AMENDMENT TO CAMPAIGN DISCLOSURE STATEMENT

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84217, and must be filed with all filing officers who received the statement being amended. NOTE: This form is not used to amend a Statement of Organization (Form 410). To amend a Statement of Organization, use the Form 410.

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FORM 405
1989

(Type or Print in Ink)

FOR OFFICIAL USE ONLY
A DEPUTY

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

NAME OF FILER: Leon Lawson Williams

I.D. NO. (IF APPLICABLE):

ADDRESS OF FILER: NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE NUMBER
1600 Pacific Highway	San Diego	Ca.	92101	619 531-5544

NAME OF TREASURER (IF APPLICABLE): William Grote

PERMANENT ADDRESS OF TREASURER (IF APPLICABLE): NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE NUMBER
4743 Mountainbrook Road	Santa Ysabel	Ca.	92070	619 765-2368

II. The following information amends campaign disclosure statement, Form No. 490, Executed on 7/24/89 (MO., DAY, YR.) for the period 1/1/89 through 6/30/89.

III. The amended information affects items on the:

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

IV. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. Also attach a new front page, summary or appropriate schedule if needed for clarification.

(1)Beginning date of reporting period was incorrectly stated as date committee was formed instead of first date of calandar year.

(2)Arithmetical error was made on summary page, and is corrected here-in.

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

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 10/29/89 (DATE) AT Santa Ysabel, Ca (CITY AND STATE) BY William Grote (SIGNATURE OF TREASURER OR FILER)

A CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT WHO CONTROLS A COMMITTEE MUST ALSO VERIFY THE CAMPAIGN STATEMENT.

C — 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.

D — I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON 10/30/89 (DATE) AT San Diego, Ca. (CITY AND STATE) BY [signature] (SIGNATURE OF CANDIDATE, OFFICEHOLDER OR PROPONENT)

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

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

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."

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) 4th Supervisorial District(held)

RESIDENTIAL OR BUSINESS ADDRESS: NO. AND STREET: 1600 Pacific Highway | CITY: San Diego | STATE: Ca. | ZIP CODE: 92101 | AREA CODE BUSINESS PHONE NUMBER: 619 531-5544

II CONTROLLED COMMITTEE* INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF COMMITTEE: Friends of Leon Williams

I.D. NUMBER: 890737

ADDRESS OF COMMITTEE: NO. AND STREET: P.O. 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: 610 765-2368

** 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
~~XXXXXX~~ 810934 Citizens for Leon Williams	P.O. 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 10/18/89 (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 10/10/89 (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/

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: Friends of Leon Williams

I.D. NUMBER 890737

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	$	$33,955 SCHEDULE A, LINE 3	$33,955
2. Loans received	-0-	5,000 SCHEDULE B, LINE 7	5,000
3. SUBTOTAL CASH RECEIPTS	$ LINES 1 + 2	$38,955 LINES 1 + 2	$38,955 LINES 1 + 2
4. Non-monetary contributions		-0- SCHEDULE C, LINE 3	-0-
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES	LINES 3 + 4	38,955 LINES 3 + 4	38,955 LINES 3 + 4
6. Enforceable Promises (Except loan guarantees, see Line 18 below)	-0-	4,650 SCHEDULE D, LINE 7	4,650
7. TOTAL CONTRIBUTIONS	$ -0- LINES 5 + 6	$43,605 LINES 5 + 6	$43,605 LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B)
EXPENDITURES MADE			
8. Payments	$ -0-	$24,506 SCHEDULE E, LINE 5	$24,506
9. Loans Made	-0-	SCHEDULE EE, LINE 7	
10. SUBTOTAL	LINES 8 + 9	24,506 LINES 8 + 9	24,506 LINES 8 + 9
11. Accrued expenses (unpaid bills)	-0-	13,149 SCHEDULE F, LINE 5	13,149
12. TOTAL EXPENDITURES	$ LINES 10 + 11	$37,655 LINES 10 + 11	$37,655 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.)	$ -0-	
14. Cash receipts this period (Line 3, Column B above)	38,955	
15. Miscellaneous increases to cash (Schedule G, Line 4)	-0-	
16. Cash payments this period (Line 10, Column B above)	24,506	
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.)		$14,449 ENDING CASH ON HAND SHOULD NOT BE A NEGATIVE AMOUNT
18. Amount of loan guarantees received (Schedule B, Part I, Column (b))		$ 5000
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)		$ 18,149

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:		