

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Michael Grant (Grant for Supervisor Dist. Two 2020)		Date of This Filing <u>2/7/20</u>	<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="font-size: 0.8em; margin-top: 5px;">Date Stamp</div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">FEB 10 2020</div>	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">CALIFORNIA FORM 497</div>
AREA CODE/PHONE NUMBER 530-283-3268	I.D. NUMBER (if applicable) 1423939	Report No. <u>1</u>	For Official Use Only	
STREET ADDRESS 3094 Chandler Rd		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Amendment to Report No. _____ (explain below) </div> <div style="text-align: center;"> KATHLEEN WILLIAMS, PLUMAS CO. CLERK </div> </div>		
CITY Quincy	STATE CA	ZIP CODE 95971	No. of Pages <u>BY</u> _____	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
2/7/20	Robbie Cassou, [REDACTED] Quincy, CA 95971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fire Chief Quincy Fire Department	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide Interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JAN 05 2021

CALIFORNIA FORM 410

For Official Use Only

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☒ Termination - See Part 5

Date of termination

12 / 23 / 20

1. Committee Information

I.D. Number
(if applicable)

1423939

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Mike Grant for Supervisor Dist. Two 2020

NAME OF TREASURER

Becky Grant

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Quincy CA 95971 530-283-3268

FULL MAILING ADDRESS (IF DIFFERENT)

Same

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

mgrant@digitalpath.net

COUNTY OF DOMICILE

Plumas

JURISDICTION WHERE COMMITTEE IS ACTIVE

Plumas County

CITY STATE ZIP CODE AREA CODE/PHONE
Quincy CA 95971 530-283-3268

NAME OF ASSISTANT TREASURER, IF ANY

John Kolb

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Quincy CA 95971 530-283-1931

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is true and correct.

Executed on 12/23/20

DATE

Executed on 12/23/20

DATE

Executed on

DATE

Executed on

DATE

OF TREASURER OR ASSISTANT TREASURER

OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov

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FEB 08 2021

KATHLEEN WILLIAMS,
PLUMAS CO. CLERK-RECORDER

RECEIVED

FEB 08 2021

KATHLEEN WILLIAMS,
PLUMAS CO. CLERK-RECORDER

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME

Mike Grant for Supervisor Dist. Two 2020

I.D. NUMBER

1423939

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

US Bank

AREA CODE/PHONE

530-283-6610

BANK ACCOUNT NUMBER

ADDRESS

[REDACTED]

CITY

Quincy

STATE

CA

ZIP CODE

95971

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Michael Grant	Supervisor District 2	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER

1423939

COMMITTEE NAME

Mike Grant for Supervisor Dist. Two 2020

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

☐

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

RECEIVED

DEC 28 2020

KATHLEEN WILLIAMS,
PLUMAS CO. CLERK-RECORDER

Statement of Organization Recipient Committee

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input type="checkbox"/> Amendment Date qualification threshold met	<input checked="" type="checkbox"/> Termination - See Part 5 Date of termination 12 / 23 / 20
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Date Stamp

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

1423939

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Mike Grant for Supervisor Dist. Two 2020

NAME OF TREASURER

Becky Grant

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE
95971

EA CODE/PHONE
530-283-3268

NAME OF ASSISTANT TREASURER, IF ANY

John Kolb

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE
95971

EA CODE/PHONE
530-283-1931

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE
95971

EA CODE/PHONE
530-283-3268

FULL MAILING ADDRESS (IF DIFFERENT)

Same

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

mgrant@digitalpath.net

COUNTY OF DOMICILE

Plumas

JURISDICTION WHERE COMMITTEE IS ACTIVE

Plumas County

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is true and correct.

Executed on 12/23/20

DATE

Executed on 12/23/20

DATE

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM **410**

Page 2

I.D. NUMBER

1423939

COMMITTEE NAME

Mike Grant for Supervisor Dist. Two 2020

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
US Bank	530-283-6610		
ADDRESS	CITY	STATE	ZIP CODE
	Quincy	CA	95971

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Michael Grant	Supervisor District 2	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM **410**

Page 3

I.D. NUMBER

1423939

COMMITTEE NAME

Mike Grant for Supervisor Dist. Two 2020

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

☐

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

FILED

DEC 29 2020

KATHLEEN WILLIAMS,
PLUMS CO. CLERK RECORDER
BY [REDACTED] CITY

Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp

CALIFORNIA
FORM

460

Page _____ of _____
For Official Use Only

Statement covers period
from 9/11/20
through 12/23/20

Date of election If applicable:
(Month, Day, Year)
11/3/20

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
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 5)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☒ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1423939

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

Grant for Supervisor Dist. Two 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Quincy CA 95971 530-283-3268

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

Same
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

mgrant@digitalpath.net

Treasurer(s)

NAME OF TREASURER

Rebecca Grant

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Quincy CA 95971 530-283-3268

NAME OF ASSISTANT TREASURER, IF ANY

John Kolb

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Quincy CA 95971 530-283-1931

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and 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

Executed on 12/23/20
Date

Executed on 12/23/20
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

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www.fppc.ca.gov

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Michael Grant			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
County Supervisor - District Two Plumas County			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[REDACTED]	Quincy	CA	95971

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	I.D. NUMBER
None	
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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
N/A		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
N/A		
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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 9/11/20 through 12/23/20	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER 1423939

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 1,271.86	\$ 6,288.26
2. Loans Received..... Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 1,271.86	\$ 6,288.26
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 1,271.86	\$ 6,288.26

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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 2,103.76	\$ \$6,288.26
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 2,103.76	\$ \$6,288.26
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 2,103.76	\$ \$6,288.26

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	\$ 831.90
13. Cash Receipts..... Column A, Line 3 above	1,271.86
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	2,103.76
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
--	------

Cash Equivalents and Outstanding Debts

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

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.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Schedule Monetary
Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 9/11/20 through 12/23/20	CALIFORNIA FORM 460 Page _____ of _____
I.D. NUMBER 1423939	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

DATE RECEIVED	FULL NAME, STREET 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)
9/15/20	Dennis Hayes, [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	20.00	20.00	
9/11/20	Steve Peters, PO Box 30020, Cromberg, CA 96103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	
9/22/20	Theresa Winningham, [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
9/22/20	Michael Grant, [REDACTED], Quincy CA 95971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer	901.87	3,578.77	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1,271.87		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 1271.87
- Amount received this period – unitemized monetary contributions of less than \$100\$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 1,271.8

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B – Part 1 **Loans Received**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 9/11/20 through 12/23/20	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER 1423939

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

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
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	

Schedule B Summary

- Loans received this period\$ _____
(Total Column (b) plus unitemized loans of 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)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (366/275-3772)
www.fppc.ca.gov

Schedule B – Part 2
Loan Guarantors

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>9/11/20</u> through <u>12/23/20</u>		CALIFORNIA FORM	460
		Page _____ of _____	
		I.D. NUMBER 1423939	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER:

Michael Grant (Grant for Supervisor Dist. Two 2020)

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
n/a	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
SUBTOTAL \$					Enter on Summary Page, Line 17 only.	

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period from <u>9/11/20</u> through <u>12/23/20</u>		CALIFORNIA FORM	SCHEDULE C 460
		Page _____ of _____	
		I.D. NUMBER 1423939	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

DATE RECEIVED	FULL NAME, STREET 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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	n/a	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** _____

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	9/11/20	Page	of
through	12/23/20	I.D. NUMBER	1423939

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	n/a	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL..** \$ _____

Schedule E **Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	9/11/20	
through	12/23/20	Page _____ of _____
NAME OF FILER		I.D. NUMBER
Michael Grant (Grant for Supervisor Dist. Two 2020)		1423939

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Feather River Publishing, [REDACTED] Quincy, CA 95971	LIT	Campaign mailer	1,356.01
Feather River Publishing, [REDACTED] Quincy, CA 95971	PRT	Advertising in publications	270.00
US Bank, [REDACTED] Quincy, CA 95971	OFC	Bank fees for checking account.	27.30

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

SUBTOTAL \$ 1,187.50

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,103.76
2. Unitemized payments made this period of under \$100	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 2,103.76

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 9/11/20	through 12/23/20	
Page _____ of _____		I.D. NUMBER 1423939

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wild Hare Signs, [REDACTED] Quincy, CA 95971	CMP	Signs	193.05
Wild Hare Signs, [REDACTED] Quincy, CA 95971	CMP	Signs	257.40

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

SUBTOTAL \$ 450.45

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule F **Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from 9/11/20 through 12/23/20		CALIFORNIA FORM	460
		Page _____ of _____	
		I.D. NUMBER 1423939	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

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, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
None					
SUBTOTALS \$		\$	\$	\$	\$

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.).....**INCURRED TOTALS \$** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.).....**PAID TOTALS \$** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....**NET \$** _____
May be a negative number

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded
to whole dollars.

Statement covers period
from 9/11/20
through 12/23/20

SCHEDULE G
 CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Page _____ of _____
 I.D. NUMBER
 1423939

Michael Grant (Grant for Supervisor Dist. Two 2020)

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
None			

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (Jan/2016)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov

Schedule H **Loans Made to Others***

Amounts may be rounded
to whole dollars.

Statement covers period from 9/11/20 through 12/23/20		CALIFORNIA FORM	SCHEDULE H 460
		Page _____ of _____	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

I.D. NUMBER

1423939

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
None		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
		SUBTOTALS	\$ _____	\$ _____	\$ _____	\$ _____		

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

**If Required

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

Statement covers period
from 9/11/20
through 12/23/20

SCHEDULE I
CALIFORNIA FORM **460**
Page _____ of _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

I.D. NUMBER
1423939

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	N/A		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

9 / 10 / 2020

☐ Termination – See Part 5

Date of termination

Date Stamp

**CALIFORNIA
FORM**

410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

1423939

NAME OF COMMITTEE

Mike Grant for Supervisor Dist. Two 2020

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Quincy

CA

95971

530-283-3268

FULL MAILING ADDRESS (IF DIFFERENT)

Same

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

mgrant@digitalpath.net

COUNTY OF DOMICILE

Plumas

JURISDICTION WHERE COMMITTEE IS ACTIVE

Plumas County

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Becky Grant

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Quincy

CA

95971

530-283-3268

NAME OF ASSISTANT TREASURER, IF ANY

John Kolb

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Quincy

CA

95971

530-283-1931

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 9/10/20
DATE

By

[REDACTED]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/10/20
DATE

By

CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME

Mike Grant for Supervisor Dist. Two 2020

I.D. NUMBER

1423939

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
US Bank	530-283-6610		
ADDRESS	CITY	STATE	ZIP CODE
	Quincy	CA	95971

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Michael Grant	Supervisor District 2	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER

1423939

COMMITTEE NAME

Mike Grant for Supervisor Dist. Two 2020

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ **CITY Committee**

☐ **COUNTY Committee**

☐ **STATE Committee**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee



____/____/____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Statement of Organization
Recipient Committee**

Statement Type

☐ Initial

☐ Not yet qualified
or

☒ Date qualification threshold met

2 / 7 / 2020

☒ Amendment

Date qualification threshold met

2 / 10 / 2020

☐ Termination – See Part 5

Date of termination

____ / ____ / ____

Date Stamp

RECEIVED AND FILED
In the Office of the Secretary of State
of the State of California

FEB 12 2020

**CALIFORNIA
FORM**

410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

1423939

NAME OF COMMITTEE

Mike Grant for Supervisor Dist. Two 2020

STREET ADDRESS (NO P.O. BOX)

CITY

Quincy

STATE

CA

ZIP CODE

95971

AREA CODE/PHONE

530-283-3268

FULL MAILING ADDRESS (IF DIFFERENT)

Same

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

mgrant@digitalpath.net

COUNTY OF DOMICILE

Plumas

JURISDICTION WHERE COMMITTEE IS ACTIVE

Plumas County

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Becky Grant

STREET ADDRESS (NO P.O. BOX)

CITY

Quincy

STATE

CA

ZIP CODE

95971

AREA CODE/PHONE

530-283-3268

NAME OF ASSISTANT TREASURER, IF ANY

John Kolb

STREET ADDRESS (NO P.O. BOX)

