[ms-0398.002.007.006]

Form 430

(Interim Form)

CANDIDATE'S CAMPAIGN STATEMENT

GOVERNMENT CODE SECTION 84200 - 84214

RECEIVED
CITY CLERK'S OFFICE
1975 JUL 29 PM 1:49
SAN DIEGO, CALIF. J.A.

Statement covers period from 1/7/75 through 6/30/75

Leon L. Williams
NAME OF CANDIDATE

1. 2870 Carmar Way | San Diego | California | 92139 | 714/479-7633
RESIDENTIAL ADDRESS (NO. & STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE) (PHONE NO.)

2. 202 C Street | San Diego | California | 92101 | 714/236-6644
BUSINESS ADDRESS (NO. & STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE) (PHONE NO.)

☐ Line 1 ☒ Line 2 ☐ Other
CHECK APPLICABLE BOX FOR MAILING ADDRESS *(If other, provide no. and street (or P.O. Box) city, state and zip code)*

Off year		City Council
TYPE OF ELECTION (PRIMARY, GENERAL, SPECIAL)	DATE OF ELECTION (MONTH, DAY, YEAR)	OFFICE FOR WHICH YOU ARE A CANDIDATE
District 4	Ten	A
POLITICAL PARTY AND DISTRICT NUMBER *(If Applicable)*	TOTAL PAGES THIS REPORT	OFFICIAL USE ONLY

I LIST ALL COMMITTEES SUBJECT TO YOUR CONTROL WHICH HAVE RECEIVED CONTRIBUTIONS OR MADE EXPENDITURES ON BEHALF OF YOUR CANDICACY

(A controlled committee is one which is controlled directly or indirectly by you or which acts jointly with you or one of your controlled committees in connection with the making of expenditures. You control a committee if you, your agent or any other committee you control has significant influence on the actions or decisions of the committee.)

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	ADDRESS	PHONE NUMBER
NONE				

Attach additional information on appropriately labeled continuation sheets.

II LIST ALL ADDITIONAL COMMITTEES OF WHICH YOU HAVE KNOWLEDGE WHICH HAVE RECEIVED CONTRIBUTIONS OR MADE EXPENDITURES ON BEHALF OF YOUR CANDIDACY

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	ADDRESS	PHONE NUMBER
NONE				

Attach additional information on appropriately labeled continuation sheets.

C
D
E
F

VERIFICATION

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

Executed on 7/29/75 (DATE) at SD Ca. (CITY AND STATE) by Leon L. Williams (SIGNATURE OF CANDIDATE)

SUMMARY PAGE

Name Leon L. Williams

I.D. Number _____
(If Committee)

	COLUMN A Cumulative total from previous period	COLUMN B This period	COLUMN C Cumulative to date
RECEIPTS NONE			
1. Monetary contributions (Line 5, Part 3 of Schedule A)	$	$	$ (Column A + Column B)
2. Unpaid loans (Line 9, Part 3 of Schedule B)	(Total at beginning of period)	(Net change for period)	(Total at end of period)
3. Miscellaneous receipts (attach explanation)			(Column A + Column B)
4. Total monetary contributions, Net cash receipts (Lines 1+2+3)	$	$	$ (Column A + Column B)
5. Non-monetary contributions (Line 3 of Schedule C)			(Column A + Column B)
6. Pledges (Line 7 of Schedule D)	(Total at beginning of period)	(Net change for period)	(Total at end of period)
7. Total receipts (Lines 4+5+6)	$	$	$ (Column A + Column B)
EXPENDITURES			
8. Payments (Line 6, Part 3 of Schedule E)	$	$	$ (Column A + Column B)
9. Accrued expenses (unpaid bills) (Line 5 of Schedule F)	(Total at beginning of period)	(Net change for period)	(Total at end of period)
10. Total expenditures (Lines 8+9)	$	$	$ (Column A + Column B)

STATEMENT OF CHANGES IN FINANCIAL CONDITION

11. Cash on hand at the beginning of this period	$ 655.87
12. Cash receipts this period (Line 4, column B)	16.50*
13. Cash payments this period (Line 8, column B)	---
14. Cash on hand at closing date (Lines 11+12-13)	672.37
15. Liabilities (Line 2, column C + Line 9, column C)	---
16. Surplus (if Line 14 is greater than Line 15, subtract Line 15 from Line 14)	$ 672.37
17. Deficit (if Line 15 is greater than Line 14, subtract Line 14 from Line 15)	$ ( )

*Savings Account Interest
Pacific Coast Bank
Hartswell Ragsdale, Treas.

NAME Leon L. Williams I.D. NUMBER (If Committee)

(Interim Form)

SCHEDULE A, FORM 420 or 430

MONETARY CONTRIBUTIONS

(Amounts may be rounded off to whole dollars)

PART 1 – RECEIVED FROM COMMITTEES: (See information manual for directions and examples)

DATE	FULL NAME AND ADDRESS OF COMMITTEE (Street, City, State)	I.D. NUMBER OR TREASURER'S FULL NAME AND ADDRESS	AMOUNT RECEIVED	CUMULATIVE TO DATE
	NONE			

ATTACH ADDITIONAL INFORMATION ON APPROPRIATELY LABELED CONTINUATION SHEETS

SUBTOTAL (Carry with additional Subtotals to line 1, part 3, page 4) $

NAME Leon L. Williams I.D. NUMBER (If Committee)

SCHEDULE A, FORM 420 or 430
(continued)

PART 2 – RECEIVED FROM OTHERS: (See information manual for directions and examples)

DATE	FULL NAME AND ADDRESS (Street City, State) OF CONTRIBUTOR*	OCCUPATION	EMPLOYER (IF CONTRIBUTOR IS SELF-EMPLOYED LIST STREET ADDRESS & CITY OF BUSINESS)	AMOUNT RECEIVED	CUMULATIVE AMOUNT
	NONE				

Attach additional information on appropriately labeled continuation sheets

SUBTOTAL (Carry with additional Subtotals to line 3, part 3) $

*If the contribution was made by an intermediary provide the information for both the intermediary and the principal contributor.

PART 3 – SUMMARY OF MONETARY CONTRIBUTIONS (See information manual for directions and examples)

1. RECEIVED FROM COMMITTEES THIS PERIOD (Part 1) Include all Subtotals $
2. RECEIVED FROM COMMITTEES UNDER $50 THIS PERIOD (Not Itemized)
3. RECEIVED FROM OTHERS THIS PERIOD (Part 2) Include all Subtotals
4. RECEIVED FROM OTHERS UNDER $50 THIS PERIOD (Not Itemized)
5. TOTAL MONETARY CONTRIBUTIONS THIS PERIOD (line 1 + 2 + 3 + 4, Enter this total on Line 1, Column B of Summary Page) $

NAME Leon L. Williams ID NUMBER (If committee)

(Interim Form)

SCHEDULE B, FORM 420 or 430
LOANS

(Amounts may be rounded off to whole dollars)

PART 1 – LOANS RECEIVED: (see information manual for directions and examples)

DATE	FULL NAME AND ADDRESS OF LENDER AND ANY GUARANTORS OR COSIGNERS	OCCUPATION	EMPLOYER (If self-employed list street address and city of business.)	Interest Rate	AMOUNT OF LOAN	CUMULATIVE AMOUNT
	NONE					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

PART 2 – LOANS REPAID, FORGIVEN, OR PAID BY A THIRD PARTY:
(see information manual for directions and examples)

DATE	FULL NAME AND ADDRESS	(a) AMOUNT REPAID	(b) AMOUNT FORGIVEN (Enter on Sched. A)	(c) AMOUNT PAID BY A THIRD PARTY (Enter on Sched. A)	(d) UNPAID BALANCE
	NONE				

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

PART 3 – SUMMARY

1. LOANS OF $50 OR MORE THIS PERIOD (Part 1) Include all Subtotals $ _____
2. LOANS UNDER $50 THIS PERIOD (Not Itemized) _____
3. TOTAL LOANS RECEIVED (Line 1 + 2) $ _____
4. LOANS REPAID OF $50 OR MORE THIS PERIOD (Part 2, Column a) Include all Subtotals $ _____
5. LOANS FORGIVEN OF $50 OR MORE THIS PERIOD (Part 2, Column b) Include all Subtotals _____
6. LOANS PAID BY A THIRD PARTY OF $50 OR MORE THIS PERIOD (Part 2, Column c) Include all Subtotals _____
7. LOANS REPAID, FORGIVEN, OR PAID BY A THIRD PARTY UNDER $50 THIS PERIOD (Not Itemized) _____
8. TOTAL LOANS REPAID, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Line 4 + 5 + 6 + 7) $ _____
9. NET CHANGE THIS PERIOD (Line 3-8, Enter this total on line 2, Column B of Summary Page) $ _____

NAME Leon L. Williams I.D. NUMBER (If Committee)

(Interim Form)

SCHEDULE C, FORM 420 or 430
NON-MONETARY CONTRIBUTIONS

(Amounts may be rounded off to whole dollars)

See information manual for directions and examples

DATE	FULL NAME AND ADDRESS AND I.D. NUMBER (If Committee)	OCCUPATION	EMPLOYER*	DESCRIPTION OF CONSIDERATION	FAIR MARKET VALUE RECEIVED	CUMULATIVE AMOUNT
	NONE					

Attach additional information on appropriately labeled continuation sheets

SUBTOTAL $

* If contributor is self-employed list street address and city of business

SUMMARY

1. NON-MONETARY CONTRIBUTIONS OF $50 OR MORE THIS PERIOD (Include all Subtotals) $
2. NON-MONETARY CONTRIBUTIONS UNDER $50 THIS PERIOD (Not Itemized)
3. TOTAL NON-MONETARY CONTRIBUTIONS THIS PERIOD (Line 1 + 2, Enter on Line 5, Column B of Summary Page) $

NAME Leon L. Williams ID NUMBER (If committee) _____

(Interim Form)

SCHEDULE D, FORM 420 or 430
PLEDGES

(Amounts may be rounded off to whole dollars)

See information manual for directions and instructions

DATE	FULL NAME AND ADDRESS AND I.D. NUMBER (If committee)	OCCUPATION	EMPLOYER*	(a) AMOUNT PLEDGED THIS PERIOD	(b) AMOUNT PAID (Enter on Sched. A)	(c) CUMULATIVE PLEDGE UNPAID
	NONE					

Attach additional information on appropriately labeled continuation sheets

SUBTOTAL $

* If contributor is self-employed list street address and city of business

SUMMARY

1. PLEDGES OF $50 OR MORE THIS PERIOD (Column a) Include all Subtotals $ _____
2. PLEDGES UNDER $50 THIS PERIOD (Not Itemized) _____
3. TOTAL PLEDGES RECEIVED (Line 1 + 2) $ _____
4. PLEDGES OF $50 OR MORE PAID THIS PERIOD (Column b) Include all Subtotals _____
5. PLEDGES UNDER $50 PAID THIS PERIOD (Not Itemized) _____
6. TOTAL PLEDGES PAID (Line 4 + 5) $ _____
7. NET CHANGE THIS PERIOD (Line 3 – 6, Enter this total on line 6, Column B of Summary Page) $ _____

NAME Leon L. Williams I.D. NUMBER (If Committee)

(Interim Form)

SCHEDULE E, FORM 420 or 430
PAYMENTS

(Amounts may be rounded off to whole dollars)

PART 1 – MADE TO COMMITTEES: (See information manual for directions and examples)

OFFICIAL USE ONLY	FULL NAME OF PAYEE COMMITTEE AND I.D. NUMBER (If the committee has no I.D. Number, state full name and address of the Treasurer)	AMOUNT THIS PERIOD
	NONE	

Attach additional information on appropriately labeled continuation sheets

SUBTOTAL (Carry with additional subtotals to Line 1, part 3, page 9) $

NAME Leon L. Williams I.D. NUMBER (If Committee)

SCHEDULE E, FORM 420 or 430
(continued)

PART 2 – MADE TO OTHERS: (See information manual for directions and examples)

FULL NAME AND ADDRESS OF PAYEE* (Street, City, State)	DESCRIPTION OF PAYMENT	AMOUNT THIS PERIOD
NONE		

Attach additional information on appropriately labeled continuation sheets

SUBTOTAL (Carry with additional subtotals to Line 3, part 3) $

*If the person providing the goods or services was different than the payee, list each person's name and address.

BULK RATE NO. _____

POSTAGE METER NO. _____

Enter your bulk rate and/or postage meter number used in campaign mass mailings. In addition a copy of each mass mailing should be sent to the Fair Political Practices Commission.

PART 3 – SUMMARY OF PAYMENTS (See information manual for directions and examples)

1. MADE TO COMMITTEES THIS PERIOD (Part 1) Include all Subtotals $ _____
2. MADE TO COMMITTEES UNDER $50 THIS PERIOD (Not Itemized) _____
3. MADE TO OTHERS THIS PERIOD (Part 2) Include all Subtotals _____
4. MADE TO OTHERS UNDER $50 THIS PERIOD (Not Itemized) _____
5. TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Schedule F, Line 4) _____
6. TOTAL PAYMENTS THIS PERIOD (Lines 1 + 2 + 3 + 4 + 5, Enter this total on line 8, Column B of Summary Page) $ _____

NAME Leon L. Williams I.D. NUMBER (If Committee)

(Interim Form)

SCHEDULE F, FORM 420 or 430
ACCRUED EXPENSES (Unpaid Bills)

(Amounts may be rounded off to whole dollars)

See Information manual for directions and examples

FULL NAME AND ADDRESS (Street, City, State)*	DESCRIPTION OF ACCRUED EXPENSES	AMOUNT ACCRUED THIS PERIOD
NONE		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

*If the accrued expense is owed to a committee, list the committee's name and I.D. number (or the full name and address of the treasurer). If the person providing the goods or services was different from the payee, list each person's full name, street address, city and state.

SUMMARY

1. ACCRUED EXPENSES OF $50 OR MORE THIS PERIOD. Include all Subtotals $
2. ACCRUED EXPENSES OF UNDER $50 THIS PERIOD. (Not Itemized)
3. TOTAL ACCRUED EXPENSES INCURRED THIS PERIOD (Line 1 + 2) $
4. ACCRUED EXPENSES PAID THIS PERIOD (Not Itemized, Enter on Line 5, Part 3, Schedule E) $
5. NET CHANGE THIS PERIOD (Line 3-4, Enter on Line 9, Column B of the Summary Page, This may be a negative amount) $