[ms-0398.004.006.005]

CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT -- LONG FORM AND CONSOLIDATED CAMPAIGN STATEMENT

(Government Code Sections 84200-84217)
(Type or Print in Ink)

FORM 490
1989

Statement covers period 1/1/89 through 6/30/89

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED

- ☐ PRE-ELECTION STATEMENT
- ☒ SEMI-ANNUAL STATEMENT
- ☐ SUPPLEMENTAL PRE-ELECTION STATEMENT (If filing a Supplemental Pre-Election Statement, you must complete Form 495 and attach it to this statement.)
- ☐ TERMINATION STATEMENT Attach a Form 415 to this Form 490.

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE)

FOR OFFICIAL USE ONLY: A

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER: Leon Lawson Williams

OFFICE SOUGHT OR HELD: (Include location and district number if applicable) Fourth Supervisorial District

RESIDENTIAL OR BUSINESS ADDRESS: NO. AND STREET: 1600 Pacific Highway; CITY: San Diego; STATE: Ca.; ZIP CODE: 92101; AREA CODE/BUSINESS PHONE NUMBER: (619)531-5944

II CONTROLLED COMMITTEE* INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF COMMITTEE: Citizens for Leon Williams

I. D. NUMBER: 810934

ADDRESS OF COMMITTEE: NO. AND STREET: Post Office Box 33568; CITY: San Diego; STATE: Ca.; ZIP CODE: 92103; AREA CODE/BUSINESS PHONE NUMBER:

NAME OF TREASURER: William Grote

PERMANENT ADDRESS OF TREASURER: NO. AND STREET: 4743 Mountainbrook Road; CITY: Santa Ysabel; STATE: Ca.; ZIP CODE: 92070; AREA CODE/BUSINESS PHONE NUMBER: (619)765-0168

** 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 the candidate, the candidate's agent, or any other committee he or she controls, has significant influence on the actions or decisions of the committee.*

III OTHER COMMITTEES: LIST ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED STATEMENT WHICH ARE CONTROLLED BY YOU AND ANY COMMITTEES PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	CONTROLLED COMMITTEE? YES	NO
Friends of Leon Williams #890737	PO Box 33568 San Diego,Ca.92103	William Grote	X	

Attach additional information on appropriately labeled continuation sheets.

VERIFICATION

CANDIDATE OR OFFICEHOLDER:

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 7/27/89 (DATE) AT San Diego, Ca. (CITY AND STATE) BY [signature] (SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

TREASURER (if applicable):

I HAVE USED ALL REASONABLE DILIGENCE IN PREPARING 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 7/24/89 (DATE) AT Santa Ysabel, Ca. (CITY AND STATE) BY [signature] (SIGNATURE OF TREASURER)

CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE
FORM 490
(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD FROM 1/1/89 THROUGH 6/30/89

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: Citizens for Leon Williams

I.D. NUMBER 810934

CONTRIBUTIONS RECEIVED	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date (Columns A + B)
1. Monetary contributions	$	$ 250 (SCHEDULE A, LINE 3)	$ 250
2. Loans received	-0-	-0- (SCHEDULE B, LINE 7)	-0-
3. SUBTOTAL CASH RECEIPTS	$ (LINES 1 + 2)	$ 250 (LINES 1 + 2)	$ 250 (LINES 1 + 2)
4. Non-monetary contributions		-0- (SCHEDULE C, LINE 3)	-0-
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES	(LINES 3 + 4)	250 (LINES 3 + 4)	250 (LINES 3 + 4)
6. Enforceable Promises (Except loan guarantees, see Line 18 below)	-0-	-0- (SCHEDULE D, LINE 7)	-0-
7. TOTAL CONTRIBUTIONS	$ (LINES 5 + 6)	$ 250 (LINES 5 + 6)	$ 250 (LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B))
EXPENDITURES MADE			
8. Payments	$	$ 6,231 (SCHEDULE E, LINE 5)	$ 6,231
9. Loans Made	-0-	-0- (SCHEDULE EE, LINE 7)	-0-
10. SUBTOTAL	(LINES 8 + 9)	6,231 (LINES 8 + 9)	6,231 (LINES 8 + 9)
11. Accrued expenses (unpaid bills)	-0-	-0- (SCHEDULE F, LINE 5)	-0-
12. TOTAL EXPENDITURES	$ (LINES 10 + 11)	$ 6,231 (LINES 10 + 11)	$ 6,231 (LINES 10 + 11 (SHOULD EQUAL LINE 12, COLUMNS A + B))

***IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE BLANK EXCEPT FOR LINES 2, 6, 9 AND 11.**

STATEMENT OF CHANGES IN FINANCIAL CONDITION

13. Cash on hand at the beginning of this period. (Enter "Cash on hand at end of reporting period" from previous statement filed.)	$ 5,706	
14. Cash receipts this period (Line 3, Column B above)	250	
15. Miscellaneous increases to cash (Schedule G, Line 4)	1,188	
16. Cash payments this period (Line 10, Column B above)	6,231	
17. Cash on hand at end of reporting period (Lines 13 + 14 + 15 - 16 above) (If this is a Termination Statement, Line 17 must be Zero.)		$ 913 (ENDING CASH ON HAND SHOULD NOT BE A NEGATIVE AMOUNT)
18. Amount of loan guarantees received (Schedule B, Part I, Column (b))		$ 0
19. Cash equivalents (other assets held including outstanding loans made to others). **Important:** See instructions on reverse		$ 0
20. Outstanding debts (Line 2 + Line 11 of Column C above)		$ 0

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION *(See Instructions on Reverse)*

	1/1 THRU 6/30	7/1 TO DATE
21. CONTRIBUTIONS RECEIVED:		
22. EXPENDITURES MADE:		

SCHEDULE A
MONETARY CONTRIBUTIONS RECEIVED
FORM 490
(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 1/1/89 THROUGH 6/30/89

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: Citizens for Leon Williams

I.D. NUMBER 810934

DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	OCCUPATION / EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT: RECEIVED THIS PERIOD	AMOUNT: CUMULATIVE TO DATE
1/24/89	Dwain Kantor 2727 Camino del Rio South; #331 San Diego, Calif. 92108	Occupation: Real Estate Employer: self-Kantor Realty	$250	CALENDAR YEAR: $ 250 FISCAL YEAR: $
		Occupation: Employer:		CALENDAR YEAR: $ FISCAL YEAR: $
		Occupation: Employer:		CALENDAR YEAR: $ FISCAL YEAR: $
		Occupation: Employer:		CALENDAR YEAR: $ FISCAL YEAR: $
		Occupation: Employer:		CALENDAR YEAR: $ FISCAL YEAR: $
		Occupation: Employer:		CALENDAR YEAR: $ FISCAL YEAR: $
		Occupation: Employer:		CALENDAR YEAR: $ FISCAL YEAR: $
		SUBTOTAL	$	

SUMMARY

1. AMOUNT RECEIVED THIS PERIOD -- CONTRIBUTIONS OF $100 OR MORE (Include all Schedule A subtotals) ..... $ _____
2. AMOUNT RECEIVED THIS PERIOD -- CONTRIBUTIONS OF LESS THAN $100 (Not itemized) ..... _____
3. TOTAL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD (Line 1 + Line 2) Enter here and on Line 1, Column B of Summary Page ..... $ _____

SCHEDULE E
PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE
FORM 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 1/1/89 THROUGH 6/30/89

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: Citizens for Leon Williams

I.D. NUMBER 810934

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for code "T".) Refer to the back of this schedule and the back of the Schedule E Continuation Sheet for detailed explanations of each category.

"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
"P" – PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

IMPORTANT: Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of these 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 THE TREASURER'S NAME AND ADDRESS)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Colonnade Stationers Horton Plaza-4th & Broadway San Diego, Ca.92101	"L"		$134
San Diego Press Club 2423 Camino del Rio S., #202 San Diego, Ca.92108	"N"		120
Sheraton Hotel 1590 Harbor Island Drive San Diego, Ca.	"F"	Downpayment of 5/25/89 fundraiser	350
Chicano Federation 610-22 Street San Diego, Ca.92102	"N"		100
		SUBTOTAL	$ 704

SUMMARY

1. PAYMENTS OF $100 OR MORE MADE THIS PERIOD (Include all Schedule E subtotals) $5,867
2. PAYMENTS UNDER $100 THIS PERIOD (Not itemized) 364
3. TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS (Schedule B, Part 2, Column (d)) ..... -0-
4. TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Schedule F, Line 4) ..... -0-
5. TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line 8, Column B of Summary Page ..... $ 6,231

SCHEDULE E
PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE
(CONTINUATION SHEET)
FORM 490
(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 1/1/89 THROUGH 6/30/89

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:
Citizens for Leon Williams

I.D. NUMBER
810934

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. Refer to the back of this schedule for detailed explanations of each category.

"L" – LITERATURE
"B" – BROADCAST ADVERTISING
"N" – NEWSPAPER AND PERIODICAL ADVERTISING
"S" – SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
"O" – OUTSIDE ADVERTISING
"F" – FUNDRAISING EVENTS
"G" – GENERAL OPERATIONS AND OVERHEAD
"T" – TRAVEL, ACCOMMODATIONS AND MEALS
"P" – PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

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 THE TREASURER'S NAME AND ADDRESS)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
The Flannery Group 701 "B" Street, #1300 San Diego, Calif.92101	"F"	Marketing firm committed to the 5/25/89 fund-raiser.	$4,000
San Pasqual Winery 13455 San Pasqual Road Escondido,Ca.92024	"F"	Pre-payment of wine for 5/25/89 fundraiser.	963
Adkins Design 4918 No. Harbor Drive San Diego, Ca. 92101	"L"		200
		SUBTOTAL	$5,163

SCHEDULE G
MISCELLANEOUS INCREASES TO CASH
FORM 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 1/1/89 THROUGH 6/30/89

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: Citizens for Leon Williams

I.D. NUMBER 810934

DATE REC'D.	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	DESCRIPTION OF ADJUSTMENT	AMOUNT OF INCREASE TO CASH
1/2/89	Citizens for Leon Williams PO Box 33568 San Diego, Ca. 92103	Due to apparent accrued accounting errors, the sum last reported on the Summary Sheet as "Cash on Hand"($5706) differed from the actual bank balance ($6894) by the amount of $1188. Error (or difference) was not discovered until late January receipt of bank statement, so was not reported prior to this time.	$1188
		SUBTOTAL	$ 1188

SUMMARY

1. INCREASES TO CASH OF $100 OR MORE THIS PERIOD ..... $ 1188
2. INCREASES TO CASH UNDER $100 THIS PERIOD (Not itemized) ..... -0-
3. TOTAL OF ALL INTEREST RECEIVED THIS PERIOD ON LOANS MADE TO OTHERS (Schedule EE, Part 2 (b)) ..... -0-
4. TOTAL MISCELLANEOUS INCREASES TO CASH THIS PERIOD (Line 1 + 2 + 3) Enter here and on Line 15 of Summary Page ..... $ 1188