Recipient Committee Campaign Statement

COVER PAGE - LONG FORM

(Government Code Sections 84200 - 84216.5)

Date Stamp FILED FICE OF THE CITY CLE OAKLAND

		Statement covers period	Date of Election if applicable:	0,		A For Oπicial Use Only	
		from <u>04/03/2001</u>	(Month, Day, Year)				
		through <u>06/30/2001</u>					
Type of Recipient Con	nmittee:		2. Type of State	ement:			
M Officeholder, Candidate Controlled Committee		rily Formed Candidate/ holder Committee	☐ Pre-election Statement ☐ Quarterly Statement ☐ Semi-annual Statement ☐ Special Odd-Year Report ☐ Termination Statement ☐ Supplemental Pre-election				
☐ Ballot Measure Committee O Primarily Formed O Controlled O Sponsored	O Spo	ral Purpose Committee onsored ad Based	☐ Amendment (Explain below) Statement - Attach				
Committee Informatio	n	I.D. NUMBER 972050	Treasurer(s)			***************************************	
COMMITTEE NAME		<u> </u>	NAME OF TREASURER				
CAROLE WARD ALLEN FOR CI	TY COUNCIL		DD TEGGE V 1713				
			DR. JESSE M. WYAT	T		· .	
			WALING ADDITEGO				
			5534 MARTIN LUTHE	ER KING JR WAY	Y		
STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE	
5534 MARTIN LUTHER KING	JR WAY		OAKLAND	CA	94609	(510)658-3540	
CITY	STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,	IF ANY		<u> </u>	
OAKLAND	CA 94609	9-1616 ()658-354	0				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET		9 1010 ()030 334	MAILING ADDRESS				
СІТУ	STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
						()	
OPTIONAL: FAX/E-MAIL ADDRESS			OPTIONAL: FAX/E-MAIL ADDRESS				
(510) 550 0450 /							
(510) 658-0463/							

COVE	R PAGE -	PART 2
CALIFO FORM	rnia 4	60
Page	2 of	14

4. Officeholder or Candidate Controlled Committee 5. Ballot Measure Committee NAME OF OFFICEHOLDER OF CANDIDATE NAME OF BALLOT MEASURE Ms. CAROLE ALLEN OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) BALLOT NO. OR LETTER JURISDICTION SUPPORT CITY COUNCIL DISTRICT 6, District 6 OPPOSE RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)
5534 MARTIN LUTHER KING STATE ZIP CODE Identify the controlling officeholder, candidate, or state measure proponent, if any. JR. WAY OAKLAND CA 94609-1616 NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT 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 OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY formed to receive contributions or to make expenditures on behalf of your candidacy. COMMITTEE NAME I.D. NUMBER 6. Primarily Formed Committee NAME OF TREASURER CONTROLLED COMMITTEE? NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD CITY ZIP CODE STATE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD 7. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. ROLLING OFFICEHOLDER, 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

SUMMARY PAGE

Campaign Disclosure Statement Summary Page	Statement covers period	CALIFORNIA 460	
Summary rage		from <u>04/03/2001</u>	FORM TUU
		through 06/30/2001	Page3 of14
NAME OF FILER			I.D. NUMBER
Ms. CAROLE ALLEN, CAROLE WARD ALLEN FOR CITY COUNCIL			972050
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	\$5,920.00	\$ 20,898.27	\$ 26,818.27
2. Loans Received	0.00	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 5,920.00	\$ 20,898.27	\$ 26,818.27
4. Non-monetary Contributions	0.00	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$5,920.00	\$ 20,898.27	\$26,818.27
Expenditures Made			
6. Cash Payments	\$ 19,231.40	\$ 24,656.49	\$ 43,887.89
7. Loans Made	0.00	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 19,231.40	\$ 24,656.49	\$ 43,887.89
9. Accrued Expenses (Unpaid Bills)	3,373.81	0.00	3,373.81
10. Nonmonetary Adjustment	0.00	0.00	0.00
11. TOTAL EXPENDITURES MADE	\$ 22,605.21	\$ 24,656.49	\$ 47,261.70
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ (784.22)	*From previous statement St	ımmary Page, Column C.
13. Cash Receipts Column A, Line 3 above	5,920.00		port filed for the calendar year, xcept for Loans Received (Line 2),
14. Miscellaneous Increases to Cash	0.00	Loans Made (Line 7), and Ad	
15. Cash Payments	19,231.40		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ (14,095.62)	•	
If this is a Termination Statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0.00	Summary for Can and November El	didates in Both June ections
Cash Equivalents and Outstanding Debts		1/1 th	ru 6/30 7/1 to Date
18. Cash Equivalents	\$0.00	20. Contributions Received \$	0 0
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 3,373.81	•	0 0

S/CCW - SCAC06010011339 (Rev. 9/99)

Recipient Committee Campaign Statement

<u>COVER</u>	PAGE -	LONG	FORM

OFFICE OF THE CITY CLER FORM 460

(Government Code Sections 84200 - 84216.5)

						Page of $^{\perp}$		
		Statement covers period	Date of Election if applicable:	01 APR -6	rn 3.32	A For Official Use Only		
	[.	from01/01/2001	(Month, Day, Year)			i on omoici ose Offly		
	1.	through 03/03/2001	4/17/01					
. Type of Recipient Cor		anodyn		<u> </u>				
■ Officeholder, Candidate Controlled Committee	☐ Primarily	/ Formed Candidate/ older Committee	2. Type of State Pre-election State Semi-annual State	ment ement	☐ Qua 团 Spe	rterly Statement cial Odd-Year Report		
☐ Ballot Measure Committee O Primarily Formed O Controlled O Sponsored	☐ General O Spons O Broad	Purpose Committee sored I Based	Termination Stater Amendment (Explain ST PRE-Explain ST PRE-Explai	ain below)	☐ Sup State	plemental Pre-election ement - Attach Form 495		
. Committee Informatio	n 1.0	72050	Treasurer(s)					
COMMITTEE NAME		72030	- <u> </u>					
CAROLE WARD ALLEN FOR CI	TV COUNCET		NAME OF TREASURER					
			DR. JESSE M. WYAT	T				
STREET ADDRESS (NO P.O. BOX)			5534 MARTIN LUTHE	R KING JR W	ΊΑΥ			
(10) 10. 20/			CITY	STA		AREA CODE/PHONE		
5534 MARTIN LUTHER KING C			OAKLAND	C.	A 94609	(510)658-3540		
	STATE ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	ANY		(310/030 3340		
	CA 94609-1	.616 ()658-3540						
	CA 94609-1	.616 ()658-3540	MAILING ADDRESS					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	CA 94609-1	.616 ()658-3540	·					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	CA 94609-1		·	STA	TE ZIP CODE	E AREA CODE/PHONE		
OAKLAND MAILING ADDRESS (IF DIFFERENT) NO. AND STREET CITY OPTIONAL: FAX/E-MAIL ADDRESS	OR P.O. BOX		MAILING ADDRESS	STA	TE ZIP CODE	E AREA CODE/PHONE		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	OR P.O. BOX		MAILING ADDRESS	STA	TE ZIP CODE	AREA CODE/PHONE		

COVER PAGE - PART 2				
CALIFO FORM	PRNIA 4	60		
Page_	2 of	18		

	E		NAME OF BALLOT MEASUR	F	
s. CAROLE ALLEN			THE OF BALLOT MEASON	.	
FICE SOUGHT OR HELD (INCLUDE LOC	CATION AND DISTRICT NUMBER IF A	PPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	
	TRICT 6, District	•	J. LEG. No. Of LETTER	JOHISDIC HON	SUPPORT
SIDENTIAL/BUSINESS ADDRESS (NO. A	AND STREET) CITY	STATE ZIP CODE		<u> </u>	OPPOSE
JR. WAY	OAKLAND		Identify the controlli	ng officeholder, candi	date, or state measure proponent, if any.
		CA 94609-1616	NAME OF OFFICEHOLDER,	CANDIDATE OR, PROPONENT	
elated Committees Not la t included in this consolidated	ncluded in this Stateme	ent: List any committees			
med to receive contributions of	Staternent that are controlled Of to make expenditures on hi	by you or which are primarily shalf of your candidacy	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY
MMITTEE NAME					
AMITTEE NAME		I.D. NUMBER	6 Drimorily E		
			6. Primarily F	ormea Comn	IITT e e
ME OF TREASURER		CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD
MITTEE ADDRESS STREET ADD	DRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD
					OTTION GOODING OF HELD
Υ	STATE ZIF	CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER O	OR CANDIDATE	
		•		ON OANDIDATE	OFFICE SOUGHT OR HELD
I					
					
ve used all reasonable dilig	gence in preparing and rev	iewing this statement and to	the best of my knowled	ge the information cor	tained herein and in the attached select
ve used all reasonable dilig	gence in preparing and rev under penalty of perjury und	iewing this statement and to der the laws of the State of C	the best of my knowled	ge the information coring is true and correct	tained herein and in the attached sched
ave used all reasonable dilig	gence in preparing and rev under penalty of perjury un	iewing this statement and to der the laws of the State of C	the best of my knowled alifornia that the forego	ge the information coring is true and correct	tained herein and in the attached sched
ave used all reasonable dilig rue and complete. I certify u	arred portains of perjury arr	iewing this statement and to der the laws of the State of C	alliornia that the forego	ge the information coring is true and correct	tained herein and in the attached sched
ave used all reasonable diligrue and complete. I certify use the control of the	gence in preparing and revunder penalty of perjury under 06/2001	iewing this statement and to der the laws of the State of C	alliornia that the forego	ing is true and correct	
ave used all reasonable diliging ${ m case}$ and complete. I certify the ${ m case}$	06/2001	iewing this statement and to der the laws of the State of C	alliornia that the forego	ge the information coring is true and correct	
ave used all reasonable diligrue and complete. I certify use the control of the	06/2001	By Mold	alliornia that the forego	ing is true and correct	
Executed on $\frac{04/0}{0}$	06/2001 DATE	By Mole	SIGNATURE OF THEAS	UNER OR ASSISTANT TREASE	RER
ave used all reasonable diligrue and complete. I certify use the complete of	06/2001 DATE	By Mole	SIGNATURE OF THEAS	UNER OR ASSISTANT TREASE	
executed on $\frac{04/0}{2}$ Executed on $\frac{04/0}{2}$ Executed on $\frac{04/0}{2}$	06/2001 DATE 06/2001 DATE	By SIGNATURE OF CONTROLLING	SIGNATURE OF THEAS OFFICEHOLDER, CANDIDATE,	UPER OR ASSISTANT TREASU	T OR RESPONSIBLE OFFICER OF SPONSOR
eve used all reasonable dilique and complete. I certify under the executed on $\frac{04/0}{2}$ Executed on $\frac{04/0}{2}$ Executed on $\frac{04/0}{2}$	06/2001 DATE	By SIGNATURE OF CONTROLLING	SIGNATURE OF THEAS	UPER OR ASSISTANT TREASU	T OR RESPONSIBLE OFFICER OF SPONSOR
Executed on $\frac{04/0}{0}$ Executed on $\frac{04/0}{0}$ Executed on $\frac{04/0}{0}$	06/2001 DATE 06/2001 DATE	By SIGNATURE OF CONTROLLING	SIGNATURE OF THEAS OFFICEHOLDER, CANDIDATE,	UPER OR ASSISTANT TREASU	T OR RESPONSIBLE OFFICER OF SPONSOR

Campaign Disclosure Statement **Summary Page**

NAME OF FILER

Statement covers period 01/01/2001

CALIFORNIA **FORM**

through 03/03/2001

I.D. NUMBER 072050

Ms. CAROLE ALLEN, CAROLE WARD ALLEN FOR CITY COUNCIL						I.D. NOMBER		
Contributions Received	D ALLEN FOR CITY COUNCIL					97	2050	
		(FROM	COLUMN A TOTAL THIS PERIOD ATTACHED SCHEDULES)		Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)		Column C TOTAL TO DATE (ADD COLUMNS A + B)	
Monetary Contributions	Schedule A, Line 3	\$	12,733.27	\$.	0.00	\$	12,733.27	
2. Loans Received	Schedule B, Line 7		0.00		0.00	· –	0.00	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$	12,733.27	\$_	0.00	•	12,733.27	
4. Non-monetary Contributions	Schedule C, Line 3		799.25		0.00	Ψ_	799.25	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$	13,532.52	\$.	0.00	 \$	13,532.52	
Expenditures Made						-		
6. Cash Payments	Schedule E, Line 4	\$	12,423.71	\$_	0.00	\$	12,423.71	
7. Loans Made		e	0.00	_	0.00	· —	000	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	12,423.71	\$	0.00	s	12,423.71	
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		0.00		0.00	· —	0.00	
10. Nonmonetary Adjustment	Schedule C, Line 3		799.25	_	0.00		799.25	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$	13,222.96	\$_	0.00	<u> </u>	13,222.96	
Current Cash Statement						<u>Ψ</u>	13,222.30	
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$	2,924.00				7	
13. Cash Receipts			12,733.27	Ho	om previous statement Sur wever, if this is the first rep	nmary F ort filed	Page, Column C. for the calendar vear	
14. Miscellaneous Increases to Cash	Schedule I, Line 4		0.00	Co	lumn B shouid be blank exc	ept for	Loans Received (Line 2).	
15. Cash Payments			12,423.71		ans Made (Line 7), and Acc	ruea Ex	penses (Line 9).	
16. ENDING CASH BALANCE Add Line								

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

Cash Equivalents and Outstanding Debts

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

18. Cash Equivalents 0.00 0.00

Summary for Candidates in Both June and November Elections

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

COVER PAGE - LONG FORM Recipient Committee Date Stamp CALIFORNIA **Campaign Statement** THE CITY CLERA **FORM** (Government Code Sections 84200 - 84216.5) Date of Election if applicable: Statement covers period A For Official Use Only ORIGINAL 03/04/2001 (Month, Day, Year) 04/05/2001 1. Type of Recipient Committee: 2. Type of Statement: 3 Officeholder, Candidate ☐ Primarily Formed Candidate/ ☐ Pre-election Statement ☐ Quarterly Statement **Controlled Committee** Officeholder Committee ☐ Semi-annual Statement ■ Special Odd-Year Report ☐ Termination Statement ☐ Supplemental Pre-election ☐ Ballot Measure Committee ☐ Amendment (Explain below) Statement - Attach Form 495 ☐ General Purpose Committee O Primarily Formed O Sponsored O Controlled O Broad Based O Sponsored I.D. NUMBER 3. Committee Information Treasurer(s) 972050 COMMITTEE NAME NAME OF TREASURER CAROLE WARD ALLEN FOR CITY COUNCIL

DR. JESSE M. WYATT

NAME OF ASSISTANT TREASURER, IF ANY

OPTIONAL: FAX/E-MAIL ADDRESS

5534 MARTIN LUTHER KING JR WAY

STATE

STATE

CA 94609

ZIP CODE

ZIP CODE

AREA CODE/PHONE

AREA CODE/PHONE

(510)658-3540

MAILING ADDRESS

OAKLAND

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

5933 CAMDEN ST.

OPTIONAL: FAX/E-MAIL ADDRESS

(510) 658-0463/

OAKLAND, CA. 94605

CITY

CITY

OAKLAND

5534 MARTIN LUTHER KING JR WAY

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

ZIP CODE

CA 94609-1616 (

ZIP CODE

STATE

AREA CODE/PHONE

AREA CODE/PHONE

(510) 635-4695

)658-3540

COVER PAGE - PART 2				
california 460 form				
Page	2 of	13		

NAME OF OFFICEHOLDER OF CANDIDATE			NAME OF BALLOT MEASUR	E .		· · · · · · · · · · · · · · · · · · ·
Ms. CAROLE ALLEN						
FFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF AP	PLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
CITY COUNCIL DISTRI	CT 6, District	6				OPPOSE
esidential/business address (no. and st 534 MARTIN LUTHER KIN	REET) CITY G	STATE ZIP CODE	Identify the controlli	ng officeholder, cand	date, or state measure p	
JR. WAY	OAKLAND	CA 94609-16		CANDIDATE OR, PROPONENT		repending it daily.
Related Committees Not Inclu- ot included in this consolidated states formed to receive contributions or to n	ment that are controlled l	by you or which are primari	OFFICE SOUGHT OR HELD		DISTE	RICT NO. IF ANY
OMMITTEE NAME		I.D. NUMBER	6. Primarily F	ormed Comm	nittee	
AME OF TREASURER		CONTROLLED COMMITTE	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT C	PR HELD
OMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT C	OR HELD
ΤΥ	STATE ZIP	CODE AREA CODE/PH	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT C	PR HELD
Verification have used all reasonable diligences true and complete. I certify under	e in preparing and revi r penalty of perjury und	ewing this statement and der the laws of the State of	to the best of my knowled f California that the forego	lge the information co	ntained herein and in th	e attached schedule
Executed on04/05/2	2001	Ву	SIGNATURE OF TREAS	SURER OR ASSISTANT TREAS	SURER	
Executed on04/05/2001 By					OF SPONSOR	
Executed on04/05/2		Bysig	IATURE OF CONTROLLING OFFICE	HOLDER, CANDIDATE, STATE	MEASURE PROPONENT	
Executed on04/05/2		Ву	IATURE OF CONTROLLING OFFICE			

Campaign Disclosure Statement Summary Page

Statement covers period 03/04/2001

california 4
FORM

through 04/05/2001

NAME OF FILER I.D. NUMBER

						 :
Ms. CAROLE ALLEN, CAROLE WARD ALLEN FOR CITY COUNCIL		-	·		9720	50
Contributions Received	(FRC	COLUMN A TOTAL THIS PERIOD MATTACHED SCHEDULES)	TOTA	Column B* AL PREVIOUS PERIOD SEE NOTE BELOW)	•	COLUMN C FOTAL TO DATE D COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$	7,860.00	\$	•	\$	•
2. Loans Received Schedule B, Line 7	_	0.00		0.00		0.0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	7,860.00	\$	12,733.27	\$	20,593.2
4. Non-monetary Contributions		0.00		799.25		799.2
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	7,860.00	\$	13,532.52	\$	
Expenditures Made						
6. Cash Payments Schedule E, Line 4	\$	15,507.25	\$	12,423.71	\$	27,930.9
7. Loans Made		0.00		0.00		0.0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	15,507.25	\$	12,423.71	\$	27,930.9
9. Accrued Expenses (Unpaid Bills)		0.00		0.00		0.0
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		799.25		799.2
11. TOTAL EXPENDITURES MADE	\$	15,507.25	\$	13,222.96	\$	28,730.2
Current Cash Statement		** ** **				
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	3,233.56	*From	previous statement Sur	mmary Pag	e. Column C.
13. Cash Receipts		7,860.00	Howev	er, if this is the first rep	ort filed for	the calendar year,
14. Miscellaneous increases to Cash		50.00		n B should be blank exe Made (Line 7), and Acc		
15. Cash Payments Column A, Line 8 above		15,507.25				
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	(4,363.69)				
If this is a Termination Statement, Line 16 must be zero.		•				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$	0.00	Sur and	nmary for Cand November Ele	didates ections	in Both June
Cash Equivalents and Outstanding Debts			•	1/1 thru	ı 6/30	7/1 to Date
18. Cash Equivalents	\$	0.00		Contributions Received \$		
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$	0.00	21. E	xpenditures Made \$		

COVER PAGE - LONG FORM

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

ORIGINAL

Statement covers period

Date of Election if applicable:

(Month, Day, Year)

Date Stamp[] OFFICE OF THE CITY C OAKLAND	CALIFORNIA 460
OI APR -5 PH 2:	Li Bage 1 of 18 A For Official Use Only

			<u> </u>			
		through <u>03/03/200</u>	1		ĺ	
Type of Recipient Cor	mmittee:		2. Type of Statement:			· · · · · · · · · · · · · · · · · · ·
Officeholder, Candidate Controlled Committee		y Formed Candidate/ older Committee	☐ Pre-election Statement ☐ Semi-annual Statement ☐ Termination Statement		图 Special	rly Statement Odd-Year Report mental Pre-election
Ballot Measure Committee O Primarily Formed O Controlled O Sponsored	☐ General O Spon O Broad		Amendment (Explain below)		Statem	ent - Attach Form 495
Committee Information	nn i	D. NUMBER 72050	Treasurer(s)			
OMMITTEE NAME	····		NAME OF TREASURER			
AROLE WARD ALLEN FOR CI	TY COUNCIL					
			DR. JESSE M. WYATT			
			MAILING ADDRESS			
			5534 MARTIN LUTHER KING	TR WAY	,	
TREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE
534 MARTIN LUTHER KING	JR WAY		OAKLAND	CA	94609	(510)658-3540
ITY	STATE ZIP COD	E AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY			(310)030 3340
DAKLAND	CA 94609-	1616 ()658-3	540			
AILING ADDRESS (IF DIFFERENT) NO. AND STREE	T OR P.O. BOX		MAILING ADDRESS			
The state of the s						
5933 CAMDEN STREET	STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
5933 CAMDEN STREET	STATE ZIP COE			STATE	ZIP CODE	AREA CODE/PHONE

COVE	R PAGE - F	PART 2
CALIFO FORM	rnia 4	60
Page	2 of	18

ME OF OFFICEHOLDER OF CANDIDATE		NAME OF BALLOT MEASUR		······································	
s. CAROLE ALLEN					
FICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF	APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	***************************************	SUPPORT
CITY COUNCIL DISTRICT 6, Distric	t 6				OPPOSE
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 534 MARTIN LUTHER KING	STATE ZIP CODE	Identify the controlling	ng officeholder, candi	idate, or state measure p	
JR. WAY OAKLAND	CA 94609-1616		CANDIDATE OR, PROPONENT		proporterit, ir air
Related Committees Not Included in this Statem to to included in this consolidated statement that are controlle formed to receive contributions or to make expenditures on to	d by you or which are primarily	OFFICE SOUGHT OR HELD		DIST	RICT NO. IF ANY
OMMITTEE NAME	I.D. NUMBER	6. Primarily F	ormed Com	nittee	- <u>-</u>
AME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER (DR CANDIDATE	OFFICE SOUGHT C	DR HELD
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER O	DR CANDIDATE	OFFICE SOUGHT C	DR HELD
STATE 2	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER (DR CANDIDATE	OFFICE SOUGHT C	DR HELD
Verification have used all reasonable diligence in preparing and restrue and complete. I certify under penalty of perjury u	eviewing this statement and to t nder the laws of the State of Ca	he best of my knowled alifornia that the forego	ge the information co	ntained herein and in th	e attached sche
Executed on APRIL 05, 2001	Ву 1	SIGNATURE OF TREAS	URER OF ASSISTANT TREAS	SURER	
Executed on APRIL 05, 2001	By SIGNATURE OF CONTROLLING	COFFICEHOLDER, CANDIDATE,	STATE MEASURE PROPONE	NT OR RESPONSIBLE OFFICER OF	OF SPONSOR
Executed on	BySIGNATU	RE OF CONTROLLING OFFICER	OLDER, CANDIDATE, STATE	MEASURE PROPONENT	

Campaign Disclosure Statement Summary Page

Statement covers period from $\frac{10/23/2000}{}$

FORM 460

through 03/03/2001

age 3 of 18

NAME OF FILER

Ms. CAROLE ALLEN, CAROLE WARD ALLEN FOR CITY COUNCIL

972050

Ms. CAROLE ALLEN, CAROLE WARD ALLEN FOR CITY COUNCIL	,			97205	0
Contributions Received	(FI	Column A TOTAL THIS PERIOD ROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	TC	COLUMN C DTAL TO DATE COLUMNS A + B)
1. Monetary Contributions	\$_	12,733.27	\$180.00	\$	12,913.27
2. Loans Received	_	0.00	0.00		0.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$_	12,733.27	\$180.00	\$	12,913.27
4. Non-monetary Contributions	_	799.25	0.00		799.25
5. TOTAL CONTRIBUTIONS RECEIVED	\$_	13,532.52	\$180.00	\$	13,712.52
Expenditures Made					
6. Cash Payments Schedule E, Line 4	\$_	12,423.71	\$0.00	\$	12,423.71
7. Loans Made Schedule H, Line 7		0.00	0.00		0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$_	12,423.71	\$0.00	\$	12,423.71
9. Accrued Expenses (Unpaid Bills)	_	0.00	0.00		0.00
10. Nonmonetary Adjustment	_	799.25	0.00		799.25
11. TOTAL EXPENDITURES MADE	\$_	13,222.96	\$0.00	\$	13,222.96
Current Cash Statement					
12. Beginning Cash Balance Previous Summary Page, Line 16	\$_	230.00	*From previous statement Su	mmary Page	, Column C.
13. Cash Receipts	_	12,733.27	However, if this is the first rep		
14. Miscellaneous Increases to Cash	_	0.00	Column B should be blank ex Loans Made (Line 7), and Ac	cept for Loar crued Expen	is Heceived (Line 2), ses (Line 9).
15. Cash Payments	_	12,423.71			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$_	539.56			
If this is a Termination Statement, Line 16 must be zero.					
17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$_	0.00	Summary for Cand and November Ele	didates i ections	n Both June
Cash Equivalents and Outstanding Debts				u 6/30	7/1 to Date
18. Cash Equivalents	\$_	0,00	20. Contributions Received \$	0	0
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$_	0.00	21. Expenditures Made \$	0	0

Necipies (Ammittee Campais Latement (Government Code Sections 84200 84216 5)	Typo or print :	k	Date Stand	, į	FORM 460
COPY	Statement covers period from	(Month, Day, Year)	FTHE CITY CLE CAKLAND R -8 PM 4: 4		For Ollic Ini Use Only
FE RISTRUCTIONS ON HE VERSE	through 03/01/01	04/17/01	1 -0 111 4·4		
Controlled Committee Office (Also Complete Part 4) (Also Co Ballot Measure Committee Gener Office (Also Co Also Co Springerly Formed Springerly	tees – Complete Parts 1, 2, 3, and 7. rily Formed Candidate/ holder Committee complete Part 6) al Purpose Committee consored- cod Based	2. Type of Stateme Pre-election Stater Semi-annual State Termination Stater Amendment (Expla	nent ment nent	☐ Spe	rterly Statement clal Odd-Year Report plemental Pre-election ement - Altach Form 495
. Committee Information	TO NUMBER	Treasurer(s)			
CAROLE WARD ALLEN FOR CITY COUNCIL		DR. JESSE M. WYATT MAILING ADDRESS 5534 MARTIN LUTHER	VINC ID MAN		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS (HO PO BOX)		CIIY CUITER	SIAIE	ZIP CODE	AHEA CODETIIONE
5534 MARTIN LUTHER KING JR. WAY		OAKLAND, CA. 94			
OAKLAND, CA. 94609	E AREA CODE/PHONE	NAME OF ASSISTANT THEASURE			
HAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO BOX		MAILING ADDRESS			
CITY STATE ZIPCOD	E AREA CODE-PHIONE	CITY	STATE	ZIP CODE	AHEA CODEAPHONE
FAX (510) 658-3540		OPTIONAL: FAX/E-MAIL ADDRES	S		

Campa	aigr	Stat	eme	nl
Cover	Pil	J	Part	2

NAME OF OFFICEHOLDER OR CANDIDATE

CAROLE WARD ALLEN

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)

CAROLE WARD ALLEN FOR CITY COUNCIL

5534 MARTIN LUTHER KING JR WAY

CITY COUNCIL

4. Officeholder or Candidate Controlled Committee

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

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.

STREET ADDRESS (NO PO. BOX)

STATE

CITY

LD. HUMBER

972050

YES

ZIP CODE

CONTROLLED COMMITTEE?

□ NO

AREA CODE PHONE

SIALE

71P

FOR	460	
		7

[] surroid [] orrosi

Page

OFFICE SOUGHLORDELD

NAME OF BALLOT MEASUR	E -		
BALLOTNO ORTETIER	JURISDIC	Tion	[] survau [] orrost
Identify the controlling o	lliceholder, cand	lidate, or state measure pro	ponent, if any.
NAME OF OFFICEHOLDER,	CANDIDATE, OH I	PROPONENT	
and the Control of th			
OFFICE SOUGHFORTHEED		DESTRUCT E	r) H Atti
·····		BE List names of officehold	
. Primarily Forme	s primarily forme	BE List names of officehold	dor(s) or candidate(s

Attach continuation shoots if necessary

7. Verification

CITY

COMMITTEE NAME

NAME OF THEASURER

COMMITTEE ADDRESS

DR. JESSE M. WYATT

OAKLAND, CA. 94609

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.