CITY

Quincy

STATE

CA

ZIP CODE

95971

AREA CODE/PHONE

530-283-1931

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 2/10/20

DATE

By

Executed on 2/10/20

DATE

By

Executed on

DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM **410**

Page 2

I.D. NUMBER

1423939

COMMITTEE NAME

Mike Grant for Supervisor Dist. Two 2020

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

US Bank

AREA CODE/PHONE

530-283-6610

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

Quincy

CA

95971

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
Michael Grant	Supervisor District 2	2020	Nonpartisan	Partisan	
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			Nonpartisan	Partisan	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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I.D. NUMBER

1423939

COMMITTEE NAME

Mike Grant for Supervisor Dist. Two 2020

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee



_____/_____/_____
Date qualified



5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

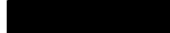
- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Michael Grant (Grant for Supervisor Dist. Two 2020)		Date of This Filing <u>2/7/20</u>	FILED Date Stamp FEB 10 2020 KATHLEEN WILLIAMS, PLUMAS COUNTY RECORDER BY <u>1</u>  DEPUTY	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-283-3268	I.D. NUMBER (if applicable) 1423939	Report No. <u>1</u>		
STREET ADDRESS 		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Quincy	STATE CA	ZIP CODE 95971		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
2/7/20	Robbie Cassou,  Quincy, CA 95971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fire Chief Quincy Fire Department	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA FORM 460

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Date Stamp

Statement covers period
from 2/11/20
through 9/10/20

Date of election if applicable:
(Month, Day, Year)
11/3/20

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
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1423939

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

Grant for Supervisor Dist. Two 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Quincy CA 95971 530-283-3268

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

Same
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

mgrant@digitalpath.net

Treasurer(s)

NAME OF TREASURER

Rebecca Grant

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Quincy CA 95971 530-283-3268

NAME OF ASSISTANT TREASURER, IF ANY

John Kolb

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Quincy CA 95971 530-283-1931

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 2/12/20
Date

Executed on 2/12/20
Date

Executed on
Date

Executed on
Date

By [Signature] Treasurer

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

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Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Michael Grant

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

County Supervisor - District Two Plumas County

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

[REDACTED] Quincy CA 95971

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

None

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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

N/A

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

N/A

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 2/11/20
through 9/10/20

CALIFORNIA FORM **460**
Page 3 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

I.D. NUMBER
1423939

DATE RECEIVED	FULL NAME, STREET 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/20	Mark Mitchell [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	N/A
9/10/20	Joeph Munoz [REDACTED] Quincy, CA 95971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$150.00	\$150.00	N/A
9/10/20	Mia Van Fleet [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rancher	\$100.00	\$100.00	N/A
9/10/20	Joyce Wangsgard [REDACTED] Greenville, CA 95947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rancher	\$40.00	\$40.00	N/a
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 390.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 390.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 2/11/20
through 9/10/20

CALIFORNIA FORM 460

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I.D. NUMBER

1423939

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

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
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS		\$	\$	\$	\$	\$		

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

Schedule B Summary

- Loans received this period\$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period\$ 0
(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 \$ 0
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

** If required.

FPPC Form 460 (Jan/2016)
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Schedule B – Part 2 Loan Guarantors

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>2/11/20</u> through <u>9/10/20</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1423939

Michael Grant (Grant for Supervisor Dist. Two 2020)

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
n/a	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
SUBTOTAL \$						Enter on Summary Page, Line 17 only.

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>2/11/20</u> through <u>9/10/20</u>		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

DATE RECEIVED	FULL NAME, STREET 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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	n/a	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$ _____

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from <u>2/11/20</u>		
through <u>9/10/20</u>		Page <u>16</u> of <u>12</u>
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Michael Grant (Grant for Supervisor Dist. Two 2020)		1423939

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	n/a	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... TOTAL .. \$ _____

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 2/11/20 through 9/10/20		CALIFORNIA FORM 460
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NAME OF FILER Michael Grant (Grant for Supervisor Dist. Two 2020)		I.D. NUMBER 1423939

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Feather River Publishing, [REDACTED] Quincy, CA 95971	CMP		925.00
Feather River Publishing, [REDACTED] Quincy, CA 95971	PRT		262.50

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

SUBTOTAL \$ 1,187.50

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,187.50
2. Unitemized payments made this period of under \$100	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 1,187.50

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period from <u>2/11/20</u> through <u>9/10/20</u>	CALIFORNIA FORM 460 Page <u>8</u> of <u>12</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

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, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
None					

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

SUBTOTALS \$ \$ \$ \$ \$

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** _____
May be a negative number

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period from 2/11/20 through 9/10/20	CALIFORNIA FORM 460 Page 10 of 12
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

I.D. NUMBER

1423939

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
None			

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (Jan/2016)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov

Schedule H Loans Made to Others*

Amounts may be rounded
to whole dollars.

