

Recipient Committee Campaign Statement

ORIGINAL

(Government Code Sections 84200 - 84216.5)

Date Stamp
FILED
OFFICE OF THE CITY CLERK
OAKLAND

CALIFORNIA
FORM **460**

Page 1 of 14

A For Official Use Only

Statement covers period

from 04/03/2001

through 06/30/2001

Date of Election if applicable:

(Month, Day, Year)

01 AUG -8 AM 9:29

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

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CALIFORNIA
FORM

460

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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)

CITY COUNCIL DISTRICT 6, District 6

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

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

Aug 8, 2001
DATE

By


SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

Aug 8, 2001
DATE

By


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

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from <u>04/03/2001</u> through <u>06/30/2001</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>14</u> I.D. NUMBER 972050
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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	\$ 5,920.00	\$ 20,898.27	\$ 26,818.27
2. Loans Received Schedule B, Line 7	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 Schedule C, Line 3	0.00	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 5,920.00	\$ 20,898.27	\$ 26,818.27

Expenditures Made

6. Cash Payments Schedule E, Line 4	\$ 19,231.40	\$ 24,656.49	\$ 43,887.89
7. Loans Made Schedule H, Line 7	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) Schedule F, Line 3	3,373.81	0.00	3,373.81
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 22,605.21	\$ 24,656.49	\$ 47,261.70

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ (784.22)
13. Cash Receipts Column A, Line 3 above	5,920.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	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.

*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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 3,373.81

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

ORIGINAL

COVER PAGE - LONG FORM

Date Stamp
FILED
OFFICE OF THE CITY CLERK
OAKLAND

CALIFORNIA
FORM **460**

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A For Official Use Only

Statement covers period

from 01/01/2001

through 03/03/2001

Date of Election if applicable:

(Month, Day, Year)

4/17/01

01 APR -6 PM 3:52

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

REPLACES ORIGINALLY FILED
1ST PRE-ELECTION STMT.

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
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COVER PAGE - PART 2

CALIFORNIA
FORM

460

Page 2 of 18

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)

CITY COUNCIL DISTRICT 6, District 6

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

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

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

CITY STATE ZIP CODE AREA CODE/PHONE

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 04/06/2001
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/06/2001
DATE

By

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

Executed on 04/06/2001
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on 04/06/2001
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from <u>01/01/2001</u> through <u>03/03/2001</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>18</u> I.D. NUMBER <u>972050</u>
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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 <i>Schedule A, Line 3</i>	\$ <u>12,733.27</u>	\$ <u>0.00</u>	\$ <u>12,733.27</u>
2. Loans Received <i>Schedule B, Line 7</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>12,733.27</u>	\$ <u>0.00</u>	\$ <u>12,733.27</u>
4. Non-monetary Contributions <i>Schedule C, Line 3</i>	<u>799.25</u>	<u>0.00</u>	<u>799.25</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>13,532.52</u>	\$ <u>0.00</u>	\$ <u>13,532.52</u>

Expenditures Made

6. Cash Payments <i>Schedule E, Line 4</i>	\$ <u>12,423.71</u>	\$ <u>0.00</u>	\$ <u>12,423.71</u>
7. Loans Made <i>Schedule H, Line 7</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>12,423.71</u>	\$ <u>0.00</u>	\$ <u>12,423.71</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>799.25</u>	<u>0.00</u>	<u>799.25</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>13,222.96</u>	\$ <u>0.00</u>	\$ <u>13,222.96</u>

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>2,924.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>12,733.27</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>12,423.71</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>3,233.56</u>

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 1, Column (b)</i>	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ <u>0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>0.00</u>

*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 \$	<u>0</u>	<u>0</u>
21. Expenditures Made \$	<u>0</u>	<u>0</u>

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

ORIGINAL

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FILED
OFFICE OF THE CITY CLERK
OAKLAND

