

**497 Contribution Report**

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

497 CONTRIBUTION REPORT

NAME OF FILER <i>Friends of Charles Gilcrest</i>		Date of This Filing <i>5/28</i>	Date Stamp CITY OF SAN LEANDRO MAY 28 2008 CITY CLERK'S OFFICE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>510 289 9526</i>	I.D. NUMBER (if applicable) <i>1304247</i>	Report No. _____		
STREET ADDRESS <i>1271 Washington Ave # 824</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>San Leandro</i>	STATE <i>CA</i>	ZIP CODE <i>94577</i>	No. of Pages <i>1</i>	

**1. Contribution(s) Received**

DATE RECEIVED	FULL NAME, STREET 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
<i>3/27</i>	<i>Committee to Re Elect Scott Haggerty 37272 Maple Street, Fremont 94536</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>970474</i>	<i>5000<sup>00</sup></i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>5/27</i>	<i>Sentinels 151 Callan Ave Ste 212 San Leandro, CA 94577</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>2000<sup>00</sup></i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee