<sup>®</sup> Office leading and Oct 11 to		<b>作</b>						
Officenoider and Candidate	,		CITY OF SAN LEANDRU CALIFORNIA 470					
Campaign Statement - Short Form	Date of election if applicable:		- PULL OF SAN LEANDRO	FORM 47 U				
Chort i Gilli	(Month, Day, Year)	Amendment (Explain Below)	JUL <b>2 2</b> 2014					
			- CITY OF EDIVIS OFFICE					
			CITY CLERK'S OFFICE	·				
1. Statement Covers Calendar Year	20 14.							
2. Officeholder or Candidate Inform	3. Office Sou	3. Office Sought or Held						
NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGH	OFFICE SOUGHT OR HELD					
Michael Gregory	Michael Gregory			City Council				
STREET ADDRESS	STREET ADDRESS			DISTRICT NUMBER				
1648 Daniels Drive		San Lean	San Leandro (IFAPPLICABLE)					
CITY	STATE ZIP COD							
San Leandro	CA 9457	77						
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX/E-MAIL	ADDRESS						
(510) 594-5123								
4. Committee Information List all committees of which you have kn	owledge that are primarily forr		make expenditures on behalf of yo	ur candidacy.				
COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS	NAME	OF TREASURER				
THE GOLY FOR CHY COUNT	UL 151 CAU	FOU DAY SIDE OF U	KENNETH PO	17				
1	175 PHONE:	510 895- 2011	POLO, KENNETH PO					
(75RMINATE 12/31/20	D)			Attachem				
5. Verification								
I declare under penalty of perjury that to the bused all reasonable diligence in property this	declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I hav sed all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.							
ased all reasonable diligence in preparing this	statement. Teering under penalty	or perjury under the laws of the State	of California that the foregoing is true a	and correct.				
7/19/14		7.V V O						
Executed on DA	TC .	. ву <del>У Х Х Х</del>						
UAI	<b>L</b>		SIGNATURE OF OFFICEHOLDER OR	candidate rm 470/470 Supplement (Jan/200				
Clear Form Print Form	<u> </u>		FPPC Form 470/470 Supplem	ini 470/470 Supplement (Jan/200 ient Instructions - Rev. 2 (Dec/201				
Signification   Frint Form	<b>3</b>			edvice@fnnc.ca.gov.1866.137E 277				

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

	ficeholder and Candidate ampaign Statement -				CITY OF SAN LEANDR CALIFORNIA 470				
Short Form		Date of election if applicable: (Month, Day, Year)	☐ Amendment		JUL <b>2</b> 4 2013	FORM FOR Official Use Only			
					CITY CLERK'S OFFICE				
1.	Statement Covers Calendar Year 2	0 12 .13 m	rle		<u> </u>	·			
2.	Officeholder or Candidate Information 3. Off				fice Sought or Held				
	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR H	OR HELD				
	MICHAEL GREGORY		CITY COUNCIL						
	STREET ADDRESS			JURISDICTION (LOCATIO	DISTRICT NUMBER (IF APPLICABLE)  TY OF SAN LEANDRO  1				
	1648 DANIELS DRIVE CA 94577			CITY OF SAN					
	STATE ZIP CODE  SAN LEANDRO								
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX/E-MAIL							
	510 594-5123								
4.	Committee Information								
	ist all committees of which you have knowledge that are primarily formed to receive			ributions or to make	e expenditures on behalf of you	ur candidacy.			
	COMMITTEE NAME AND I.D. NUMBER COMMITTE		COMMITTEE ADDRES	EE ADDRESS		NAME OF TREASURER			
Mi	WINE GIFFORY FUL	POB 223			KENNETH PON	KENNETH PON			
(2)	WAFE GREGORY FOR POB 223 San Leandro, San Leandro,		o, CA 94577						
-			i 4						
			•						
				,					
5.	Verification								
	declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have sed all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.								
	and an reasonable angence in proparing this	statement. Teertify under penalt	aws of the blate of California that the foregoing istrue and correct.						
	Executed on JULY 22, 2013			By SIGNATURE OF OFFICEHOLDER OR CANDIDATE					
1	AND THE COURT OF THE COURSE		FPPC Form 470/470 Supplement Instructio			orm 470/470 Supplement (Jan/2008)			
	Clear Form Print Form					advice@fppc.ca.gov (866/275-3772)			
		-				www.fppc.ca.gov			

## Handa, Marian

From:

Gregory, Michael . Sichael . Gregory@redcross.org>

Sent:

Wednesday, July 24, 2013 11:21 AM

To: Subject:

Handa, Marian

RE: Form 470

Permission granted. Thanks! Michael

Michael Gregory | American Red Cross Northern California Blood Services Region 6230 Claremont Avenue Oakland, CA 94618 (510) 594-5123 (o) (510) 773-1864 (c) (510 601-7852 (f)

**From:** MHanda@sanleandro.org [MHanda@sanleandro.org]

**Sent:** Wednesday, July 24, 2013 11:04 AM

To: Gregory, Michael; MGregory@sanleandro.org

Subject: Form 470

Hi Michael:

One small correction needs to be made on your Form 470. This particular statement would cover the calendar year 2013. Unlike the Form 700, on which you disclose your interests for the previous year, the Form 470 is your declaration that you will not raise or spend \$1k during the current year.

Can you reply to this email, and authorize me to change the date of your form from 2012 to 2013?

Thanks, Michael!

Marian

Marian Handa, City Clerk

City of San Leandro

835 E. 14th Street, San Leandro, CA 94577 Phone: (510) 577-3367 Fax: (510) 577-3340

Email: mhanda@sanleandro.org Web: www.sanleandro.org