

## 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 2/7/20	Date Stamp <b>FILED</b>	CALIFORNIA FORM <b>497</b>
AREA CODE/PHONE NUMBER 530-283-3268	I.D. NUMBER (if applicable) 1423939	Report No. 1	For Official Use Only	
STREET ADDRESS 3094 Chandler Rd		FEB 10 2020		
CITY Quincy	STATE CA	ZIP CODE 95971	KATHLEEN WILLIAMS, PLUMAS CO. ORDER REPLTY	

## 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

Reason for Amendment: \_\_\_\_\_

\* 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 497 (Feb/2019)  
 FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

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**

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

STREET ADDRESS (NO P.O. BOX)

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 Plumas County

NAME OF TREASURER

Becky Grant

STREET ADDRESS (NO P.O. BOX)

Quincy CA 95971 530-283-3268

NAME OF ASSISTANT TREASURER, IF ANY

John Kolb

STREET ADDRESS (NO P.O. BOX)

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

and correct.

Executed on 12/23/20

E

OF TREASURER OR ASSISTANT TREASURER

Executed on 12/23/20

E

OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov

RECEIVED

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 [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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE	
			Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>
Michael Grant	Supervisor District 2	2020	Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>
			Nonpartisan <input type="checkbox"/>	Partisan <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 <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**

**CALIFORNIA  
FORM 410**

Page 2

INSTRUCTIONS ON REVERSE

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 <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>
Michael Grant	Supervisor District 2	2020	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**

**CALIFORNIA  
FORM 410**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

I.D. NUMBER

Mike Grant for Supervisor Dist. Two 2020

1423939

**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,  
PLUMAS CO. CLERK-RECORDER  
BY [REDACTED] [REDACTED] [REDACTED]

## Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

		COVER PAGE	
		Date Stamp	CALIFORNIA FORM 460
		Page _____ of _____	For Official Use Only

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

### 2. Type of Statement:

<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input checked="" type="checkbox"/> Termination Statement	
(Also file a Form 410 Termination)	
<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)

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 declare under penalty of perjury that 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 following statements are true and correct.

Executed on 12/23/20 Date [REDACTED]

Assistant Treasurer [REDACTED]

Executed on 12/23/20 Date [REDACTED]

Measure Proponent or Responsible Officer of Sponsor [REDACTED]

Executed on Date [REDACTED]

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on Date [REDACTED]

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

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

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

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?

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

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*

FPPC Form 460 (Jan/2016)

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

[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

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

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.....	<i>Schedule A, Line 3</i>	\$ <u>1,271.86</u>	\$ <u>6,288.26</u>
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ <u>1,271.86</u>	\$ <u>6,288.26</u>
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ <u>1,271.86</u>	\$ <u>6,288.26</u>

**Expenditures Made**

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

**Current Cash Statement**

12. Beginning Cash Balance.....	<i>Previous Summary Page, Line 16</i>	\$ <u>831.90</u>
13. Cash Receipts.....	<i>Column A, Line 3 above</i>	\$ <u>1,271.86</u>
14. Miscellaneous Increases to Cash.....	<i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$ <u>2,103.76</u>
16. ENDING CASH BALANCE.....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>0.00</u>

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

17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Part 2</i>	\$ <u>0</u>
-----------------------------------	---------------------------	-------------

**Cash Equivalents and Outstanding Debts**

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

**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	\$ _____

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Total to Date
Date of Election (mm/dd/yy)	
/ /	\$ _____
/ /	\$ _____

\*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

**460**

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

CALIFORNIA FORM  
Page 1 of 1

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 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				
<b>SUBTOTAL \$</b>				<b>1,271.87</b>		

**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

**Schedule B – Part 1**  
**Loans Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

CALIFORNIA  
FORM  
Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER  
1423939

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)	(b) 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	\$ _____	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	\$ _____	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	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS</b> \$      \$      \$      \$								

**Schedule B Summary**

1. Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
2. 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.)
3. 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.

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

(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 (866/275-3772)  
www.fppc.ca.gov

**Schedule B – Part 2**  
**Loan Guarantors**

Amounts may be rounded  
 to whole dollars.

SCHEDULE B - PART 2

**460**

Statement covers period from <u>9/11/20</u>	CALIFORNIA FORM
through <u>12/23/20</u>	Page <u>      </u> of <u>      </u>

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 <hr/> DATE <hr/>		CALENDAR YEAR <hr/> \$ _____ PER ELECTION (IF REQUIRED) <hr/> \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> \$ _____ PER ELECTION (IF REQUIRED) <hr/> \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> \$ _____ PER ELECTION (IF REQUIRED) <hr/> \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> \$ _____ PER ELECTION (IF REQUIRED) <hr/> \$ _____	
<b>SUBTOTAL \$</b>					Enter on Summary Page, Line 17 only.	

**Schedule C**  
**Nonmonetary Contributions Received**

Amounts may be rounded  
 to whole dollars.

SCHEDULE C

**460**

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

CALIFORNIA  
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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**

1. Amount received this period – itemized nonmonetary contributions.  
 (Include all Schedule C subtotals.).....\$ \_\_\_\_\_
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ \_\_\_\_\_
3. 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**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA	SCHEDULE D
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		1423939	

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				
<b>SUBTOTAL \$</b>						

**Schedule D Summary**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ .....
2. Unitemized contributions and independent expenditures made this period of under \$100..... \$ .....
3. 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

CALIFORNIA  
FORM **460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

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

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1423939

**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.)	<b>TOTAL \$ 2,103.76</b>

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.

SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

Michael Grant (Grant for Supervisor Dist. Two 2020)

**SCHEDULE E (CONT.)**

Statement covers period from <u>9/11/20</u>	CALIFORNIA FORM <b>460</b>
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**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

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>9/11/20</u>	CALIFORNIA FORM <b>460</b>
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<b>CODES:</b> 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**

1. 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 \$** \_\_\_\_\_
2. 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 \$** \_\_\_\_\_
3. 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.**

**SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER**

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

**NAME OF AGENT OR INDEPENDENT CONTRACTOR**

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

**CALIFORNIA  
FORM**

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Page \_\_\_\_\_ of \_\_\_\_\_

**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](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://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 **460**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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	_____ % \$ _____ DATE INCURRED	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____ % \$ _____ 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.				<b>SUBTOTALS</b>	\$ _____	\$ _____	\$ _____	

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

**Schedule H Summary**

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

\*\*If Required

**Schedule I**  
**Miscellaneous Increases to Cash**

Amounts may be rounded  
 to whole dollars.

Statement covers period		CALIFORNIA	SCHEDULE I
from	9/11/20	FORM	<b>460</b>
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 NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

I.D. NUMBER  
 1423939

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

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule I Summary**

1. Itemized increases to cash this period. ....\$ .....
2. Unitemized increases to cash of under \$100 this period. ....\$ .....
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e)) ....\$ .....
4. 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](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Statement of Organization  
Recipient Committee**

**Statement Type**

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	
____ / ____ / ____	9 / 10 / 2020	____ / ____ / ____

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)

STREET ADDRESS (NO P.O. BOX)

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

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

FULL MAILING ADDRESS (IF DIFFERENT)

Same

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

mgrant@digitalpath.net

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

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Plumas

Plumas County

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 9/10/20

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/10/20

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on                   

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on                   

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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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 [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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY		(list political party below)
			Nonpartisan	Partisan	
Michael Grant	Supervisor District 2	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<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	
		<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**

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input checked="" type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
2 / 7 / 2020	2 / 10 / 2020	/ /

Date Stamp  
RECEIVED AND FILED  
ON THE OFFICE OF THE ATTORNEY GENERAL  
OR THE STATE OF CALIFORNIA  
FEB 12 2020

**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

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

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 2/10/20

By

CONTROLLING OFFICER OR ASSISTANT TREASURER

Executed on 2/10/20

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on DATE By \_\_\_\_

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on DATE By \_\_\_\_

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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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 [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"/>	(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	
		<input type="checkbox"/>	<input type="checkbox"/>
		<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 2/7/20	FILED	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 530-283-3268	I.D. NUMBER (if applicable) 1423939	Report No. 1	Date Stamp FEB 10 2020	
STREET ADDRESS [REDACTED]		For Official Use Only		
CITY Quincy	STATE CA	ZIP CODE 95971	KATHLEEN WILLIAMS, PLUMAS ORDER BY1	DEPUTY

## 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  <input type="checkbox"/> 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  <input type="checkbox"/> 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  <input type="checkbox"/> Provide interest rate

Reason for Amendment: \_\_\_\_\_

\* 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

**Recipient Committee  
Campaign Statement  
Cover Page**

SEE INSTRUCTIONS ON REVERSE

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Page 1 of 12

For Official Use Only

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

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

Date Stamp

**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"/> Primarily Formed Ballot Measure Committee	<input type="checkbox"/> Preelection Statement
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Controlled	<input checked="" type="checkbox"/> Semi-annual Statement
<input type="radio"/> Recall	<input type="radio"/> Sponsored	<input type="checkbox"/> Quarterly Statement
(Also Complete Part 5)	(Also Complete Part 6)	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee	<input type="checkbox"/> Termination Statement (Also file a Form 410 Termination)
<input type="radio"/> Sponsored	(Also Complete Part 7)	<input type="checkbox"/> Amendment (Explain below)
<input type="radio"/> Small Contributor Committee		
<input type="radio"/> Political Party/Central Committee		

**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

**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

By \_\_\_\_\_ Treasurer \_\_\_\_\_

Executed on 2/12/20  
Date

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State 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  
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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	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)	AREA CODE/PHONE
-------------------	------------------------------	-----------------

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)	AREA CODE/PHONE
-------------------	------------------------------	-----------------

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*

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>2/11/20</u>	CALIFORNIA <b>460</b>
through <u>9/10/20</u>	FORM
Page <u>3</u> of <u>12</u>	I.D. NUMBER <u>1423939</u>

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)	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	Joesph 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				
<b>SUBTOTAL \$</b>						

**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.

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

 CALIFORNIA **460**  
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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"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____ % RATE	\$ _____	\$ _____ 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 \$ _____	\$ _____	_____ % RATE	\$ _____	DATE INCURRED \$ _____ CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____ % RATE	\$ _____	\$ _____ 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 \$ _____	\$ _____	_____ % RATE	\$ _____	DATE INCURRED \$ _____ CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS</b> \$      \$      \$      \$								

 (Enter (e) on  
Schedule E, Line 3)
**Schedule B Summary**

1. Loans received this period ..... \$ 0  
 (Total Column (b) plus unitemized loans of less than \$100.)
2. 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.)
3. 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.

**Schedule B – Part 2**  
**Loan Guarantors**

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

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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) \$ _____	
				<b>SUBTOTAL \$</b>	Enter on Summary Page, Line 17 only.	

**Schedule C**  
**Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

**460**

Statement covers period  
from 2/11/20

through 9/10/20

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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 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					
		<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**

1. Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.).....\$ .....
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ .....
3. 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

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Statement covers period  
from 2/11/20

through 9/10/20

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				
<b>SUBTOTAL \$</b>						

**Schedule D Summary**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ \_\_\_\_\_
2. Unitemized contributions and independent expenditures made this period of under \$100..... \$ \_\_\_\_\_
3. 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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

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

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1423939

**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	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.).....	<b>TOTAL \$ 1,187.50</b>

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

 Amounts may be rounded  
 to whole dollars.

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

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

I.D. NUMBER  
1423939
**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**

1. 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 \$**
2. 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 \$**
3. 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 H**  
**Loans Made to Others\***

 Amounts may be rounded  
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

Statement covers period from <u>2/11/20</u>	CALIFORNIA FORM <b>460</b>
through <u>9/10/20</u>	Page <u>10</u> of <u>12</u>
I.D. NUMBER <u>1423939</u>	

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**

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

\*\*If Required

(May be a negative number)

## **Schedule I**

### **Miscellaneous Increases to Cash**

**Amounts may be rounded to whole dollars.**

**SCHEDULE I**

460

**CALIFORNIA  
FORM**

Page 12 of 12

**I.D. NUMBER**

1423939

SEE INSTRUCTIONS ON REVERSE

---

**NAME OF FILER**

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

1. Itemized increases to cash this period. .... \$ .....  
2. Unitemized increases to cash of under \$100 this period. .... \$ .....  
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$ .....  
4. 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 — 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
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
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 PROPOSER

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

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

**Contributions Received**

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

**Expenditures Made**

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

**Current Cash Statement**

12. Beginning Cash Balance .....	<i>Previous Summary Page, Line 16</i>	\$ 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).
13. Cash Receipts .....	<i>Column A, Line 3 above</i>	\$ 4,616.40	
14. Miscellaneous Increases to Cash .....	<i>Schedule I, Line 4</i>	\$ 0	
15. Cash Payments .....	<i>Column A, Line 8 above</i>	\$ 2,986.91	
16. ENDING CASH BALANCE .....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 1,629.49	

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

17. LOAN GUARANTEES RECEIVED .....	<i>Schedule B, Part 2</i>	\$ 0
------------------------------------	---------------------------	------

18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$ 0
---------------------------	------------------------------------	------

19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 0
----------------------------	--	------

**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	\$ _____

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Total to Date
Date of Election (mm/dd/yy)	\$ _____
/ /	\$ _____

\*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

**460**

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

CALIFORNIA FORM

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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 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	
<b>SUBTOTAL \$</b>					<b>1,940</b>	

**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>	CALIFORNIA <b>460</b>
through <u>2/10/20</u>	FORM
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I.D. NUMBER <u>1423939</u>	

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)
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				
<b>SUBTOTAL \$</b>				<b>2,676.40</b>		

\*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.**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Grant (Grant for Supervisor Dist. Two 2020)

**Statement covers period**  
**from** 12/5/19
**through** 2/10/20
**CALIFORNIA  
FORM**
**460**
**Page**        **of**       

I.D. NUMBER

1423939

**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.).....	<b>TOTAL \$</b>	<b>2,986.91</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

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

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
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



Statement of Organization  
Recipient Committee

Statement Type

Initial

Not yet qualified  
or

Date qualification threshold met

2 / 7 / 2020

Amendment

Termination – See Part 5

Date qualification threshold met

2 / 10 / 2020

Date of termination

/ /

KATHLEEN WILLIAMS,

PLUMAS CO. CLERK-RECORDER

Date Stamp

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FEB 10 2020

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

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

NAME OF TREASURER

Becky Grant

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EA 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 foregoing is true and correct.

Executed on 2/10/20

DATE

By

Executed on 2/10/20

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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

R32 1423939

Statement Type

Initial

Not yet qualified  
or  
 Date qualification threshold met

Amendment

Termination – See Part 5

Date qualification threshold met

Date of termination

1. Committee Information

I.D. Number  
(if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Mike 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

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 1/3/20

DATE

Executed on 1/3/20

DATE

Executed on  

DATE

Executed on  

DATE

TREASURER OR ASSISTANT TREASURER

OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

RECEIVED AND FILED

In the office of the Secretary of State  
of the State of California

CALIFORNIA  
FORM

410

RECEIVED  
For Official Use Only

JAN 06 2020

JAN 27 2020

KATHLEEN WILLIAMS,  
PLUMAS CO. CLERK RECORDER

RECEIVED  
For Official Use Only

JAN 27 2020

KATHLEEN WILLIAMS,  
PLUMAS CO. CLERK RECORDER

RECEIVED  
For Official Use Only

JAN 27 2020

KATHLEEN WILLIAMS,  
PLUMAS CO. CLERK RECORDER

RECEIVED  
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**Statement of Organization  
Recipient Committee**

**CALIFORNIA  
FORM**

**410**

INSTRUCTIONS ON REVERSE

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 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"/>	(list political party below)
			<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

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 Date qualification threshold met

Amendment

Termination – See Part 5

Date of termination

DEC 12 2019  
KATHLEEN WILLIAMS,  
PLUMAS CO. CLERK-RECORDER

**CALIFORNIA  
FORM**

**410**

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**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 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

*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 12-8-19 By REDACTED

RECEIVER OR ASSISTANT TREASURER

Executed on 12/8/19 By REDACTED

CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on   By REDACTED

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on   By REDACTED

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

FPPC Form 410 (August/2018)

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

[www.fppc.ca.gov](http://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

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

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

**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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY		(list political party below)
			Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	
Michael Grant	Supervisor District 2	2020	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

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

# Candidate Intention Statement

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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

DEC 05 2019

KATHLEEN WILLIAMS

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BY

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

GRANT, MICHAEL D

DAYTIME TELEPHONE NUMBER

530 283 3262

FAX NUMBER (optional)

( ) -

EMAIL (optional)

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:

(Check one box, if applicable.)

PRIMARY / GENERAL

SPECIAL / RUNOFF

OFFICE JURISDICTION

State (Complete Part 2.)

City

County  Multi-County:

(Name of Multi-County Jurisdiction)

2020

(Year of Election)

## 2. 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 information contained above is true and correct.

Executed on 12/15/19  
(month, day, year)

Signature

**Statement of Organization  
Recipient Committee**

**Statement Type**

Initial       Amendment       Termination – See Part 5  
 Not yet qualified  
or  
 Date qualification threshold met      Date qualification threshold met  
\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_

**FILED**  
Date Stamp

**CALIFORNIA  
FORM 410**

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DEC 05 2019

KATHLEEN WILLIAMS.

Date of termi  
\_\_\_\_/\_\_\_\_/\_\_\_\_

BY  
[REDACTED]

**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      95971

FULL MAILING ADDRESS (IF DIFFERENT)

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

Margate@digitalpath.net

COUNTY OF DOMICILE

Plumas

JURISDICTION WHERE COMMITTEE IS ACTIVE

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 12/5/19 By \_\_\_\_\_

\_\_\_\_\_  
F T R E A S U R E R O R A S S I S T A N T T R E A S U R E R

Executed on \_\_\_\_\_ By \_\_\_\_\_  
\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER