[ms-0398.005, 004.005]

FILE AN ORIGINAL AND ONE COPY OF THIS FORM WITH:

Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

AND, IF APPLICABLE, FILE ONE COPY OF THIS FORM WITH:

The city or county filing officer, if any, with whom the committee must file its original campaign disclosure statements

Form 410
1989

STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)

(Government Code Sections 84101-84103)

890737

IF AMENDMENT ENTER I.D. NUMBER

(Type or Print in Ink)

FULL NAME OF COMMITTEE:
Friends of Leon Williams

STREET ADDRESS OF COMMITTEE: (NOT P.O. BOX) NO. AND STREET, CITY, STATE, ZIP CODE: 1200 Third Avenue, Suite 700, San Diego, CA 92101

COUNTY: San Diego

MAILING ADDRESS (IF DIFFERENT): NO. AND STREET (OR P.O. BOX), CITY, STATE, ZIP CODE

DATE QUALIFIED AS COMMITTEE (MO., DAY, YR.): | AREA CODE | PHONE NUMBER | A FOR OFFICIAL USE ONLY | B FOR OFFICIAL USE ONLY

I TREASURER AND OTHER PRINCIPAL OFFICERS

POSITION	NAME AND ADDRESS AND MAILING ADDRESS, IF DIFFERENT	(AREA CODE) BUSINESS PHONE NO.
TREASURER	Robert E. Miller, Jr. 1200 Third Avenue, Suite 700 San Diego, CA 92101	(619) 239-3061

Attach additional information on appropriately labeled continuation sheets.

II IS THIS A BROAD BASED POLITICAL COMMITTEE? (See definition and important information on reverse.)

☐ YES Enter the date on or before which the committee qualifed as a broad based committee: _____ ☐ NO

III IS THIS COMMITTEE CONTROLLED BY A CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT? (See definition and important information on reverse.)

☐ YES (Complete the following) ☐ NO

IF THIS COMMITTEE IS CONTROLLED BY AN OFFICEHOLDER OR A CANDIDATE, THE NAME OF THE CONTROLLING CANDIDATE OR OFFICEHOLDER, THE ELECTIVE OFFICE SOUGHT OR HELD AND DISTRICT NUMBER, IF ANY, MUST BE LISTED. IF THIS IS A BALLOT MEASURE COMMITTEE CONTROLLED BY MORE THAN ONE CANDIDATE, THE NAME OF EACH CONTROLLING CANDIDATE MUST BE LISTED. IF THIS COMMITTEE IS CONTROLLED BY A STATE MEASURE PROPONENT, THE NAME OF THE STATE MEASURE PROPONENT MUST BE LISTED.

Attach additional information on appropriately labeled continuation sheets.

IV IS THIS COMMITTEE ACTING JOINTLY WITH OTHER COMMITTEES?

☐ YES (Complete the following) ☐ NO

NAMES OF COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY. ALSO PROVIDE THE COMMITTEES' IDENTIFICATION NUMBERS OR THE TREASURERS' NAMES AND PERMANENT STREET ADDRESSES.

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."

NAME OF COMMITTEE Friends of Leon Williams

V IS THIS A SPONSORED COMMITTEE? (Refer to the instructions on the reverse side for definitions and rules regarding the name of a sponsored committee.)

☐ NO

☐ YES (Provide name and address of sponsor. If the committee has more than one sponsor, provide the name and address of each sponsor on an attachment.)

Name of Sponsor: _____

Address of Sponsor: _____

VI IF PRIMARILY FORMED TO SUPPORT OR OPPOSE SPECIFIC CANDIDATES OR MEASURES, LIST SPECIFIC CANDIDATES OR MEASURES SUPPORTED OR OPPOSED.

CANDIDATE'S NAME/MEASURE'S FULL TITLE INCLUDING BALLOT NUMBER OR LETTER	SUPPORT	OPPOSE	OFFICE SOUGHT OR HELD BY CANDIDATE OR MEASURE'S JURISDICTION (Include district number, city or county, as applicable.)

Attach additional information on appropriately labeled continuation sheets.

VII COMMITTEE'S PRINCIPAL ACTIVITY IF NOT SUPPORTING OR OPPOSING SPECIFIC CANDIDATES OR MEASURES – PLEASE CHECK BOX TO INDICATE THE COMMITTEE'S LEVEL OF ACTIVITY: ☐ CITY ☐ COUNTY ☐ STATE

Attach additional information on appropriately labeled continuation sheets.

VIII YOU MUST SPECIFY WHAT DISPOSITION WILL BE MADE OF SURPLUS FUNDS IN THE EVENT OF TERMINATION.

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 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 _____ (DATE) AT San Diego, CA (CITY AND STATE) BY _____ (SIGNATURE OF TREASURER)

EXECUTED ON _____ (DATE) AT San Diego, CA (CITY AND STATE) BY _____ (SIGNATURE OF CONTROLLING CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT)

EXECUTED ON _____ (DATE) AT _____ (CITY AND STATE) BY _____ (SIGNATURE OF CONTROLLING CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT)

EXECUTED ON _____ (DATE) AT _____ (CITY AND STATE) BY _____ (SIGNATURE OF CONTROLLING CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT)