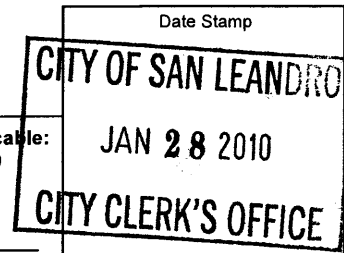


**Recipient Committee Campaign Statement**  
(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period  
from 07/01/2009  
through 12/31/2009

Date of election if applicable:  
(Month, Day, Year)  
11/07/2006



CALIFORNIA 2005/06 FORM **460**  
1 / 5  
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5.)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primary Formed
- Controlled
- Sponsored
- (Also Complete Part 6.)
- Primary Formed Candidate/Officeholder Committee
- (Also Complete Part 7.)

**2. Type of Statement:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1283725

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Friends of Michael Gregory

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 Ave 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 01/22/2010 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/22/2010 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

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA FORM 460 2/5

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 001
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 151 Callan Ave 306 San Leandro CA 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? YES 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? YES 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 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

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 SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT 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<br>from <u>20090701</u><br>through <u>20091231</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | 3 / 5                          |
|  | I.D. NUMBER<br>1283725         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Friends of Michael Gregory

## Contributions Received

|                                      |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--------------------------------------|--------------------|--|--|
| 1. Monetary Contributions .....      | Schedule A, Line 3 | \$ 0.00  | \$ 0.00                                    |
| 2. Loans Received .....              | Schedule B, Line 7 | 0.00   | 7222.94                                    |
| 3. SUBTOTAL CASH CONTRIBUTIONS.....  | Add Lines 1 + 2    | \$ 0.00  | \$ 7222.94                                 |
| 4. Nonmonetary Contributions .....   | Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4    | 0.00   | \$ 7222.94                                 |

## 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 | \$ 0.00          | \$ 0.00     |
| 21. Expenditures Made     | \$ 0.00          | \$ 0.00     |

## Expenditures Made

|  |                      | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|----------------------|--|--|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ 0.00  | \$ 0.00                                    |
| 7. Loans Made .....                      | Schedule H, Line 7   | 0.00   | 0.00                                       |
| 8. SUBTOTAL CASH PAYMENTS.....           | Add Lines 6 + 7      | \$ 0.00  | \$ 0.00                                    |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | 0.00   | 0.00                                       |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | 0.00   | 0.00                                       |
| 11. TOTAL EXPENDITURES MADE.....         | Add Lines 8 + 9 + 10 | \$ 0.00  | \$ 0.00                                    |

## Expenditure Limit Summary for State Candidates

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| _____                          | \$ _____      |
| _____                          | \$ _____      |

## Current Cash Statement

|   |   |            |  |
|---|---|------------|--|
| 12. Beginning Cash Balance .....          | Previous Summary Page, Line 16                | \$ 1613.45 | 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). |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        | 0.00       |  |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | 0.00       |  |
| Cash Payments .....                       | Column A, Line 8 above                        | 0.00       |  |
| 16. ENDING CASH BALANCE.....              | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 1613.45 |  |

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

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

## Cash Equivalents and Outstanding Debts

|                             |                                       |            |
|-----------------------------|---------------------------------------|------------|
| 18. Cash Equivalents .....  | See instructions on reverse           | \$ 0.00    |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above | \$ 7222.94 |

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

**Schedule B – Part 1  
Loans Received**

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

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>20090701</u><br>through <u>20091231</u> | <b>CALIFORNIA FORM 460</b> |
|  | 4 / 5                      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Michael Gregory

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)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN            | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                                    |
|---|--|--|------------------------------------|--|--|----------------------------------|---|--|
| Michael Gregory<br>151 Callan Ave 306<br>San Leandro CA 94577-4536<br>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<br>Administrator  | \$ 300.00  | \$ 0.00                            | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 300.00<br>12/31/2006<br>DATE DUE                | 0.00 %<br>RATE<br>\$ 0.00        | \$ 300.00<br>04/21/2006<br>DATE INCURRED  | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION**<br>3377.82 G 06<br>3845.12 P 06 |
| Michael Gregory<br>151 Callan Ave 306<br>San Leandro CA 94577-4536<br>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<br>Administrator  | \$ 250.00  | \$ 0.00                            | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 250.00<br>12/31/2006<br>DATE DUE                | 0.00 %<br>RATE<br>\$ 0.00        | \$ 250.00<br>05/16/2006<br>DATE INCURRED  | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION**<br>3377.82 G 06<br>3845.12 P 06 |
| Michael Gregory<br>151 Callan Ave 306<br>San Leandro CA 94577-4536<br>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<br>Administrator  | \$ 3295.12                                       | \$ 0.00                            | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 3295.12<br>12/31/2006<br>DATE DUE               | 0.00 %<br>RATE<br>\$ 0.00        | \$ 3295.12<br>06/01/2006<br>DATE INCURRED | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION**<br>3377.82 G 06<br>3845.12 P 06 |
| <b>SUBTOTALS</b>  |  |  |                                    |  |  |                                  |   |  |

**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 \_\_\_\_\_ \$ 0.00  
(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 \$** 0.00  
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<br>from <u>20090701</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>20091231</u>                         |  |                                |
|   |  | 5 / 5                          |
| NAME OF FILER<br>Friends of Michael Gregory     |  | I.D. NUMBER<br>1283725         |

SEE INSTRUCTIONS ON REVERSE

| 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)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN            | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                                    |
|---|--|--|------------------------------------|--|--|----------------------------------|---|--|
| Michael Gregory<br>151 Callan Ave 306<br>San Leandro CA 94577-4536<br>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<br>Administrator  | \$ 1127.82                                       | \$ 0.00                            | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 1127.82<br>12/31/2006<br>DATE DUE               | 0.00 %<br>RATE<br>\$ 0.00        | \$ 1127.82<br>06/13/2006<br>DATE INCURRED | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION**<br>3377.82 G 06<br>3845.12 P 06 |
| Michael Gregory<br>151 Callan Ave 306<br>San Leandro CA 94577-4536<br>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<br>Administrator  | \$ 250.00  | \$ 0.00                            | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 250.00<br>12/31/2006<br>DATE DUE                | 0.00 %<br>RATE<br>\$ 0.00        | \$ 250.00<br>06/15/2006<br>DATE INCURRED  | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION**<br>3377.82 G 06<br>3845.12 P 06 |
| Michael Gregory<br>151 Callan Ave 306<br>San Leandro CA 94577-4536<br>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<br>Administrator  | \$ 2000.00                                       | \$ 0.00                            | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 2000.00<br>12/31/2006<br>DATE DUE               | 0.00 %<br>RATE<br>\$ 0.00        | \$ 2000.00<br>09/25/2006<br>DATE INCURRED | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION**<br>3377.82 G 06<br>3845.12 P 06 |
| <b>SUBTOTALS</b>  |  | \$ 0.00  | \$ 0.00                            | \$ 0.00  | \$ 7222.94   | \$ 0.00                          |   |  |

**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