Date Stamp

APR -5 PM 2:44

CALIFORNIA
FORM **460**

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A For Official Use Only

Statement covers period

from 03/04/2001

through 04/05/2001

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

5933 CAMDEN ST.

CITY STATE ZIP CODE AREA CODE/PHONE

OAKLAND, CA. 94605 (510) 635-4695

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
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460

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

NAME OF OFFICEHOLDER OF CANDIDATE

Ms. CAROLE ALLEN

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

CITY COUNCIL DISTRICT 6, District 6

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

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 04/05/2001
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/05/2001
DATE

By

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

Executed on 04/05/2001
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on 04/05/2001
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from <u>03/04/2001</u> through <u>04/05/2001</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>13</u> 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 <i>Schedule A, Line 3</i>	\$ <u>7,860.00</u>	\$ <u>12,733.27</u>	\$ <u>20,593.27</u>
2. Loans Received <i>Schedule B, Line 7</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>7,860.00</u>	\$ <u>12,733.27</u>	\$ <u>20,593.27</u>
4. Non-monetary Contributions <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>799.25</u>	<u>799.25</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>7,860.00</u>	\$ <u>13,532.52</u>	\$ <u>21,392.52</u>

Expenditures Made

6. Cash Payments <i>Schedule E, Line 4</i>	\$ <u>15,507.25</u>	\$ <u>12,423.71</u>	\$ <u>27,930.96</u>
7. Loans Made <i>Schedule H, Line 7</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>15,507.25</u>	\$ <u>12,423.71</u>	\$ <u>27,930.96</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>799.25</u>	<u>799.25</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>15,507.25</u>	\$ <u>13,222.96</u>	\$ <u>28,730.21</u>

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>3,233.56</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>7,860.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>50.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>15,507.25</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>(4,363.69)</u>

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

*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).

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 1, Column (b)</i>	\$ <u>0.00</u>
--	----------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ <u>0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>0.00</u>

Summary for Candidates in Both June and November Elections

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

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

ORIGINAL

COVER PAGE - LONG FORM

Date Stamp FILED OFFICE OF THE CITY CLERK OAKLAND 01 APR -5 PM 2:14	CALIFORNIA FORM 460 Page <u>1</u> of <u>18</u> A For Official Use Only
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Statement covers period

from 10/23/2000

through 03/03/2001

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

5933 CAMDEN STREET

CITY STATE ZIP CODE AREA CODE/PHONE

OAKLAND

CA 94605 (510) 635-4695

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 2 of 18

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)

CITY COUNCIL DISTRICT 6, District 6

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

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 APRIL 05, 2001
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on APRIL 05, 2001
DATE

By

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

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from <u>10/23/2000</u> through <u>03/03/2001</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>18</u> I.D. NUMBER <u>972050</u>
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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 <i>Schedule A, Line 3</i>	\$ <u>12,733.27</u>	\$ <u>180.00</u>	\$ <u>12,913.27</u>
2. Loans Received <i>Schedule B, Line 7</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>12,733.27</u>	\$ <u>180.00</u>	\$ <u>12,913.27</u>
4. Non-monetary Contributions <i>Schedule C, Line 3</i>	<u>799.25</u>	<u>0.00</u>	<u>799.25</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>13,532.52</u>	\$ <u>180.00</u>	\$ <u>13,712.52</u>

Expenditures Made

6. Cash Payments <i>Schedule E, Line 4</i>	\$ <u>12,423.71</u>	\$ <u>0.00</u>	\$ <u>12,423.71</u>
7. Loans Made <i>Schedule H, Line 7</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>12,423.71</u>	\$ <u>0.00</u>	\$ <u>12,423.71</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>799.25</u>	<u>0.00</u>	<u>799.25</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>13,222.96</u>	\$ <u>0.00</u>	\$ <u>13,222.96</u>

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>230.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>12,733.27</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>12,423.71</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>539.56</u>

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

*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).

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 1, Column (b)</i>	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ <u>0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>0.00</u>

Summary for Candidates in Both June and November Elections

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

COPY

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/01
through 03/01/01

Date of election if applicable:
(Month, Day, Year)

04/17/01

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OAKLAND

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Page _____ of _____
For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 7.

- ☒ Officeholder, Candidate
Controlled Committee
(Also Complete Part 4)
- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 5)
- ☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 6)
- ☐ 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

ED NUMBER

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

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX/E-MAIL ADDRESS

FAX (510) 658-3540

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX/E-MAIL ADDRESS

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
CAROLE WARD ALLEN

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

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

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	ID NUMBER 972050
NAME OF TREASURER DR. JESSE M. WYATT	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) 5534 MARTIN LUTHER KING JR WAY	
CITY OAKLAND, CA.	STATE ZIP CODE AREA CODE PHONE 94609

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT (IF APPLICABLE)

6. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

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 MARCH 8, 2001
DATE

Executed on MARCH 8, 2001
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR STATE MEASURE OPponent

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Schedule A Monetary Contributions Received

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

Statement covers period
from 11/00
through 3/01

SCHEDULE
CALIFORNIA FORM 460
Page of

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CARLE WARD Allen for City Council Dist 6

I.D. NUMBER
973050

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
2/11/01	Samuel's Gallery Jack London Sq. Oakland, Ca	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		75.00		
1/31/01	Shirley Coatsworth 3226 - Hood St Oakland, Ca 94605	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Librarian Laney College	\$ 100.00		
2/3/01	Supanne, Angela P.O. Box 6791 Concord, Ca 94534	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Mayor President Hill/BART Emply	\$ 100.00		
1/31/01	Arny Sander P.O. Box 16 Post 499 Embarcadero, Oak Calif 94604	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Business owner	\$ 100.00		
12/18/00	The Listening Corner P.O. Box 12474 Oakland Ca 94604	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Business Listening corner	\$ 100.00		
SUBTOTAL \$				475.00		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 16092.27
- Amount received this period - unitemized contributions of less than \$100 \$
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM

FILED Date Stamp
OFFICE OF THE CITY CLERK
OAKLAND

02 JAN 15 AM 10:24

CALIFORNIA
FORM **460**

Page 1 of 4

A For Official Use Only

Statement covers period

from 07/01/2001

through 12/31/2001

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 2 of 4

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

NAME OF OFFICEHOLDER OF CANDIDATE

Ms. CAROLE ALLEN

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

CITY COUNCIL DISTRICT 6, District 6

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

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 01/11/2002
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/11/2002
DATE

By

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

Executed on 01/11/2002
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on 01/11/2002
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from <u>07/01/2001</u> through <u>12/31/2001</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>4</u> I.D. NUMBER <u>972050</u>
--	--

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 <i>Schedule A, Line 3</i>	\$ <u>0.00</u>	\$ <u>26,818.27</u>	\$ <u>26,818.27</u>
2. Loans Received <i>Schedule B, Line 7</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>0.00</u>	\$ <u>26,818.27</u>	\$ <u>26,818.27</u>
4. Non-monetary Contributions <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>0.00</u>	\$ <u>26,818.27</u>	\$ <u>26,818.27</u>

Expenditures Made

6. Cash Payments <i>Schedule E, Line 4</i>	\$ <u>0.00</u>	\$ <u>43,887.89</u>	\$ <u>43,887.89</u>
7. Loans Made <i>Schedule H, Line 7</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>0.00</u>	\$ <u>43,887.89</u>	\$ <u>43,887.89</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>300.00</u>	<u>3,373.81</u>	<u>3,673.81</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>300.00</u>	\$ <u>47,261.70</u>	\$ <u>47,561.70</u>

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>(14,095.62)</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>0.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>0.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>(14,095.62)</u>

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

*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).

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 1, Column (b)</i>	\$ <u>0.00</u>
--	----------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ <u>11.21</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>3,673.81</u>

Summary for Candidates in Both June and November Elections

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