Officeholder, Candidate and Controlled Committee Campaign Statement -- Long Form

(Government Code Sections 84200 - 84216.5)

Statement covers period from 01/01/97 through 06/30/97

Date Stamp

CALIFORNIA 1994 FORM 490

Page 1 of 3

A For Official Use Only

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

- ☐ Pre-election Statement
- ☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- ☐ Special Odd-Year Campaign Report
- ☑ Semi-annual Statement
- ☐ Termination Statement (Attach a completed Form 415 to this statement.)

I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICHOLDER OR CANDIDATE: Margaret K. Pryor

OFFICE SOUGHT OR HELD: (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Director, B.A.R.T., District #4

RESIDENTIAL OR BUSINESS ADDRESS: (NO. AND STREET): 2736 77th Avenue

CITY: Oakland STATE: CA ZIP CODE: 94605 AREA CODE/DAYTIME PHONE: (510) 638-3999

COMMITTEE NAME: Friends of Margaret Pryor I.D. NUMBER: 802197

COMMITTEE ADDRESS: (NO. AND STREET): 5940 College Ave., Ste. C

CITY: Oakland STATE: CA ZIP CODE: 94618 AREA CODE/DAYTIME PHONE: (510) 652-1000

NAME OF TREASURER: Margaret K. Pryor

PERMANENT ADDRESS OF TREASURER: (NO. AND STREET): 2736 77th Avenue

CITY: Oakland STATE: CA ZIP CODE: 94605 AREA CODE/DAYTIME PHONE: (510) 638-3999

II Other Committees Not Included in this Statement:

List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME: I.D. NUMBER:

NAME OF TREASURER: CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS: (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME: I.D. NUMBER:

NAME OF TREASURER: CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS: (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 6-30-97 (DATE) At Oakland, CA (CITY AND STATE) By [signature] (SIGNATURE OF TREASURER)

I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the 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 6-30-97 (DATE) At Oakland, CA (CITY AND STATE) By [signature] (SIGNATURE OF CANDIDATE/OFFICEHOLDER)

Executed on _____ (DATE) At _____ (CITY AND STATE) By _____ (SIGNATURE OF CANDIDATE/OFFICEHOLDER)

Executed on _____ (DATE) At _____ (CITY AND STATE) By _____ (SIGNATURE OF CANDIDATE/OFFICEHOLDER)

Campaign Disclosure Statement
Summary Page

Statement covers period from 01/01/97 through 06/30/97

CALIFORNIA 1994 FORM 490

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Margaret K. Pryor, Friends of Margaret Pryor

I.D. NUMBER 802197

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	*Schedule A, Line 3*	$ 0.00	$ 0.00	$ 0.00
2. Loans Received	*Schedule B, Line 7*	0.00	6,555.50	6,555.50
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 0.00	$ 6,555.50	$ 6,555.50
4. Non-monetary Contributions	*Schedule C, Line 3*	0.00	0.00	0.00
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)	*Add Lines 3 + 4*	$ 0.00	$ 6,555.50	$ 6,555.50
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	*Schedule D, Line 7*	0.00	0.00	0.00
7. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 5 + 6*	$ 0.00	$ 6,555.50	$ 6,555.50

Expenditures Made

8. Cash Payments (Other than Loans Made)	*Schedule E, Line 5*	$ 2,060.00	$ 0.00	$ 2,060.00
9. Loans Made	*Schedule H, Line 7*	0.00	0.00	0.00
10. SUBTOTAL CASH PAYMENTS	*Add Lines 8 + 9*	$ 2,060.00	$ 0.00	$ 2,060.00
11. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 5*	0.00	0.00	0.00
12. TOTAL EXPENDITURES MADE	*Add Lines 10 + 11*	$ 2,060.00	$ 0.00	$ 2,060.00

Current Cash Statement

13. Beginning Cash Balance	*Previous Summary Page, Line 17*	$ 3,670.31
14. Cash Receipts	*Column A, Line 3 above*	0.00
15. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
16. Cash Payments	*Column A, Line 10 above*	2,060.00
17. **ENDING CASH BALANCE**	*Add Lines 13 + 14 + 15, then subtract Line 16*	$ 1,610.31 ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

If this is a Termination Statement, Line 17 must be zero.

*From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

18. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 1, Column (b)* $ 0.00

Cash Equivalents and Outstanding Debts

19. Cash Equivalents		$ 0.00
20. Outstanding Debts	*Add Line 2 + Line 11 in Column C above*	$ 6,555.50

Summary for Candidates in Both June and November Elections

	1/1 thru 6/30	7/1 to Date
21. Contributions Received $	0.00	0.00
22. Expenditures Made ..... $	0.00	0.00

Schedule E
Payments and Contributions (Other Than Loans) Made

Statement covers period
from 01/01/97
through 06/30/97

CALIFORNIA 1997-1 FORM 490

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Margaret K. Pryor, Friends of Margaret Pryor

I.D. NUMBER
802197

CODES FOR CLASSIFYING EXPENDITURES

"C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
"I" -- INDEPENDENT EXPENDITURES
"L" -- LITERATURE
"B" -- BROADCAST ADVERTISING
"N" -- NEWSPAPER AND PERIODICAL ADVERTISING
"O" -- OUTSIDE ADVERTISING
"S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
"F" -- FUNDRAISING EVENTS
"G" -- GENERAL OPERATIONS AND OVERHEAD
"T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
"P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Levy & Henderson, CPA 5940 College Avenue, Suite C Oakland, CA 94618	G	500.00	500.00
Martin Eber, Attorney at Law 650 California Street, 22nd Floor San Francisco, CA 94108	G	1,500.00	1,500.00

SUBTOTAL $ 2,000.00

Payments and Contributions Made Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 2,000.00
2. Payments made this period of under $100. (Do not itemize.) ..... $ 60.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column(d).) ..... $ 0.00
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) ..... $ 0.00
5. Total payments made this period. (Add Lines 1, 2, 3 and 4. Enter here and on the Summary Page, Column A, Line 8.) ..... **TOTAL** $ 2,060.00