

**Officeholder and Candidate
Campaign Statement -
Short Form**

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

Amendment (Explain Below)

Date Stamp
CITY OF SAN LEANDRO
JUL 22 2014
CITY CLERK'S OFFICE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 14.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Michael Gregory
STREET ADDRESS
1648 Daniels Drive
CITY STATE ZIP CODE
San Leandro CA 94577
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(510) 594-5123

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
San Leandro 1

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
GREGORY for CITY COUNCIL 2010 ; 1283725 1283725 (TERMINATED) 12/31/2012	151 CALLEON AVE, SAN LEANDRO, CA 94577 PHONE: 510 895-2011	KENNETH PON

5. Verification

I 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 used 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.

Executed on 7/19/14 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form **Print Form**

**Officeholder and Candidate
Campaign Statement -
Short Form**

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

Amendment (Explain Below)

Date Stamp CITY OF SAN LEANDRO JUL 24 2013 CITY CLERK'S OFFICE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 12.13 *mlk*

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

MICHAEL GREGORY

STREET ADDRESS

1648 DANIELS DRIVE

CA 94577

CITY

STATE ZIP CODE

SAN LEANDRO

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

510 594-5123

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY COUNCIL

JURISDICTION (LOCATION)

CITY OF SAN LEANDRO

DISTRICT NUMBER
(IF APPLICABLE)

1

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

CITY MICHAEL GREGORY for
COUNCIL 2010 #1283725

POB 223
San Leandro, CA 94577

KENNETH PON

5. Verification

I 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 used 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.

Executed on JULY 22, 2013
DATE

By *Michael Gregory*
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form

Handa, Marian

From: Gregory, Michael <Michael.Gregory@redcross.org>
Sent: Wednesday, July 24, 2013 11:21 AM
To: Handa, Marian
Subject: 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