NAME OF OFFICEHOLDER OR CANDIDATE

Executed on MARCH 8, 2001	By An De EMAN- Last
MARCH 8, 2001 Executed on	By SIGNATURE OF THE ASURE FOR ASSISTANT TREASURER SIGNATURE OF CONTROLLING OFFICEHOLDER, CAMDIDATE, STATE MEASURE FROM ONE NT OFFICE OF THE FOR ASSISTANT TREASURER SIGNATURE OF CONTROLLING OFFICEHOLDER, CAMDIDATE, STATE MEASURE FROM ONE NT OFFICE OF THE FOR ASSISTANT TREASURER SIGNATURE OF CONTROLLING OFFICEHOLDER, CAMDIDATE, STATE MEASURE FROM ONE NT OFFICE OF THE FOR ASSISTANT TREASURER SIGNATURE OF CONTROLLING OFFICEHOLDER, CAMDIDATE, STATE MEASURE FROM ONE NT OFFICE
Executed on	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE FROM CHEMI
Executed on	By

Schedule Monetary Contributions Received

rint in ink. Тур€ Amounts may be rounded to whole dollars.

· ,	
Statement covers period	CALIFORNIA 460
from 11/00	FORM 400
3/00	Dogo of

SCHEDUR'S.

				through 3/0		
NAME OF FILER	CANLE WARD F	Hlan =	For a fin Car	neil Disc	6 9	NUMBER 72050
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	E CUMULATIVE TO DAT OTHER (IF APPLICABLE)
-2/11/01	Samuel 5 Gallery Jack linden Sg.	□ IND □ COM □ OTH		75.00		
1/31/01 2/3/01	Shirty Coaston 3226-Hord St Dakland Ch GULOS	□IND □COM □OTH	Laney Callege	100.00		
11/30/00	Suranne angele Suranne angele Canana (2n 94534	□ IND □ COM □ OTH	mayor Muside	\$ 100.00	l l	
1/31/01	Arry Sander F.O. Box 14 Poet 499 Inharcadero, Pall Carly	□IND □COM □OTH	Business sures	100.00	·	
12/18/00	The Ristering Corner Porkland Ca 94604	□ IND □ COM □ OTH	ustering Carner	8/80:00	Comment and the least state and the	Special production to the control of
			SUBTOTAL	.\$ 475.00		
Schedule	A Summary			16092,27		
1. Amount re	eceived this period - contributions of \$100 or more.		e	16070101	<u>••</u>	Contributor Codes

(Include all Schedule A subtotals.).....\$

2. Amount received this period – unitemized contributions of less than \$100\$

3. Total monetary contributions received this period.

IND-individual COM -- Recipient Committee

OTH - Other

FPPC Form 460 (8/9 For Technical Assistance: 916/322-56

COVER PAGE - LONG FORM Recipient Committee Date Stamp **Campaign Statement** CALIFORNIA FORM (Government Code Sections 84200 - 84216.5) Date of Election if applicable Statement covers period A For Official Use Only 07/01/2001 (Month, Day, Year) 12/31/2001 1. Type of Recipient Committee: 2. Type of Statement: ■ Officeholder, Candidate ☐ Primarily Formed Candidate/ ☐ Pre-election Statement ☐ Quarterly Statement Controlled Committee Officeholder Committee ■ Semi-annual Statement ☐ Special Odd-Year Report ☐ Termination Statement ☐ Supplemental Pre-election ☐ Ballot Measure Committee ☐ General Purpose Committee ☐ Amendment (Explain below) Statement - Attach Form 495 O Primarily Formed O Sponsored O Controlled O Broad Based O Sponsored 3. Committee Information I.D. NUMBER Treasurer(s) 972050 COMMITTEE NAME NAME OF TREASURER CAROLE WARD ALLEN FOR CITY COUNCIL

DR. JESSE M. WYATT

NAME OF ASSISTANT TREASURER, IF ANY

OPTIONAL: FAX/E-MAIL ADDRESS

5534 MARTIN LUTHER KING JR WAY

MAILING ADDRESS

OAKLAND

MAILING ADDRESS

CITY

OPTIONAL: FAX/E-MAIL ADDRESS

(510) 658-0463/

STREET ADDRESS (NO P.O. BOX)

CITY

CITY

OAKLAND

5534 MARTIN LUTHER KING JR WAY

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

STATE

STATE

ZIP CODE

CA 94609-1616 (

ZIP CODE

AREA CODE/PHONE

AREA CODE/PHONE

)658-3540

ZIP CODE

CA 94609

AREA CODE/PHONE

AREA CODE/PHONE

(510)658-3540

COVE	R PAGE - I	PART 2
CALIFO FORM	PRNIA 4	60
Page	2 of	4

CAROLE ALLEN	OCATION AND DISTRICT NUMBER					:					
E SOUGHT OR HELD (INCLUDE LO	OCATION AND DISTRICT NUMBER										
CTTV COINCEL DE		IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		T SUPPORT				
CTIT COONCIP DI	STRICT 6, Distri	ct 6					SUPPORT OPPOSE				
ential/business address (no 4 MARTIN LUTHER	AND STREET) CITY	STA	ATE ZIP CODE	Identify the centre	ling officeholder condi-	4-4-	J _				
R. WAY	OAKLAND	(CA 94609-16		Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT						
ted Committees Not	Included in this State				, ON A BIBATE ON, THOI ONER						
ncluded in this consolidated	d statement that are control	lled by you o	r any commutees Ir which are primari	ily OFFICE SOUGHT OR HEL							
ed to receive contributions	or to make expenditures or	n behalf of y	our candidacy.	ny OFFICE SOUGHT OR HEL	D	DIST	RICT NO. IF ANY				
ITTEE NAME		1.0). NUMBER		· · · · · · · · · · · · · · · · · · ·						
				6. Primarily I	Formed Comm	nittee					
OF TREASURER		C	ONTROLLED COMMITTE	E? NAME OF OFFICEHOLDER	OFFICE SOLIGHT	OFFICE SOUGHT OR HELD					
						OFFICE SOUGHT	DR RELD				
ITTEE ADDRESS STREET AL	DDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER	R OR CANDIDATE	OFFICE SOUGHT O	OD HELD				
						511102 3334111 C	SITTLED				
	STATE	ZIP CODE	AREA CODE/PH	HONE NAME OF OFFICEHOLDER	R OR CANDIDATE	OFFICE SOUGHT (OR HELD				
							STATE DE				
		·									
erification											
re used all reasonable di	ligence in preparing and	reviewing t	his statement and	to the best of my knowle	dge the information con	ntained herein and in th	ne attached sched				
e and complete. I certify	under penalty of perjury	under the I	aws of the State	of California that the foreg	joing is true and correct	t.					
					`						
Executed on01/	11/2002 DATE	Ву	in 1	1 = mil	Jan,						
	DATE			SIGNATURE OF TRE	SORER OR ASSISTANT TREASL	JRER					
0.4			(Book	0///6	/						
Executed on01/	11/2002 DATE	Ву	IGNATURE OF CONTRO	CO CONTRACTOR OF THE CONTRACTO							
	57112	3	IGNATURE OF CONTRO	DLLING OFFICEHOLDER, CANDIDAT	E, STATE MEASURE PROPONEN	IT OR RESPONSIBLE OFFICER	OF SPONSOR				
Executed on01/	11/2002	Ву		_							

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Compaign Diaglocure Statement	SUMMARY PAGE							
Campaign Disclosure Statement Summary Page	Sta	atement covers period	CALIFORNIA 460					
- Limitary . ago			fro	m <u>07/01/2001</u>	FORM			
			thi	ough 12/31/2001	Page_	3 of4		
NAME OF FILER					I.D. NUN			
Ms. CAROLE ALLEN, CAROLE WARD ALLEN FOR CITY COUNCIL	Ĺ				972	050		
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	4)	Column C TOTAL TO DATE ADD COLUMNS A + B)		
1. Monetary Contributions	} \$	0.00	\$	26,818.27	\$	26,818.27		
2. Loans Received	7	0.00		0.00		0.00		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	? \$	0.00	\$	26,818.27	\$	26,818.27		
4. Non-monetary Contributions	3	0.00		0.00		0.00		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	1 \$	0.00	\$	26,818.27	\$	26,818.27		
Expenditures Made								
6. Cash Payments	, \$	0.00	\$	43,887.89	\$	43,887.89		
7. Loans Made	7	0.00		0.00		0.00		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	7 \$	0.00	\$	43,887.89	\$	43,887.89		
9. Accrued Expenses (Unpaid Bills)	3	300.00		3,373.81		3,673.81		
10. Nonmonetary Adjustment	3	0.00		0.00		0.00		
11. TOTAL EXPENDITURES MADE) \$	300.00	\$	47,261.70	\$	47,561.70		
Current Cash Statement					****			
12. Beginning Cash Balance Previous Summary Page, Line 16	3 \$	(14,095.62)	*F	rom previous statement Sur	nmarv Pa	ge. Column C		
13. Cash Receipts)	0.00	Н	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).				
14. Miscellaneous Increases to Cash	1	0.00						
15. Cash Payments		0.00			•			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	5 \$	(14,095.62)						
If this is a Termination Statement, Line 16 must be zero.								
17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b,) \$	0.00	- ;	Summary for Cand and November Ele	lidates ctions	in Both June		
Cash Equivalents and Outstanding Debts			-	1/1 thru	6/30	7/1 to Date		
18. Cash Equivalents	. \$	11.21	2	20. Contributions				
19. Outstanding Debts Add Line 2 + Line 9 in Column C above			2	Received \$ 21. Expenditures Made \$	0			