Statement covers period
from 2/11/20
through 9/10/20

CALIFORNIA FORM 460

Page 10 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1423939

Michael Grant (Grant for Supervisor Dist. Two 2020)

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
None		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
*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.		SUBTOTALS		\$	\$	\$	\$	

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

Schedule H Summary

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

**If Required

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period		CALIFORNIA FORM 460
from	2/11/20	
through	9/10/20	Page <u>12</u> of <u>12</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1423939

Michael Grant (Grant for Supervisor Dist. Two 2020)

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	N/A		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

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

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Date Stamp FILE FEB 10 2020	CA FORM 460
	Page _____ of _____ For Official Use Only
PLUMMER, WILLIAMS, CLERK-RECORDER	
DEPUTY	

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 12/5/19
through 2/10/20

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

03/03/20

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

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection 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
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1423939

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

Grant for Supervisor Dist. Two 2020

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Quincy	CA	95971	530-283-3268

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

Same

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

OPTIONAL: FAX / E-MAIL ADDRESS

mgrant@digitalpath.net

Treasurer(s)

NAME OF TREASURER

Rebecca Grant

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Quincy	CA	95971	530-283-3268

NAME OF ASSISTANT TREASURER, IF ANY

John Kolb

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Quincy	CA	95971	530-283-1931

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 2/10/20
Date

By [REDACTED]

or Assistant Treasurer

Executed on 2/10/20
Date

By [REDACTED]

Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Michael Grant

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

County Supervisor - District Two Plumas County

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

Quincy CA 95971

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

None

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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

N/A

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

N/A

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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 12/5/19 through 2/10/20		CALIFORNIA FORM 460
Page _____ of _____		I.D. NUMBER 1423939

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 4,616.40	\$ 2,940.00
2. Loans Received..... Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 4,616.40	\$ 2,940.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 4,616.40	\$ 2,940.00

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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 2,986.91	\$ _____
7. Loans Made..... Schedule H, Line 3	0	_____
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 2,986.91	\$ _____
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	_____
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	_____
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 2,986.91	\$ _____

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	\$ 0
13. Cash Receipts..... Column A, Line 3 above	4,616.40
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	2,986.91
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,629.49

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
--	------

Cash Equivalents and Outstanding Debts

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

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.

Schedule Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>12/5/19</u> through <u>2/10/20</u>		CALIFORNIA FORM 460
Page _____ of _____		
NAME OF FILER Michael Grant (Grant for Supervisor Dist. Two 2020)		I.D. NUMBER 1423939

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DATE RECEIVED	FULL NAME, STREET 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)
1/5/20	William Coates III, [REDACTED] Quincy, CA, 95971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	150.00	
1/9/20	Gerald Hendrick, [REDACTED] Quincy, CA 95971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EMT Plumas District Hospital	20.00	20.00	
1/24/20	Jeff Iverson, [REDACTED] Petaluma, CA, 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	
2/7/20	Robbie Cassou, [REDACTED] Quincy, CA 95971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fire Chief Quincy Fire Department	1,500.00	1,500.00	
2/7/20	Brian Morris, [REDACTED] Quincy, CA 95971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	20.00	20.00	
SUBTOTAL \$				1,940		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 4,616.40
- Amount received this period – unitemized monetary contributions of less than \$100\$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 4,616.40

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>12/5/19</u> through <u>2/10/20</u>		CALIFORNIA FORM 460
Page _____ of _____		
NAME OF FILER Michael Grant (Grant for Supervisor Dist. Two 2020)		I.D. NUMBER 1423939

DATE RECEIVED	FULL NAME, STREET 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)
12/5/19	Michael Grant, [REDACTED] Quincy CA 95971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer Plumas County	666.40		
12/15/19	Michael Grant, [REDACTED] Quincy CA 95971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer Plumas County	10.00		
12/9/20	Michael Grant, [REDACTED] Quincy CA 95971	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer Plumas County	1,000.00		
1/23/20	Michael Grant, [REDACTED] Quincy CA 95971	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Officer Plumas County	1,000.00	1,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				2,676.40		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM **460**

Statement covers period

from 12/5/19

through 2/10/20

Page ____ of ____

I.D. NUMBER

1423939

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Feather River Publishing, [REDACTED] Quincy, CA 95971	PRT		262.50
United States Post Office	POS		431.01
Wild Hare Signs, [REDACTED] Quincy, CA 95971	CMP		205.92

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

SUBTOTAL \$ 899.43

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,933.01
2. Unitemized payments made this period of under \$100	\$ 53.90
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 2,986.91

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	12/5/19	
through	2/10/20	Page _____ of _____
NAME OF FILER		I.D. NUMBER
Michael Grant (Grant for Supervisor Dist. Two 2020)		1423939

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Signs on the Cheap, [REDACTED] Austin, TX, 78758	CMP	Paid for in Chase Credit Card Payment Below	577.68
Vista Print, [REDACTED] Waltham, MA 02451	LIT	Paid for in Chase Credit Card Payment Below	298.11
Build A Sign, [REDACTED] Austin, TX, 78758	CMP	Paid for in Chase Credit Card Payment Below	319.51
Facebook, [REDACTED] Menlo Park, CA 94025 Dailey Professional Web Services, PO Box 402, Montgomery, NY, 12549		Online Facebook Ad \$24.98 Cost of website hosting for one month \$29.00 Paid for in Chase Credit Card Payment Below	53.98
Chase Credit Card Services, PO Box 15123, Willmington, DE 19850		Credit Card Payment for the four items above \$1,307.18	(1,307.18)

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

SUBTOTAL \$ 1,307.18

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 12/5/19	through 2/10/20	
Page _____ of _____		I.D. NUMBER 1423939

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Plumas County Clerk, [REDACTED] Quincy, CA 95971	FIL			676.40
Secretary of State, Political Reform Division, [REDACTED] Sacramento, CA 95814	FIL			50.00

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

SUBTOTAL \$ 726.40

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☒ Date qualification threshold met

2 / 7 / 2020

☒ Amendment

Date qualification threshold met

2 / 10 / 2020

☐ Termination – See Part 5

Date of termination

Date Stamp
RECEIVED

FEB 10 2020

KATHLEEN WILLIAMS,
PLUMAS CO. CLERK-RECORDER

CALIFORNIA
FORM **410**

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

1423939

NAME OF COMMITTEE

Mike Grant for Supervisor Dist. Two 2020

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Quincy

STATE

CA

ZIP CODE

95971

AREA CODE/PHONE

530-283-3268

FULL MAILING ADDRESS (IF DIFFERENT)

Same

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

mgrant@digitalpath.net

COUNTY OF DOMICILE

Plumas

JURISDICTION WHERE COMMITTEE IS ACTIVE

Plumas County

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Becky Grant

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Quincy

STATE

CA

ZIP CODE

95971

EA CODE/PHONE

530-283-3268

NAME OF ASSISTANT TREASURER, IF ANY

John Kolb

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Quincy

STATE

CA

ZIP CODE

95971

AREA CODE/PHONE

530-283-1931

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 2/10/20

DATE

By

Executed on 2/10/20

DATE

By

Executed on

DATE

By

Executed on

DATE

By

SIGNATURE OF TREASURER, ASSISTANT TREASURER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME

Mike Grant for Supervisor Dist. Two 2020

I.D. NUMBER

1423939

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION US Bank	AREA CODE/PHONE 530-283-6610	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY Quincy	STATE CA
		ZIP CODE 95971

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
Michael Grant	Supervisor District 2	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER

1423939

COMMITTEE NAME

Mike Grant for Supervisor Dist. Two 2020

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

☐

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination – See Part 5

Date of termination

RECEIVED AND FILED
In the Office of the Secretary of State
of the State of California

JAN 06 2020

CALIFORNIA
FORM 410

JAN 27 2020

KATHLEEN WILLIAMS,
PLUMAS CO. CLERK-RECORDER

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Mike Grant for Supervisor Dist. Two 2020

