[ms-0398.002.013.001] Williams

CITY of SAN DIEGO

MEMORANDUM

Telephone: 236-5450

FILE NO.:

DATE : January 26, 1979

TO : Honorable Mayor and City Councilmembers

FROM : City Clerk

SUBJECT: Campaign Statement Filing

This is a reminder that all officeholders must file semi-annual campaign statements during off-election years. The statements cover six-month periods, and must be filed whether or not the officeholder received contributions or made expenditures.

Period Covered	Statement Due
July 1, 1978 through December 31, 1978	January 31, 1979

All Committees, "Recipient", "Expenditure" and "Major Donor", must file semi-annual campaign statements if they have received contributions or if they have made expenditures during the period. Please note in your calendar.

Charles G. Abdelnour
City Clerk

CGA/lbc

FM-160

Form 405

1979

AMENDMENT TO CAMPAIGN DISCLOSURE STATEMENT

For use by persons amending statements filed pursuant to Government Code Section 84200–84216. This form must be filed with all filing officers who received the statement being amended.

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

A OFFICIAL USE ONLY

I.D. No. (If Applicable)

NAME OF COMMITTEE OR CANDIDATE: Leon L. Williams Committee

ADDRESS OF COMMITTEE OR CANDIDATE: NO. AND STREET / CITY / STATE / ZIP CODE / AREA CODE / PHONE NO.: 828 44th St. San Diego, CA. 92113 714 262-9780

NAME OF TREASURER (If Applicable): Rodney D. McElvaine

PERMANENT ADDRESS OF TREASURER (If Applicable): NO. AND STREET / CITY / STATE / ZIP CODE / AREA CODE / PHONE NO.: 828 44th St. San Diego, CA. 92113 714 262-9780

II. The following information amends campaign disclosure statement, Form No. 490, Executed on 1-31-79 (Mo. Day Yr.)

for the period 7-1-78 to 12-31-78.

III. The amended information affects items on the:

[ ] Front Page [X] Summary [X] Schedule(s) A

IV. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement.

Strike $511.25 as monetary contribution received on summary page and on schedule A. List $511.25 as misc. receipt on summary page.

V. Reason for amendment:

This figure was inadvertently recorded as contribution rather than misc. receipt.

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

C

D

E

F

VERIFICATION

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

Executed on 3/12/79 (DATE) at San Diego, CA. (CITY AND STATE) by Rodney D. McElvaine (SIGNATURE OF TREASURER)

A candidate or officeholder who controls a committee must also verify the campaign statement.

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

Executed on ___ (DATE) at ___ (CITY AND STATE) by ___ (SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

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," Section XI.

Form 490

CONSOLIDATED CAMPAIGN STATEMENT

(Government Code Section 84200–84216)

amendmended see attached

For use by candidates/officeholders and their controlled committees.
Also for use by committees filing jointly.

(Type or Print in Ink)

Statement covers period from 7/1/78 through 12/31/78.

A OFFICIAL USE ONLY

TYPE OF ELECTION (Circle one if applicable): Primary General Special Recall	CIRCLE IF APPLICABLE: semi-annual ~~campaign statement~~	DATE OF ELECTION (MO. DAY YR.):	TOTAL PAGES: 6

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT (If Applicable)

NAME OF CANDIDATE: Leon L. Williams

OFFICE SOUGHT OR HELD (Include location and district number if applicable)

	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.
RESIDENTIAL ADDRESS:	2870 Carmar Way	San Diego	CA	92139	714	479-7633
BUSINESS ADDRESS:	202 C St.	San Diego	CA	92101	714	236-6644

II COMMITTEES INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF COMMITTEE: Leon L. Williams Committee — I.D. NUMBER

	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.
ADDRESS OF COMMITTEE:	828 44th St.	San Diego	CA.	92113	714	

NAME OF TREASURER: Rodney McElvaine

	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.
PERMANENT ADDRESS OF TREASURER:	828 44th St.	San Diego	CA	92113		

NAME OF COMMITTEE: — I.D. NUMBER

	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.
ADDRESS OF COMMITTEE:						

NAME OF TREASURER:

	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.
PERMANENT ADDRESS OF TREASURER:						

Attach additional information on appropriately labeled continuation sheets.

III CANDIDATE/OFFICEHOLDER ONLY: IF YOU HAVE KNOWLEDGE OF ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED STATEMENT WHICH HAVE RECEIVED CONTRIBUTIONS OR MADE EXPENDITURES ON BEHALF OF YOUR CANDIDACY, IDENTIFY THEM IN THIS SECTION.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	TREASURER'S PERMANENT ADDRESS	PHONE NUMBER

Attach additional information on appropriately labeled continuation sheets.

VERIFICATION

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

Executed on 1/31/79 (Date) at San Diego, Calif (City and State) by Rodney D. McElvaine (Signature of Treasurer(s))

Executed on _____ (Date) at _____ (City and State) by _____ (Signature of Treasurer(s))

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

Executed on 1/31/79 (Date) at San Diego, Calif (City and State) by [signature] (Signature of Candidate or Officeholder)

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," Section VI.

IV ALLOCATION OF EXPENDITURES BY CANDIDATES, OFFICEHOLDERS AND MEASURES
(Allocate expenditures from Schedules E & F by candidates, officeholders and measures. Amounts may be rounded off to whole dollars.)

OFFICIAL USE ONLY	NAME OF CANDIDATE OR OFFICEHOLDER AND OFFICE OR MEASURE AND BALLOT NUMBER OR LETTER	CHECK ONE Support	Oppose	AMOUNT OF EXPENDITURES THIS PERIOD	CUMULATIVE TO DATE
	Mervyn Dymally 2975 Wilshire Blvd, Los Angeles CA 90010	X		600.98	600.98

Attach additional information on appropriately labeled continuation sheets.

SUMMARY PAGE

Statement covers period from 7/1/31 through 12/31/78.

Name Leon L. Williams and Leon Williams Committee
(If this is a consolidated report (Form 490) include the name of the candidate and committee.)

I.D. Number
(If Committee)

	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date – Total of Columns A & B
RECEIPTS			
1. Monetary contributions received	$ 50 —	$ 511.25 Page 4, Line 5	$ 561.25
2. Loans	—	— Page 5, Line 9	—
3. Miscellaneous receipts (attach explanation)	—	—	—
4. Total cash received (Net)	$ 50 — Add Lines 1 + 2 + 3 above	$ 511.25 Add Lines 1 + 2 + 3 above	$ 561.25 Add Lines 1 + 2 + 3 above
5. Non-monetary contributions received	—	— Page 6, Line 3	—
6. Pledges	—	— Page 7, Line 7	—
7. Total receipts	$ 50 — Add Lines 4 + 5 + 6 above	$ 511.25 Add Lines 4 + 5 + 6 above	$ 561.25 Add Lines 4 + 5 + 6 above (Should equal Columns A + B)
EXPENDITURES			
8. Payments	$ —	$ 1100.98 Page 9, Line 6	$ 1100.98
9. Accrued expenses (unpaid bills)	—	— Page 10, Line 5	—
10. Total expenditures	$ — Add Lines 8 & 9 above	$ 1100.98 Add Lines 8 & 9 above	$ 1100.98 Add Lines 8 & 9 above (Should equal Columns A + B)

STATEMENT OF CHANGES IN FINANCIAL CONDITION

11. Cash on hand at the beginning of this period	$ 1170 —	
12. Cash receipts this period (Line 4, column B above)	511 —	
13. Cash payments this period (Line 8, column B above)	1100.—	
14. Cash on hand at closing date (Lines 11 + 12 – 13 above)	581 —	
15. Outstanding debts (Line 2 + Line 9, of Column C above)	—	
16. Surplus (if Line 14 is greater than Line 15, subtract Line 15 from Line 14)		$ 581 —
17. Deficit (if Line 15 is greater than Line 14, subtract Line 14 from Line 15)		$

*If this is the first report filed or if the last report was a post-election statement, Column A should be blank except for unpaid loans, bills a pledges.

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

Statement covers period from 7/1/78 through 12/31/78.

