

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

City Clerk's Office, Date Stamp: JAN 26 2009, CITY OF SAN LEANDRO, CALIFORNIA FORM 460, Page 1 of 4

Statement covers period from 7-1-08 through 12-31-08

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.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1281582

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

SANTOS FOR MAYOR

STREET ADDRESS (NO P.O. BOX)

1271 WASHINGTON AVE #824

CITY STATE ZIP CODE AREA CODE/PHONE

SAN LEANDRO CALIF 94577

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MELITIA L. SANTOS

MAILING ADDRESS

14495 NASSAU Rd

CITY STATE ZIP CODE AREA CODE/PHONE

SAN LEANDRO CALIF 94577

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.

Executed on 1-25-09 Date

Executed on 1-25-09 Date

Executed on Date

Executed on Date

By Melitia L. Santos Signature of Treasurer or Assistant Treasurer

By Anthony B Santos Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

ANTHONY B. "TONY" SANTOS

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

1449 NASSAU Rd SAN LEANDRO Ca 94577

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

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 make expenditures on behalf of your candidacy.

COMMITTEE NAME

SANTOS FOR MAYOR

I.D. NUMBER

1281589

NAME OF TREASURER

MELITTA L. SANTOS

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

1271 WASHINGTON AVE #824

CITY STATE ZIP CODE AREA CODE/PHONE

SAN LEANDRO Ca 94577

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. Primarily Formed 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 Candidate/Officeholder 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 from _____ through _____	CALIFORNIA FORM 460
	Page <u>3</u> of <u>4</u>
	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

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>0</u>	\$ <u>1000</u>
2. Loans Received Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0</u>	\$ <u>1000</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0</u>	\$ <u>1000</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. Contributions Received	\$ <u>1000</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>400</u>	\$ <u>0</u>

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ <u>0</u>	\$ <u>0</u>
7. Loans Made Schedule H, Line 3	\$ <u>2500</u>	\$ <u>2500</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>2500</u>	\$ <u>2500</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>2500</u>	\$ <u>2500</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>5215</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments Column A, Line 8 above	\$ <u>2500</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2915</u>

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.

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>25084</u>

**Schedule H
Loans Made to Others***

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

Statement covers period
from 7-1-08
through 12.31.08

SCHEDULE H
CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ANTHONY B "TONY" SANTOS

I.D. NUMBER

1281589

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
<u>CHARLES W. Gilcrest 1271 Washington Blvd. #284 San Leandro Calif 94577</u>	<u>CAMPAIGN CONSULTANT</u>	<u>\$25084</u>	<u>\$2500</u>	<input type="checkbox"/> PAID <u>\$0</u> <input type="checkbox"/> FORGIVEN <u>\$0</u>	<u>N/A</u> DATE DUE	<u>N/A</u> RATE		CALENDAR YEAR <u>\$2500</u> PER ELECTION** <u>\$25084</u>
		<u>\$25084</u>	<u>\$2500</u>	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
		SUBTOTALS	\$ 2500	\$ 0	\$ 0	\$ 0		

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

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

Schedule H Summary

- Loans made this period \$ 2500
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans \$ 0
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 2500**
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

****If Required**