

# Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM

FILED  
OFFICE OF THE CITY CLERK  
OAKLAND

Date Stamp

CALIFORNIA  
FORM **460**

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

A For Official Use Only

Statement covers period

from 01/01/2004

through 06/30/2004

Date of Election if applicable:

(Month, Day, Year)

## 1. Type of Recipient Committee:

☒ Officeholder, Candidate  
Controlled Committee

☐ Primarily Formed Candidate/  
Officeholder Committee

☐ Ballot Measure Committee  
☐ Primarily Formed  
☐ Controlled  
☐ Sponsored

☐ General Purpose Committee  
☐ Sponsored  
☐ Broad Based

## 2. Type of Statement:

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

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

## 3. Committee Information

I.D. NUMBER  
972050

COMMITTEE NAME

CAROLE WARD ALLEN FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)

5534 MARTIN LUTHER KING JR WAY

CITY STATE ZIP CODE AREA CODE/PHONE

OAKLAND CA 94609-1616 ( ) 658-3540

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

(510) 658 0463/

## Treasurer(s)

NAME OF TREASURER

DR. JESSE M. WYATT

MAILING ADDRESS

5534 MARTIN LUTHER KING JR WAY

CITY STATE ZIP CODE AREA CODE/PHONE

OAKLAND CA 94609 (510) 658-3540

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee  
Campaign Statement  
Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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

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

NAME OF OFFICEHOLDER OR CANDIDATE

Ms. CAROLE ALLEN

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

BART, District 4

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

5534 MARTIN LUTHER KING

JR. WAY

OAKLAND

CA 94609-1616

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

COMMITTEE NAME

CAROLE WARD ALLEN FOR CITY COUNCIL

I.D. NUMBER

972050

NAME OF TREASURER

DR. JESSE M. WYATT

CONTROLLED COMMITTEE?

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

5534 MARTIN LUTHER KING JR WAY

CITY STATE ZIP CODE AREA CODE/PHONE

OAKLAND

CA 94609-1616 ( ) 658-3540

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, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**6. Primarily Formed Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

**7. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/07/2004  
DATE

By   
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/07/2004  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on 07/07/2004  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on 07/07/2004  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

# Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from <u>01/01/2004</u> through <u>06/30/2004</u>	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER 972050

NAME OF FILER

Ms. CAROLE ALLEN, CAROLE WARD ALLEN FOR CITY COUNCIL

## Contributions Received

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

## Expenditures Made

6. Cash Payments ..... Schedule E, Line 4	\$ 0.00	\$ 0.00	\$ 0.00
7. Loans Made ..... Schedule H, Line 7	0.00	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 0.00	\$ 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0.00	3,673.81	3,673.81
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0.00	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 0.00	\$ 3,673.81	\$ 0.00

## Current Cash Statement

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

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 1, Column (b)	\$ 0.00
---	---------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	\$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ 3,673.81

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

## Summary for Candidates in Both June and November Elections

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