[ms-0398.005.004.002]

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

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

PAGE 1 OF 2

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Ans'd.....

FORM 490
1989

Statement covers period 7/1/89 through 12/31/89

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COUNTY OF SAN DIEGO
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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:	OFFICE SOUGHT OR HELD: (Include location and district number if applicable)
Leon Lawson Williams	Fourth Supervisorial District

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

II CONTROLLED COMMITTEE* INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF COMMITTEE:	I. D. NUMBER
Citizens for Leon Williams	810934

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

NAME OF TREASURER:
William Grote

PERMANENT ADDRESS OF TREASURER: NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/BUSINESS PHONE NUMBER
4743 Mountainbrook Road	Santa Ysabel	Ca.	92070	(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	P.O. Box 33568 San Diego,Ca.92103	Chris Miller	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 1/29/90 (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 1/20/90 (DATE) AT Santa Ysabel, Calif (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 7/1/89 THROUGH 12/31/89

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

I.D. NUMBER

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	$ -0- SCHEDULE A, LINE 3	$ 250
2. Loans received	-0-	-0- SCHEDULE B, LINE 7	-0-
3. SUBTOTAL CASH RECEIPTS	$250 LINES 1 + 2	$ -0- LINES 1 + 2	$ 250 LINES 1 + 2
4. Non-monetary contributions	-0-	-0- SCHEDULE C, LINE 3	-0-
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES	-250- LINES 3 + 4	-0- 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	$ 250 LINES 5 + 6	$ -0- LINES 5 + 6	$ 250 LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B)
EXPENDITURES MADE			
8. Payments	$ 6,231	$ -0- SCHEDULE E, LINE 5	$ 6,231
9. Loans Made	-0-	-0- SCHEDULE EE, LINE 7	-0-
10. SUBTOTAL	6,231 LINES 8 + 9	-0- LINES 8 + 9	6,231 LINES 8 + 9
11. Accrued expenses (unpaid bills)	-0-	-0- SCHEDULE F, LINE 5	-0-
12. TOTAL EXPENDITURES	$ 6,231 LINES 10 + 11	$ -0- 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.)	$913	
14. Cash receipts this period (Line 3, Column B above)	-0-	
15. Miscellaneous increases to cash (Schedule G, Line 4)	-0-	
16. Cash payments this period (Line 10, Column B above)	-0-	
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:		