[ms-0398.003.006.001]

Form 405
1981

For use by persons amending statements filed pursuant to Government Code Section 84200–84217. This form must be filed with all filing officers who received the statement being amended.

I. The information required in Section I must correspond to the information provided on the campaign statement.

A OFFICIAL USE ONLY

NAME OF COMMITTEE OR CANDIDATE: Citizens for Leon Williams

I.D. NO. (IF APPLICABLE) 810934

ADDRESS OF COMMITTEE OR CANDIDATE: NO. AND STREET CITY STATE ZIP CODE: 832 Fifth Avenue #1 San Diego, Ca 92101

AREA CODE PHONE NUMBER: 714-232-8329

NAME OF TREASURER (IF APPLICABLE): William Grote

PERMANENT ADDRESS OF TREASURER (IF APPLICABLE): NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER: Same as above

II. The following information amends campaign disclosure statement, Form No. _____, Executed on _____ (MO., DAY, YR.)

for the period _____ to _____.

Statement of Organization

III. The amended information affects items on the:

[ ] Front Page [ ] Summary [ ] Schedule(s) _____

IV. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement.

Date qualified should read October 9, 1981.

V. Reason for amendment:

Include additional information on reverse side or on appropriately labeled continuation sheets. (Number of pages attached____)

C

D

E

F

VERIFICATION

I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and that I have used all reasonable diligence in their preparation.

Executed on October 29 1981 (DATE) at San Diego Calif. (CITY AND STATE) by William Grote (SIGNATURE OF TREASURER)

A candidate or officeholder who controls a committee must also verify the campaign statement.

I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and the treasurer of this committee has used all reasonable diligence in the preparation of this statement and its schedules.

X Executed on 11/5/81 (DATE) at San Diego Ca (CITY AND STATE) by [signature] (SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act," Part X.

March Fong Eu
Secretary of State

1230 J Street
P.O. Box 1467
Sacramento, California 95807

Political Reform Division
(916) 322-4880

September 11, 1981

SEP 14 1981

Mr. William Grote, Treasurer
Citizens For Leon Williams
ID# 810934
7894 Dagget Street, Suite 104
San Diego, CA 92111

Dear Mr. Grote:

Thank you for filing your Recipient Committee Statement of Organization (Form 410) executed on August 28, 1981. This letter is to note the results of our review of the Statement of Organization and to assign your committee identification number.

REVIEW OF STATEMENT OF ORGANIZATION

As required by the Political Reform Act of 1974, we have reviewed your statement to determine whether it conforms on its face with the disclosure requirements. We have noted the following to assist you in complying with the requirements of the law. Enclosed is an Amendment to Campaign Disclosure Statement (Form 405) which should be completed, signed, and returned to our office to reflect any changes in your original statement. Please reply within fifteen days to this request.

"Date Qualified as Committee" Omitted

"Date Qualified" refers to the date on which your committee received contributions totalling $500 or more during a calendar year. Please provide the COMPLETE DATE (day, month, year) on which the committee received $500 or more in contributions.

ASSIGNMENT OF COMMITTEE IDENTIFICATION NUMBER

Your committee's identification number is 810934. All correspondence and future campaign disclosure statements must include this identification number. Your committee should also advise candidates and committees to which you make contributions or expenditures of your identification number.

If you have any questions pertaining to this letter, please contact Ms. Marja Kazarian at (916) 322-0397.

Sincerely,

DAVID B. PITMAN, Manager
Political Reform Division

cc: Fair Political Practices Commission

FILE AN ORIGINAL AND ONE COPY OF THIS FORM WITH:

Secretary of State
Political Reform Division
P. O. Box 1467
Sacramento, CA 95807

Form 410
1981

STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)

(Government Code Section 84101-84103)

(Type or Print in Ink)

FULL NAME OF COMMITTEE:	IF AMENDMENT, INCLUDE I.D. NO.:
CITIZENS FOR LEON WILLIAMS	

STREET ADDRESS OF COMMITTEE: (NOT P.O. BOX) NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER

7894 Dagget Street, Ste. 104 ,San Diego, California 92111 714-268-8028

DATE QUALIFIED AS COMMITTEE (MO., DAY, YR.):	A OFFICIAL USE ONLY	B OFFICIAL USE ONLY

I TREASURER AND OTHER PRINCIPAL OFFICERS

POSITION	NAME AND PERMANENT STREET ADDRESS	(AREA CODE) PHONE NO.
TREASURER	WILLIAM (Bill) Grote, 5175 Canterbury Drive,San Diego,Ca 92116	714 280-7079

Attach additional information on appropriately labeled continuation sheets.

II IS THIS A CONTROLLED COMMITTEE?

(A controlled committee is one which is controlled directly or indirectly by a candidate or which acts jointly with a candidate or controlled committee in connection with the making of expenditures. A candidate controls a committee, if he, his agent or any other committee he controls, has significant influence on the actions or decisions of the committee.)

[X] YES (Complete Section III) [ ] NO (Section III is not applicable)

III CANDIDATES AND COMMITTEES BY WHICH THIS COMMITTEE IS CONTROLLED OR WITH WHICH IT ACTS JOINTLY

FOR OFFICIAL USE ONLY	NAME OF CANDIDATE OR COMMITTEE	IDENTIFICATION NUMBER OF COMMITTEE OR TREASURER'S NAME AND PERMANENT STREET ADDRESS
	Leon L. Williams	

Attach additional information on appropriately labeled continuation sheets.

IV ORGANIZATIONS, IF ANY, WITH WHICH THIS COMMITTEE IS AFFILIATED OR CONNECTED

NAME AND STREET ADDRESS	(AREA CODE) PHONE NO.

Attach additional information on appropriately labeled continuation sheets.

YOU MUST COMPLETE THE VERIFICATION ON PAGE 2

For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act," Part X.

CITIZENS FOR LEON WILLIAMS

V CANDIDATES AND MEASURES SUPPORTED OR OPPOSED AS A PRINCIPAL ACTIVITY OF THE COMMITTEE

CANDIDATE'S NAME/MEASURE'S FULL TITLE INCLUDING BALLOT NUMBER OR LETTER	SUPPORT	OPPOSE	CANDIDATE'S OFFICE/MEASURE'S LOCATION (Include district number, city or county, as applicable.)
Leon L. Williams	XX		District 4, Board of Supervisors

Attach additional information on appropriately labeled continuation sheets.

VI COMMITTEE'S PRINCIPAL ACTIVITY WHEN NOT SUPPORTING OR OPPOSING SPECIFIC CANDIDATES OR MEASURES

Attach additional information on appropriately labeled continuation sheets.

VII IN THE EVENT OF TERMINATION, WHAT DISPOSITION WILL BE MADE OF SURPLUS FUNDS?

As directed

VERIFICATION

I declare under penalty of perjury that to the best of my knowledge this statement is true, correct and complete and that I have used all reasonable diligence in its preparation.

Executed on 8/28/8 (DATE) at San Diego, Calif. (CITY AND STATE) by Virginia Grote (SIGNATURE OF TREASURER)