STREET ADDRESS (NO P.O. BOX)

CITY

Quincy

STATE

CA

ZIP CODE

95971

AREA CODE/PHONE

530-283-3268

FULL MAILING ADDRESS (IF DIFFERENT)

Same

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

mgrant@digitalpath.net

COUNTY OF DOMICILE

Plumas

JURISDICTION WHERE COMMITTEE IS ACTIVE

Plumas County

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Becky Grant

STREET ADDRESS (NO P.O. BOX)

CITY

Quincy

STATE

CA

ZIP CODE

95971

AREA CODE/PHONE

530-283-3268

NAME OF ASSISTANT TREASURER, IF ANY

John Kolb

STREET ADDRESS (NO P.O. BOX)

CITY

Quincy

STATE

CA

ZIP CODE

95971

AREA CODE/PHONE

530-283-1931

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is correct.

Executed on 1/3/20

DATE

Executed on 1/3/20

DATE

Executed on

DATE

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

TREASURER OR ASSISTANT TREASURER

HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME

Mike Grant for Supervisor Dist. Two 2020

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
US Bank	530-283-6610		
ADDRESS	CITY	STATE	ZIP CODE
	Quincy	CA	95971

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Michael Grant	Supervisor District 2	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER

COMMITTEE NAME

Mike Grant for Supervisor Dist. Two 2020

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

☐ _____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
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- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Statement of Organization
Recipient Committee**

Statement Type

☒ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination – See Part 5

Date of termination

RECEIVED

DEC 12 2019

KATHLEEN WILLIAMS,
PLUMAS CO. CLERK-RECORDER

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Mike Grant for Supervisor Dist. Two 2020

STREET ADDRESS (NO P.O. BOX)

CITY

Quincy

STATE

CA

ZIP CODE

95971

AREA CODE/PHONE

530-283-3268

FULL MAILING ADDRESS (IF DIFFERENT)

Same

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

mgrant@digitalpath.net

COUNTY OF DOMICILE

Plumas

JURISDICTION WHERE COMMITTEE IS ACTIVE

Plumas County

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Becky Grant

STREET ADDRESS (NO P.O. BOX)

CITY

Quincy

STATE

CA

ZIP CODE

95971

AREA CODE/PHONE

Plumas

NAME OF ASSISTANT TREASURER, IF ANY

John Kolb

STREET ADDRESS (NO P.O. BOX)

CITY

Quincy

STATE

CA

ZIP CODE

95971

AREA CODE/PHONE

530-283-1931

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is true and correct.

Executed on

12-8-19
DATE

By

Executed on

12/8/19
DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2

I.D. NUMBER

COMMITTEE NAME

Mike Grant for Supervisor Dist. Two 2020

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
US Bank	530-283-6610		
ADDRESS	CITY	STATE	ZIP CODE
	Quincy	CA	95971

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Michael Grant	Supervisor District 2	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2

I.D. NUMBER

COMMITTEE NAME

Mike Grant for Supervisor Dist. Two 2020

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NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
US Bank	530-283-6610		
ADDRESS	CITY	STATE	ZIP CODE
	Quincy	CA	95971

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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Michael Grant	Supervisor District 2	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

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CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

FILED

Date Stamp

DEC 05 2019

CALIFORNIA
FORM 501

For Official Use Only

KATHLEEN WILLIAMS

BY

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

GRANT, MICHAEL D

530 284 3222

STREET ADDRESS

CITY

STATE

ZIP CODE

[REDACTED]

QUINCY

CA

95971

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

COUNTY SUPERVISOR

2

PARTY PREFERENCE:

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)☐ City☒ County☐ Multi-County:

(Name of Multi-County Jurisdiction)

2020
(Year of Election)☒ PRIMARY / GENERAL☐ SPECIAL / RUNOFF

X State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

12/5/19
(month, day, year)

Signature

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination – See Part 5

Date of termination

BY

FILED

Date Stamp

DEC 05 2019

KATHLEEN WILLIAMS.

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

MICHAEL GRANT

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

QUINCY

CA

95711

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

mggrant@digitalath.net

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

PLUMAS

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is true and correct.

Executed on

DATE

By

OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT