

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA 2005/06 FORM 460
CITY OF SAN LEANDRO	1 / 10
AUG 01 2011	For Official Use Only
CITY CLERK'S OFFICE	

Statement covers period  
 from 01/01/2011  
 through 06/30/2011

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

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee  |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Primary Formed            |
| <input type="checkbox"/> Recall  | <input type="checkbox"/> Controlled                |
| (Also Complete Part 5.)  | <input type="checkbox"/> Sponsored                 |
| <input type="checkbox"/> General Purpose Committee                               | (Also Complete Part 6.)                            |
| <input type="checkbox"/> Sponsored   | <input type="checkbox"/> Primary Formed Candidate/ |
| <input type="checkbox"/> Small Contributor Committee                             | Officeholder Committee                             |
| <input type="checkbox"/> Political Party/Central Committee                       | (Also Complete Part 7.)                            |

## 2. Type of Statement:

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement      |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report  |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection |
| <input type="checkbox"/> Amendment (Explain below)        | Statement - Attach Form 495                       |

## 3. Committee Information

I.D. NUMBER  
1283725

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Michael Gregory For City Council 2010

STREET ADDRESS (NO P.O. BOX)  
151 Callan Av 306

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Leandro	CA	94577-4536	(510) 895-2011

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
151 Callan Ave 306

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Leandro	CA	94577-4536	

OPTIONAL: FAX/E-MAIL ADDRESS  
(510) 895-2018

## Treasurer(s)

NAME OF TREASURER  
Kenneth Pon CPA

MAILING ADDRESS  
151 Callan Av 306

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Leandro	CA	94577-4536	(510) 895-2011

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. 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 07/27/2011 By [Signature]  
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/27/2011 By [Signature]  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

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

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

**Recipient Committee  
Campaign Statement  
Cover Page – Part 2**

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM</b>	<b>460</b>
2 / 10	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE Michael Gregory			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Held: City Council Member City <span style="float: right;">001</span>			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 151 Callan Ave 306	CITY San Leandro	STATE CA	ZIP 94577-4536

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<b>Identify the controlling officeholder, candidate, or state measure proponent, if any.</b>		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

**7. 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>20110101</u> through <u>20110630</u>	<b>CALIFORNIA FORM 460</b>
	3 / 10
	I.D. NUMBER 1283725

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Michael Gregory For City Council 2010

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ <u>99.00</u>	\$ <u>99.00</u>
2. Loans Received .....	Schedule B, Line 7	\$ <u>-1000.00</u>	\$ <u>19781.26</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ <u>-901.00</u>	\$ <u>19880.26</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ <u>-901.00</u>	\$ <u>19880.26</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$ <u>0.00</u>	\$ <u>0.00</u>
21. Expenditures Made	\$ <u>0.00</u>	\$ <u>0.00</u>

## Expenditures Made

		Column A	Column B
6. Payments Made .....	Schedule E, Line 4	\$ <u>100.00</u>	\$ <u>100.00</u>
7. Loans Made .....	Schedule H, Line 7	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ <u>100.00</u>	\$ <u>100.00</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ <u>100.00</u>	\$ <u>100.00</u>

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	\$ _____
_____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ <u>734.49</u>
13. Cash Receipts .....	Column A, Line 3 above	\$ <u>-901.00</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ <u>642.04</u>
Cash Payments .....	Column A, Line 8 above	\$ <u>100.00</u>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>375.53</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ <u>19781.26</u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>20110101</u> through <u>20110630</u>	<b>CALIFORNIA FORM 460</b>
	4 / 10
NAME OF FILER Michael Gregory For City Council 2010	
I.D. Number 1283725	

SEE INSTRUCTIONS ON REVERSE

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)	PER ELECTION TO DATE (IF REQUIRED)
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 0.00**

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$	0.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$	99.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$</b>	99.00

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule B – Part 1  
Loans Received**

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

Statement covers period from <u>20110101</u> through <u>20110630</u>	<b>CALIFORNIA FORM 460</b>
	5 / 10
	I.D. NUMBER <b>1283725</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Gregory For City Council 2010

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Michael Gregory 151 Callan Ave 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Red Cross Administrator	\$ 300.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 300.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 0.00 12/31/2010 DATE DUE	0.00 % RATE \$ 0.00	\$ 300.00 04/21/2006 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** 13558.32 G 10
Michael Gregory 151 Callan Ave 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Red Cross Administrator	\$ 250.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 250.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 0.00 12/31/2010 DATE DUE	0.00 % RATE \$ 0.00	\$ 250.00 05/16/2006 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** 13558.32 G 10
Michael Gregory 151 Callan Ave 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Red Cross Administrator	\$ 3295.12	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 450.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2845.12 12/31/2010 DATE DUE	0.00 % RATE \$ 0.00	\$ 3295.12 06/01/2006 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** 13558.32 G 10

**SUBTOTALS** \$ \$ \$ \$

**Schedule B Summary**

1. Loans received this period. \_\_\_\_\_ \$ 0.00  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_ \$ 1000.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net \$** -1000.00  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes  
IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

**Schedule B - Part 1  
Loans Received**

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

Statement covers period from <u>20110101</u> through <u>20110630</u>	<b>CALIFORNIA FORM 460</b>
	6 / 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Michael Gregory For City Council 2010	I.D. NUMBER 1283725
--	------------------------

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Michael Gregory 151 Callan Ave 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Red Cross Administrator	\$ 1127.82	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1127.82 12/31/2010 DATE DUE	0.00 % RATE \$ 0.00	\$ 1127.82 06/13/2006 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** 13558.32 G 10
Michael Gregory 151 Callan Ave 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Red Cross Administrator	\$ 250.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 250.00 12/31/2010 DATE DUE	0.00 % RATE \$ 0.00	\$ 250.00 06/15/2006 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** 13558.32 G 10
Michael Gregory 151 Callan Ave 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Red Cross Administrator	\$ 2000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2000.00 12/31/2010 DATE DUE	0.00 % RATE \$ 0.00	\$ 2000.00 09/25/2006 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** 13558.32 G 10
<b>SUBTOTALS</b>								\$ \$ \$ \$

**Schedule B Summary**

1. Loans received this period. \_\_\_\_\_ \$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_ \$ \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net \$** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

\*Contributor Codes  
IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

**Schedule B - Part 1  
Loans Received**

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

Statement covers period from <u>20110101</u> through <u>20110630</u>	<b>CALIFORNIA FORM 460</b>
	7 / 10
I.D. NUMBER <b>1283725</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Gregory For City Council 2010

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Michael Gregory 151 Callan Ave 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Red Cross Administrator	\$ 7778.45	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 7778.45 12/31/2011 DATE DUE	0.00 % RATE \$ 0.00	\$ 7778.45 08/01/2010 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** 13558.32 G 10
Michael Gregory 151 Callan Ave 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Red Cross Administrator	\$ 2065.57	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2065.57 12/31/2011 DATE DUE	0.00 % RATE \$ 0.00	\$ 2065.57 10/04/2010 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** 13558.32 G 10
Michael Gregory 151 Callan Ave 306 San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Red Cross Administrator	\$ 1314.30	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1314.30 12/31/2011 DATE DUE	0.00 % RATE \$ 0.00	\$ 1314.30 10/14/2010 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** 13558.32 G 10
<b>SUBTOTALS</b>								
		\$	\$	\$	\$			

**Schedule B Summary**

1. Loans received this period. \_\_\_\_\_ \$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_ \$ \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net \$** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

\*Contributor Codes  
IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

**Schedule B - Part 1  
Loans Received**

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

Statement covers period from <u>20110101</u> through <u>20110630</u>	<b>CALIFORNIA FORM 460</b>
	8 / 10
	I.D. NUMBER 1283725

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Gregory For City Council 2010

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Michael Gregory 151 Callan Ave 306  San Leandro CA 94577-4536 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Red Cross  Administrator	\$ 2400.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2400.00  12/31/2011 DATE DUE	0.00 % RATE \$ 0.00	\$ 2400.00  11/04/2010 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** 13558.32 G 10

**SUBTOTALS** \$ 0.00 \$ 1000.00 \$ 19781.26 \$ 0.00

**Schedule B Summary**

- Loans received this period. \_\_\_\_\_ \$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \_\_\_\_\_ \$ \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net \$** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes  
IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee



# Schedule E Payments Made

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

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	20110101	
through	20110630	9 / 10
NAME OF FILER		I.D. NUMBER
Michael Gregory For City Council 2010		1283725

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Gregory For City Council 2010

I.D. NUMBER

1283725

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Physician's Organizing Committee 450 Sutter St 1812  San Francisco CA 94117		CVC		100.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 100.00**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 100.00
2. Unitemized payments made this period of under \$100.	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 100.00</b>

**Schedule I  
Miscellaneous Increases to Cash**

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

Statement covers period from <u>20110101</u> through <u>20110630</u>	<b>CALIFORNIA FORM 460</b>
	10 / 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Michael Gregory For City Council 2010	I.D. NUMBER 1283725
--	------------------------

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Rcpt Dt: 05/20/2011	City of San Leandro 835 E 14th St San Leandro CA 94577-3767	Candidate Statement Costs	642.04

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 642.04**

**Schedule I Summary**

1. Itemized increases to cash this period.	\$ 642.04
2. Unitemized increases to cash under \$100 this period.	\$ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	<b>TOTAL \$ 642.04</b>