Committee	List names of med.
CONTROLLED COMMITTEE?		or candidate(s) for which th	nis committee is primarily for	med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		Primarily Formed Can- officeholder(s) or candidate(s) for which th	ceholder Committee is committee is primarily for OFFICE SOUGHT OR HELD	med.
YES □ NO		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		or candidate(s	CANDIDATE	nis committee is primarily for	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) SITY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) SITY STATE ZIP CODE AREA CODE/PHONE COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR (CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) SITY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE COMMITTEE NAME I.D. NUMBER AME OF TREASURER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE COMMITTEE NAME I.D. NUMBER AME OF TREASURER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE COMMITTEE NAME I.D. NUMBER AME OF TREASURER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

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

		SUMMARY PAG	Ε
Statem	ent covers period	CALIFORNIA 4.00	3
from	5/21/06	FORM 40U	
through	6/30/06	Page 3 of 18	
		I.D. NUMBER	-

SEE INSTRUCTIONS ON REVERSE NAME OF FILER **ROSEANN TORRES** 1274089 **Contributions Received** Column A Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR (FROM ATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE 1. Monetary Contributions Schedule A, Line 3 S _____ **General Elections** 50672.00 2. Loans Received Schedule B, Line 3 350.00 1/1 through 6/30 7/1 to Date 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ 6425.00 51022.00 20. Contributions 4. Nonmonetary Contributions Schedule C, Line 3 Received 0 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ 21. Expenditures 6425 51022.00 Made **Expenditures Made** 6. Payments Made Schedule E. Line 4 \$ ___ **Expenditure Limit Summary for State** 30090.00 66824.00 **Candidates** 7. Loans Made Schedule H, Line 3 0 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 30090.00 22. Cumulative Expenditures Made* 66824.00 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 (If Subject to Voluntary Expenditure Limit) 0 Date of Election Total to Date 0 (mm/dd/yy) 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ ____ 30090.00 66824.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 23779.00 13. Cash Receipts Column A, Line 3 above To calculate Column B, add 6425.00 amounts in Column A to the 14. Miscellaneous Increases to Cash Schedule I, Line 4 corresponding amounts 2606.00 *Amounts in this section may be different from amounts from Column B of your last 15. Cash Payments Column A, Line 8 above reported in Column B. 30090.00 report. Some amounts in 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ Column A may be negative 2720.00 figures that should be If this is a termination statement. Line 16 must be zero. subtracted from previous period amounts. If this is 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ the first report being filed for this calendar year, only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if 18. Cash Equivalents...... See instructions on reverse \$ any). 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)

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	GINA Type or print in	i ink.	Pate Stamp	CALIFORNIA 460 2001/02 FORM
	Statement covers period from 7-1-06	Date of election if applicable: (Month, Day, Year)	0CT -5 PM 3:29	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 10.5.06	11.7.06		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	nplete Parts 1, 2, 3, and 4. allot Measure Committee) Primarily Formed) Controlled) Sponsored so Complete Part 6) imarily Formed Candidate/ fficeholder Committee so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain be	☐ Speci ☐ Suppl	erly Statement al Odd-Year Report emental Preelection nent - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Neighbors for Aimee Aus STREET ADDRESS (NO P.O. BOX) 3208 Grand Ave CITY STATE ZIP COD MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO CITY OPTIONAL: FAX / E-MAIL ADDRESS	AREA CODE/PHONE 510.277.0182	CITY	and Ave Suite CA 94610 ER, IF ANY Alwot CA STATE ZIP COL STATE ZIP COL STATE ZIP COL CA 94610	510.910.0404
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on Date Executed on Date	By	knowledge the information contained and correct. Signature of Treasurer or Assistant Treasurer of Assistant Treasurer of Treasurer or Treasurer or Assistant Treasurer Office holder, Candidate, State Measure Propriet	easurer	hedules is true and complete. I

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ...

Executed on _

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 27

5. Officeholder or Candidate Controlled Comm	nittoo					
NAME OF OFFICEHOLDER OR CANDIDATE		6.	Primarily Formed Ballot	Measure C	Committee	
	*		NAME OF BALLOT MEASURE			
AIMEE ALLISON						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	ı	SUPPORT
CITY COUNCIL DISTRICT 2, OAKLAND CA						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP			· · · · · · · · · · · · · · · · · · ·		
547 JEAN STREET OAKLA	ND CA 94610		Identify the controlling offic	eholder, cand	lidate, or state measu	re proponent, if any.
			NAME OF OFFICEHOLDER, CAND	IDATE, OR PRO	PONENT	
Related Committees Not Included in this Sta	atement: List any committees					
not included in this statement that are controlled by you	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O IE ANY
contributions or make expenditures on behalf of your cal	ndidacy.				BIOTRIOTIV	O. II ANI
COMMITTEE NAME	I.D. NUMBER					
	1					
`		-	Particular to the			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candio officeholder(s) or candidate(s) f	date/Office	holder Committee	List names of
	YES NO				committee is primarily to	rmed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFFICEHOLDER OR CAI	NDIDATE	OFFICE SOUGHT OR HELI	SUPPORT
						OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CAN	IDIDATE /	OFFICE SOUGHT OR HELD	
			The same of the sa	IDIDAIL .	OFFICE SOUGHT OR HELL	☐ SUPPORT
COMMITTEE NAME	I.D. NUMBER					☐ OPPOSE
			NAME OF OFFICEHOLDER OR CAN	NDIDATE (OFFICE SOUGHT OR HELD	SUPPORT
				1		OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CAN	IDID ATT		
	YES NO	'	NAME OF OFFICEROLDER OR CAN	IDIDATE C	OFFICE SOUGHT OR HELD	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)					☐ OPPOSE
<u> </u>		. •				
CITY STATE ZIP CO	ODE AREA CODE/PHONE		A	- 49 49		
			Attach	continuation	sheets if necessary	

SEE INSTRUCTIONS ON REVERSE

ROSEANN TORRES

NAME OF FILER

Type or print in ink. Amounts may be rounded

SUMMARY PAGE

to whole dollars.	from7-1-06	CALIFORNIA 460		
	through10-5-06	Page _ 3 of _ 27		
		I.D. NUMBER 1274089		
Column A				

					1274089
Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)			Column B CALENDAR YEAR TOTALTO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$	34188.00	\$	84860.00	General Elections
2. Loans Received Schedule B, Line 3		0	•	350.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	34188.00	\$	85210.00	20. Contributions
4. Nonmonetary Contributions		0		0	Received \$ \$
5. TOTAL CONTRIBUTIONS RECEIVED	\$	34188.00	\$	85210.00	21. Expenditures Made \$ \$
Expenditures Made					Evnanditure Limit Co.
6. Payments Made Schedule E, Line 4	\$	23658.00	\$	90482.00	Expenditure Limit Summary for State Candidates
7. Loans Made Schedule H, Line 3		0		0	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	23658.00	\$	90482.00	22. Cumulative Expenditures Made* (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		0		0	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$.	23658.00	\$.	90482.00	\$
Current Cash Statement					, ,
12. Beginning Cash Balance Previous Summary Page, Line 16	\$_	2720.00	_		\$
13. Cash Receipts Column A, Line 3 above		34188.00	amo	alculate Column B, add bunts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4	_	5880.00		esponding amounts Column B of your last	*Amounts in this section may be different from amounts
15. Cash Payments	_	23658.00	repo	ort. Some amounts in	reported in Column B.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ _	19130.00	figur	ımn A may be negative res that should be	
If this is a termination statement, Line 16 must be zero.			perio	racted from previous od amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$_	0	the t	first report being filed his calendar year, only	
Cash Equivalents and Outstanding Debts	******		from	over the amounts Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$_	0	àny)		
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	Type or print i	n ink.	Date Stamp	CALIFORNIA 460
(Government Code Sections 84200-84216.5)	3			
	Statement covers period from10-1-06	Date of election if applicable: (Month, Day, Year)	06 007 26 FH	Page 1 of 212
SEE INSTRUCTIONS ON REVERSE	through10-21-06	11-7-06	· ·	
1. Type of Recipient Committee: All Committees - C	complete Parts 1, 2, 3, and 4	2. Type of Statement:		
General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	Spe	orterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
	D. NUMBER 1274089	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1274009	NAME OF TREASURER		
NEIGHBORS FOR AIMEE ALLISON		ROSEANN TORRES		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	<u></u> .	366 GRAND AVE #274		
3208 GRAND AVE		CITY	STATE ZIP C	ODE AREA CODE/PHONE
CITY		OAKLAND CA	9461	THE TOOLS TO TO THE
OVELVID CV . SIMIE SID CI	AMEN CODEFFICINE	NAME OF ASSISTANT TREASURE	ER, IF ANY	310-910-0404
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	0 277-0182	AARON BALUYOT		
THE THE ENGLY NO. AND STREET OR P.O. F	BUX	MAILING ADDRESS		
CITY STATE ZIP CO		547 JEAN ST		
	DDE AREA CODE/PHONE	CITY	STATE ZIP CO	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OAKLAND CA	9461	0 594-7740
		OPTIONAL: FAX / E-MAIL ADDRE	SS	
4. Verification				
I have used all reasonable diligence in preparing and reviewing	This statement and to the transfer		7	
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	a that the foregoing is true and corrects	owledge the information contained herei	in and in the attached schedul	es is true and complete. I certify
10.26.06				
Executed on	Ву			
Executed on10-26-06	/	Signature of Treasurer or Assistant Tre	asurer	
Date Date	BySignature of Cor	otrolling Officebolder Coefficient State		
Executed on	organizate of Col	ntrolling Officeholder, Candidate, State Measure Propor	nent or Responsible Officer of Sponsor	

Executed on __

Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

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

State of California

. Officeholder or Candidate Controlled C	ommittee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			·	
AIMEE ALLISON							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION] SUPPORT
CITY COUNCIL DISTRICT 2 - OAKLAND	CA						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET							
547 JEAN ST O/	AKLAND CA 94610		Identify the controlling of	ficeholder, ca	andidate, or sta	te measure	proponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in thi not included in this statement that are controlled by contributions or make expenditures on behalf of you	V VOU Or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER			<u>-</u>			·
			\				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)	didate/Office) for which th	ceholder Coi is committee is p	nmittee <i>L</i>	ist names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER						
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF THE COLUMN			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	UT OF UE F	.
NAME OF TREASURER	CONTROLLED COMMITTEE?		INCINE OF OFFICEROLDER OR I			H I DR HEI ''	
	☐ YES ☐ NO		NAME OF OFFICEROLDER OR	DANDIDATE	OFFICE 300G	HT OK HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO	☐ YES ☐ NO		NAME OF OFFICEROLDER OR		OFFICE 300G	HT OR HELD	SUPPORT OPPOSE
	☐ YES ☐ NO		TVANIL OF OFFICEROLDER OR I	SANDIDATE	OFFICE 3003	HI OR HELD	

Type or print in ink.

Amounts may be rounded to whole dollars.

		SUMMART PAGE				
Stateme	ent covers period	CALIFORNIA 460				
from10-1-06		FORM 400				
through	10-21-06	Page 3 of 22				

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER **ROSEANN TORRES** 1274089 **Contributions Received** Column A Column B **Calendar Year Summary for Candidates** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 26691.00 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 1/1 through 6/30 7/1 to Date 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 11190100 s 26691.00 20. Contributions Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Made **Expenditures Made Expenditure Limit Summary for State** 5701.00 6. Payments Made Schedule E, Line 4 Candidates 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C, Line 3 0 (mm/dd/yy) \$ 5701.00 **Current Cash Statement** 9130.00 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add 13. Cash Receipts Column A, Line 3 above 76691.00 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 *Amounts in this section may be different from amounts from Column B of your last reported in Column B. 5701.00 15. Cash Payments Column A, Line 8 above report. Some amounts in Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 40120.00 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 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)

Campaign Statement Cover Page	Type or print in	ink,	Pate Stamp OF THE OFFY CLE	CALIFORNIA 460
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from Oct 22, 2006 through Dec 31, 2006	Date of election if applicable: (Month, Day, Year)	JAN 31 FA 4: 1	Page of For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. imarily Formed Ballot Measure committee) Controlled) Sponsored (so Complete Part 6) imarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain below	Specination) State	rterly Statement cial Odd-Year Report plementa! Preelection ement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Neighbors for Aimee Allison STREET ADDRESS (NO P.O. BOX) 3208 Grand Ave CITY STATE ZIP COL	NUMBER DE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Roseanne Torres MAILING ADDRESS #24 Owner St CITY Oakland NAME OF ASSISTANT TREASURER		ode area code/phone 94610 SIC9100400
Oakland, CA 94610 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO CITY STATE ZIP COT OPTIONAL: FAX / E-MAIL ADDRESS vote@aimeeallison.org	5102770182 ox	MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP C	ODE 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	that the foregoing is true and correct By By	Owledge the information contained herein Signature of Treasurer or Assistant Treasurtrolling Officeholder, Candidate, State Measure Propone Signature of Controlling Officeholder, Candidate, State N	surer ent or Responsible Officer of Sponsor Measure Proponent	iles is true and complete. I certify

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

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

	SUMMARY PAGE
Statement covers period	CALIFORNIA 460
through	Page of

SEE INSTRUCTIONS ON REVERSE			anough		1 ago
NAME OF FILER					I.D. NUMBER
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column CALENDARY TOTAL TO DA	Running in	n Both the	mary for Candidates e State Primary and
1. Monetary Contributions	\$	\$	General El		rough 6/30 7/1 to Date
2. Loans Received		 			iough oldo 171 to pate
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	\$	20. Contribut Received		\$
4. Nonmonetary Contributions			21. Expenditi	ures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	\$	Made	\$	\$
Expenditures Made			Expenditu	re Limit S	Summary for State
6. Payments Made Schedule E, Line 4	\$	\$	Candidate		
7. Loans Made Schedule H, Line 3				OI-#	- P ²
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	\$		(If Subject to	e Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		· · · · · · · · · · · · · · · · · · ·	Date of I	Election	Total to Date
10. Nonmonetary Adjustment		-	(mm/d	d/yy)	
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	\$			\$
Current Cash Statement					_ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	To calculate Colun	n Badd		
13. Cash Receipts		amounts in Colum	n A to the		
14. Miscellaneous Increases to Cash Schedule I, Line 4		corresponding am from Column B of			ay be different from amounts
15. Cash Payments	· 	report. Some amo Column A may be	unts in		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	figures that should	l be		
If this is a termination statement, Line 16 must be zero.		subtracted from p period amounts. I	f this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	the first report bei for this calendar y carry over the am	ear, only		
Cash Equivalents and Outstanding Debts		from Lines 2, 7, an any).	nd 9 (if		
18. Cash Equivalents See instructions on reverse	\$,,,,			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		EPPC Tolle	iron Halalin	FPPC Form 460 (January/05)

Recipient Committee	JR	IGINAL	Type or print in	ink.	Date Stamp	041	COVER PAG
Campaign Statement Cover Page (Government Code Sections 84200)-84216 5)			97510	E GRITHE CITY (OAKLAH)	WS 1 21 5 5	FORM 460
SEE INSTRUCTIONS ON REVERSE		State from	10-21-06 12-31-06	Date of election if applicable; (Month, Day, Year)	FEB 15 PM 4:	Page	For Official Use Only
1. Type of Recipient Comm Officeholder, Candidate Cor State Candidate Election Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Comm Political Party/Central Co	strolled Committee Committee	Primarily Fo Committee Controlle Sponsor (Also Complete I	rmed Ballot Measure ed Part 6) rmed Candidate/ • Committee	2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To ☐ Amendment (Explain b SUMMARY PAGE UF	ermination) elow)	Quarterly Sta Special Odd- Supplementa Statement - A	Year Report
3. Committee Information COMMITTEE NAME (OR CANDIDAT NEIGHBORS FOR AIME		I.D. NUMBER 1274089 MITTEE)		NAME OF TREASURER ROSEANN TORRES MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX) 3208 GRAND AVE,				424 ORANGE ST 210 CITY OAKLAND CA	STATE	ZIP CODE	AREA CODE/PHONE
OAKLAND CA	STATE	ZIP CODE	AREA CODE/PHONE 277-0182	NAME OF ASSISTANT TREASUR	RER, IF ANY		310-0404
MAILING ADDRESS (IF DIFFEREN SAME CITY				MAILING ADDRESS			
OPTIONAL: FAX / E-MAIL ADDRE	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Verification I have used all reasonable diliger	nce in preparing and re	eviewing this staten	nent and to the best of my kn	OPTIONAL: FAX / E-MAIL ADDR		schedules is tru	e and complete. I certify
Executed on	e laws of the State of C 2-16-07 Date 2-16-07	california that the fo	By	Signature of Treasurer of Assistant	Freasurer S		, , , , , , , , , , , , , , , , , , , ,
Executed on	uate		Signature of Co	ontrolling Officeholder, Candidate, State Measure Pro	Ponent or Responsible Officer of	fSponsor	

Executed on _

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Amounts may be rounded
to whole dollars

SUMMARYPAGE

Summary Page	to whole dollars.	State	ement covers period 10-21-06	california 460 form
SEE INSTRUCTIONS ON REVERSE		through	12-31-06	Page of
·· · · · · · · · · · · · · · · · ·			-	I.D. NUMBER
NEIGHBORS FOR AIMEE ALLISON				1274089
Contributions Received	Column A	Column B	Calendar Year Sun	mary for Candidates

			12/4009
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED 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	\$17156.00	s 128357.00	General Elections
2. Loans Received Schedule B, Line 3	0	350.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$17156.00	s 128707.00	20. Contributions
4. Nonmonetary Contributions Schedule C, Line 3	0	0	Received \$ \$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$17156.00	\$ 128707.00	21. Expenditures Made \$ \$
Expenditures Made		····	Expanditure Limit Common for Otat
6. Payments Made Schedule E, Line 4	\$40205.00	\$156296.00	Expenditure Limit Summary for State Candidates
7. Loans Made Schedule H, Line 3	0	0	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 40205.00	\$156296.00	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0	0	
10. Nonmonetary Adjustment Schedule C, Line 3	0	0	Date of Election Total to Date (mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$40205.00	\$156296.00	\$
Current Cash Statement			 / / *
12. Beginning Cash Balance Previous Summary Page, Line 16	\$20212.00	To calculate Column B, add	V
13. Cash Receipts Column A, Line 3 above	17156.00	amounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0	corresponding amounts from Column B of your last	*Amounts in this section may be different from amounts
15. Cash Payments Column A, Line 8 above	40205.00	report. Some amounts in	reported in Column B.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$2837.00	Column A may be negative figures that should be	
If this is a termination statement, Line 16 must be zero.	_	subtracted from previous period amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0	the first report being filed 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		, any).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0		FPPC Form 460 (January/09 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-377)

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	i ink. 47/∮a	Date Stamp		IFORNIA 460
	Statement covers period from10-1-06	Date of election if applicable: (Month, Day, Year)	FEB 16 PM 4:	Page .	of
SEE INSTRUCTIONS ON REVERSE	through10-21-06				
O State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure committee) Controlled) Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To ☐ Amendment (Explain b ADDITIONAL EXPEN	ermination)		Year Report
	NUMBER 274089	Treasurer(s) NAME OF TREASURER ROSEANN TORRES MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX) 3208 GRAND AVE, CITY STATE ZIP COI OAKLAND CA	277-0182	424 ORANGE ST 210 CITY OAKLAND CA NAME OF ASSISTANT TREASUR		ZIP CODE	AREA CODE/PHON 910-0404
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO SAME		MAILING ADDRESS			
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDR		ZIP CODE	AREA CODE/PHON

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my I	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	the information complete. I certify
i significant and the factor of the content and the foregoing is the and confect	

		, ,
Executed on	2-16-07	ву
Executed on	2-16-07 Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA** 10-1-06 **FORM** 10-21-06 Page ____

from SEE INSTRUCTIONS ON REVERSE through . NAME OF FILER I.D. NUMBER **NEIGHBORS FOR AIMEE ALLISON** 1274089

Contributions Received	(F	Column A TOTAL THIS PERIOD ROMATTACHED 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	\$	26691.00	\$	111.551.00	General Elections
2. Loans Received Schedule B, Line 3		0	*	350.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	26691.00	\$	111901.00	20. Contributions
4. Nonmonetary Contributions Schedule C, Line 3		0	•	0	Received \$ \$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$.	26691.00	\$	111901.00	21. Expenditures Made \$ \$
Expenditures Made					Evpanditure Limit Common for Ot to
6. Payments Made Schedule E, Line 4	\$.	25609.00	\$	116091.00	Expenditure Limit Summary for State Candidates
7. Loans Made Schedule H, Line 3		0		0	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$.	25609.00	\$	116091.00	22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0		0	·
10. Nonmonetary Adjustment		0		0	Date of Election Total to Date: (mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$.	25609.00	\$	116091.00	/ \$
Current Cash Statement					, , , ,
12. Beginning Cash Balance Previous Summary Page, Line 16	\$.	19130.00			Ψ
13. Cash Receipts Column A, Line 3 above	_	26691.00		calculate Column B, add ounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4	_	0_		responding amounts n Column B of your last	*Amounts in this section may be different from amounts
15. Cash Payments Column A, Line 8 above		25609.00	rep	ort. Some amounts in	reported in Column B.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ _	20212.00	figu	umn A may be negative res that should be	
If this is a termination statement, Line 16 must be zero.			per	tracted from previous od amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _	0	for	first report being filed this calendar year, only over the amounts	
Cash Equivalents and Outstanding Debts				Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse		0	""	<i>'</i>	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _	0			FPPC Form 460 (January/05 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in in	k. 	Date Stamp CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE	Statement covers period from Oct 22, 2006 through Dec 31, 2006	Date of election if applicable: (Month, Day, Year)	07 JAN 31 PM 4: 11	Page of For Official Use Only	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee		2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 T ☐ Amendment (Explain b	t Spec Supp Fermination) State	terly Statement ial Odd-Year Report lemental Preelection ment - Attach Form 495	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Neighbors for Aimee Allison STREET ADDRESS (NO P.O. BOX) 3208 Grand Ave	D. NUMBER	Treasurer(s) NAME OF TREASURER Roseanne Torres MAILING ADDRESS 424 June S CITY Oakland	計	DDE AREA CODE/PHONE 460 510 9100 400	
Oakland, CA 94610 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS vote@aimeeallison.org	5102770182	NAME OF ASSISTANT TREASUMAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRESS	RER, IF ANY STATE ZIP CC		
Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	this statement and to the best of my knowled a that the foregoing is true and correct	edge the information contained he	rein and in the attached schedul	es is true and complete. I certify	

The state of the s	9 10 11 40 6	and correct
Executed on	Bv	for one
Executed on	Ву	Signature of Treasurer or Assistant Treasurer Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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

	SU	MMARY PAGE
Statement covers period from	CALIFORNIA FORM	460

	to whole donais.	from		FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through		Page of
NAME OF FILER	-			I.D. NUMBER
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Running in Both the	mary for Candidates State Primary and
1. Monetary Contributions	e 3 \$ \$	·	General Elections	much 6/20 7/4 4- Date

in Both the State Primary and Elections 1/1 through 6/30 7/1 to Date utions and \$\$ itures \$\$ \$\$
ure Limit Summary for State 98 Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) F Election Total to Date (dd/yy)
this section may be different from amounts olumn B.
n/

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