[ms-0398.002.007.010]

Form 410

(Interim Form)

COMMITTEE STATEMENT OF ORGANIZATION

(GOVERNMENT CODE SECTION 84101-84103)

FULL NAME OF COMMITTEE

COMMITTEE TO RE ELECT LEON WILLIAMS

STREET ADDRESS (SUITE NO.) (NO. & STREET)	(CITY)	(STATE)	(ZIP CODE)
228 SO 33 ST	A SAN DIEGO	B CALIF	92113

(AREA CODE) PHONE NO. DATE ORGANIZED OR FORMED FOR OFFICIAL USE ONLY

I TREASURER AND OTHER PRINCIPAL OFFICERS

POSITION	NAME AND ADDRESS	(AREA CODE)	PHONE NO.
TREASURER	LORENZO THOMPSON PH.D. 228 SO 33 ST S.D	714	234-5439

Attach additional information on appropriately labeled continuation sheets.

II IS THIS A CONTROLLED COMMITTEE?

(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 he, his agent or any other committee he controls, has significant influence on the actions or decisions of the committee)

☒ YES (Complete Section III) ☐ NO (Section III is not applicable)

III CANDIDATES AND COMMITTEES BY WHICH THIS COMMITTEE IS CONTROLLED OR WITH WHICH IT ACTS JOINTLY

FOR OFFICIAL USE ONLY	NAME OF CANDIDATE OR COMMITTEE	IDENTIFICATION NO. (If Committee)
	COUNCILMAN LEON WILLIAMS	

Attach additional information on appropriately labeled continuation sheets.

IV ORGANIZATIONS, IF ANY, WITH WHICH THIS COMMITTEE IS AFFILIATED

NAME AND ADDRESS	(AREA CODE)	PHONE NO.
N/A		

Attach additional information on appropriately labeled continuation sheets.

YOU MUST COMPLETE THE VERIFICATION ON PAGE 2

NAME OF COMMITTEE _____

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V CANDIDATES SUPPORTED

FULL NAME	OFFICE SOUGHT
LEON LAWSON WILLIAMS	COUNCIL 4TH DIST.

Attach additional information on appropriately labeled continuation sheets.

VI MEASURES SUPPORTED OR OPPOSED

TITLE	No. or Letter	CHECK ONE
N/A		☐ Support ☐ Oppose
		☐ Support ☐ Oppose
		☐ Support ☐ Oppose

Attach additional information on appropriately labeled continuation sheets.

VII IN THE EVENT OF DISSOLUTION, WHAT DISPOSITION WILL BE MADE OF SURPLUS FUNDS?

_____

_____

_____

VERIFICATION

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

Executed on 7-17-75 (DATE) at SAN DIEGO, CALIF. (CITY AND STATE) by Lorenzo Thompson Ph.D (SIGNATURE OF TREASURER)