

**497 Contribution Report**

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

497 CONTRIBUTION REPORT

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

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