SCHEDULE A, FORM 420, 430 or 490

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 any 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) . . . . . $ 511.25
2. RECEIVED FROM COMMITTEES UNDER $50 THIS PERIOD (Not Itemized) . . . . . —
3. RECEIVED FROM OTHERS THIS PERIOD (Part 2) . . . . . —
4. RECEIVED FROM OTHERS UNDER $50 THIS PERIOD (Not Itemized) . . . . . —
5. TOTAL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD (Line 1 + 2 + 3 + 4. Enter this total on Line 1, Column B of Summary Page) . . . . . $ 511.25

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

Statement covers period from 7/1/78 through 12/31/78.

reimbursement rather than contribution

SCHEDULE A, FORM 420, 430 or 490
MONETARY CONTRIBUTIONS RECEIVED
(Amounts may be rounded off to whole dollars)

PART 1 – RECEIVED FROM RECIPIENT 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 PERMANENT ADDRESS	AMOUNT RECEIVED	CUMULATIVE TO DATE
11/7/78	Committee For Mervyn Dymally Barclays Bank Bldg. #503 2975 Wilshire Bldg. Los Angeles, CA 90010	Committee Office of The Lt. Governor Barclays Bank Bldg #503 2975 Wilshire Blvd Los Angeles, CA 90010	511.25	511.25

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL (Carry with any additional Subtotals to line 1, part 3, page 4) $ 511.25

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

Statement covers period from 7/1/78 through 12/31/78

SCHEDULE E, FORM 420, 430 or 490
PAYMENTS

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

FULL NAME AND ADDRESS OF PAYEE*	DESCRIPTION OF GOODS AND SERVICES PURCHASED	AMOUNT THIS PERIOD
Major's Barbeque 4292 Market St San Diego CA 92102	For catering services for luncheon Oct. 18, 1978.	511.25
Greg Akili 5053 Churchward San Diego, CA 92113	reimbursement for cost of printing and postage for luncheon Oct. 18, 1978.	89.73
NIA Cultural Organization 5053 Churchward San Diego, CA 92113	voter registration and get out to vote for general election.	500.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL (Carry with any additional subtotals to Line 3, part 3) $ 1100.98

*If the payee is different from the vendor (person providing goods or services) and the vendor receives $50 or more, the name and address of both payee and vendor must be listed.

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

1. MADE TO COMMITTEES THIS PERIOD (Part 1) . . . . . $ —
2. MADE TO COMMITTEES UNDER $50 THIS PERIOD (Not Itemized) . . . . . —
3. MADE TO OTHERS THIS PERIOD (Part 2) 1100.98
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) . . $ 1100.98

NAME _____ I.D. NUMBER (If Committee) _____

Statement covers period from _____ through _____.

SCHEDULE A, FORM 420, 430 or 490
MONETARY CONTRIBUTIONS RECEIVED
(Amounts may be rounded off to whole dollars)

PART 1 – RECEIVED FROM RECIPIENT 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 PERMANENT ADDRESS	AMOUNT RECEIVED	CUMULATIVE TO DATE

Attach additional information on appropriately labeled continuation sheets.

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

NAME _____ I.D. NUMBER (If Committee) _____

Statement covers period from _____ through _____.

SCHEDULE C, FORM 420, 430 or 490
NON-MONETARY CONTRIBUTIONS RECEIVED

(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 (If Self-Employed, List Address)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE RECEIVED	CUMULATIVE AMOUNT

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ _____

SUMMARY

1. NON-MONETARY CONTRIBUTIONS OF $50 OR MORE THIS PERIOD . . . . . $_____
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 _____ I.D. NUMBER (If Committee) _____

Statement covers period from _____ through _____.

SCHEDULE A, FORM 420, 430 or 490
MONETARY CONTRIBUTIONS RECEIVED
(Amounts may be rounded off to whole dollars)

PART 1 – RECEIVED FROM RECIPIENT 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 PERMANENT ADDRESS	AMOUNT RECEIVED	CUMULATIVE TO DATE

Attach additional information on appropriately labeled continuation sheets.

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

SUMMARY PAGE

Statement covers period from _____ through _____.

Name _____
(If this is a consolidated report (Form 490) include the name of the candidate and committee.)

I.D. Number _____
(If Committee)

RECEIPTS	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date – Total of Columns A & B
1. Monetary contributions received	$_____	$_____ Page 4, Line 5	$_____
2. Loans	_____	_____ Page 5, Line 9	_____
3. Miscellaneous receipts (attach explanation)	_____	_____	_____
4. Total cash received (Net)	$_____ Add Lines 1 + 2 + 3 above	$_____ Add Lines 1 + 2 + 3 above	$_____ Add Lines 1 + 2 + 3 above
5. Non-monetary contributions received	_____	_____ Page 6, Line 3	_____
6. Pledges	_____	_____ Page 7, Line 7	_____
7. Total receipts	$_____ Add Lines 4 + 5 + 6 above	$_____ Add Lines 4 + 5 + 6 above	$_____ Add Lines 4 + 5 + 6 above (Should equal Columns A + B)
EXPENDITURES			
8. Payments	$_____	$_____ Page 9, Line 6	$_____
9. Accrued expenses (unpaid bills)	_____	_____ Page 10, Line 5	_____
10. Total expenditures	$_____ Add Lines 8 & 9 above	$_____ Add Lines 8 & 9 above	$_____ Add Lines 8 & 9 above (Should equal Columns A + B)

STATEMENT OF CHANGES IN FINANCIAL CONDITION

11. Cash on hand at the beginning of this period	$_____	
12. Cash receipts this period (Line 4, column B above)	_____	
13. Cash payments this period (Line 8, column B above)	_____	
14. Cash on hand at closing date (Lines 11 + 12 – 13 above)	_____	
15. Outstanding debts (Line 2 + Line 9, of Column C above)	_____	
16. Surplus (if Line 14 is greater than Line 15, subtract Line 15 from Line 14)		$_____
17. Deficit (if Line 15 is greater than Line 14, subtract Line 14 from Line 15)		$_____

*If this is the first report filed or if the last report was a post-election statement, Column A should be blank except for unpaid loans, bills an pledges.

SUMMARY PAGE

Statement covers period from _____ through _____.

Name _____
(If this is a consolidated report (Form 490) include the name of the candidate and committee.)

I.D. Number _____
(If Committee)

RECEIPTS	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date – Total of Columns A & B
1. Monetary contributions received	$_____	$_____ Page 4, Line 5	$_____
2. Loans	_____	_____ Page 5, Line 9	_____
3. Miscellaneous receipts (attach explanation)	_____	_____	_____
4. Total cash received (Net)	$_____ Add Lines 1 + 2 + 3 above	$_____ Add Lines 1 + 2 + 3 above	$_____ Add Lines 1 + 2 + 3 above
5. Non-monetary contributions received	_____	_____ Page 6, Line 3	_____
6. Pledges	_____	_____ Page 7, Line 7	_____
7. Total receipts	$_____ Add Lines 4 + 5 + 6 above	$_____ Add Lines 4 + 5 + 6 above	$_____ Add Lines 4 + 5 + 6 above (Should equal Columns A + B)
EXPENDITURES			
8. Payments	$_____	$_____ Page 9, Line 6	$_____
9. Accrued expenses (unpaid bills)	_____	_____ Page 10, Line 5	_____
10. Total expenditures	$_____ Add Lines 8 & 9 above	$_____ Add Lines 8 & 9 above	$_____ Add Lines 8 & 9 above (Should equal Columns A + B)

STATEMENT OF CHANGES IN FINANCIAL CONDITION

11. Cash on hand at the beginning of this period	$_____	
12. Cash receipts this period (Line 4, column B above)	_____	
13. Cash payments this period (Line 8, column B above)	_____	
14. Cash on hand at closing date (Lines 11 + 12 – 13 above)	_____	
15. Outstanding debts (Line 2 + Line 9, of Column C above)	_____	
16. Surplus (if Line 14 is greater than Line 15, subtract Line 15 from Line 14)		$_____
17. Deficit (if Line 15 is greater than Line 14, subtract Line 14 from Line 15)		$(_____

*If this is the first report filed or if the last report was a post-election statement, Column A should be blank except for unpaid loans, bills a pledges.

SUMMARY PAGE

Statement covers period from _____ through _____.

Name _____
(If this is a consolidated report (Form 490) include the name of the candidate and committee.)

I.D. Number _____
(If Committee)

	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date — Total of Columns A & B
RECEIPTS			
1. Monetary contributions received	$_____	$_____ Page 4, Line 5	$_____
2. Loans	_____	_____ Page 5, Line 9	_____
3. Miscellaneous receipts (attach explanation)	_____	_____	_____
4. Total cash received (Net)	$_____ Add Lines 1 + 2 + 3 above	$_____ Add Lines 1 + 2 + 3 above	$_____ Add Lines 1 + 2 + 3 above
5. Non-monetary contributions received	_____	_____ Page 6, Line 3	_____
6. Pledges	_____	_____ Page 7, Line 7	_____
7. Total receipts	$_____ Add Lines 4 + 5 + 6 above	$_____ Add Lines 4 + 5 + 6 above	$_____ Add Lines 4 + 5 + 6 above (Should equal Columns A + B)
EXPENDITURES			
8. Payments	$_____	$_____ Page 9, Line 6	$_____
9. Accrued expenses (unpaid bills)	_____	_____ Page 10, Line 5	_____
10. Total expenditures	$_____ Add Lines 8 & 9 above	$_____ Add Lines 8 & 9 above	$_____ Add Lines 8 & 9 above (Should equal Columns A + B)

STATEMENT OF CHANGES IN FINANCIAL CONDITION

11. Cash on hand at the beginning of this period	$_____	
12. Cash receipts this period (Line 4, column B above)	_____	
13. Cash payments this period (Line 8, column B above)	_____	
14. Cash on hand at closing date (Lines 11 + 12 — 13 above)	_____	
15. Outstanding debts (Line 2 + Line 9, of Column C above)	_____	
16. Surplus (if Line 14 is greater than Line 15, subtract Line 15 from Line 14)		$_____
17. Deficit (if Line 15 is greater than Line 14, subtract Line 14 from Line 15)		$(_____

*If this is the first report filed or if the last report was a post-election statement, Column A should be blank except for unpaid loans, bills and pledges.

Form 470

CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT – SHORT FORM

(Government Code Section 84200–84216)

For use by candidates and officeholders who receive or spend not more than $200 or on whose behalf not more than $200 has been raised or spent for the entire campaign.

A FOR OFFICIAL USE ONLY

(Type or Print in Ink)

Statement covers period from Jan 1 through ~~July~~ June 30th 31st, 1978

NAME OF CANDIDATE:	OFFICE SOUGHT OR HELD (Include location and district number if applicable):
Leon L. Williams	

RESIDENTIAL ADDRESS: NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.
2870 Carmar Way	San Diego	CA	92139	714	479-7653

BUSINESS ADDRESS: NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.
202 Carmar Way	San Diego	CA	92101	714	236-6644

TYPE OF ELECTION (Circle one if applicable):	CIRCLE IF APPLICABLE:	DATE OF ELECTION (MO. DAY YR.):
Primary General Special Recall	semi-annual campaign statement	9/79

VERIFICATION

I declare under penalty of perjury that to the best of my knowledge not more than $200 has been received or expended on behalf of or in support of my candidacy, by myself or by any committee of which I have knowledge.

Executed on 7/31/78 (DATE) at San Diego, CA. (CITY AND STATE)

(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

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," Section XI.

Form 490

CONSOLIDATED CAMPAIGN STATEMENT

(Government Code Section 84200–84216)

For use by candidates/officeholders and their controlled committees.
Also for use by committees filing jointly.

(Type or Print in Ink)

Statement covers period from _____ through _____.

A OFFICIAL USE ONLY

TYPE OF ELECTION (Circle one if applicable): Primary General Special Recall	CIRCLE IF APPLICABLE: semi-annual campaign statement	DATE OF ELECTION (MO. DAY YR.):	TOTAL PAGES:

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT (If Applicable)

NAME OF CANDIDATE: OFFICE SOUGHT OR HELD (Include location and district number if applicable)

RESIDENTIAL ADDRESS: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NO.

BUSINESS ADDRESS: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NO.

II COMMITTEES INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF COMMITTEE: I.D. NUMBER

ADDRESS OF COMMITTEE: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NO.

NAME OF TREASURER:

PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NO.

NAME OF COMMITTEE: I.D. NUMBER

ADDRESS OF COMMITTEE: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NO.

NAME OF TREASURER:

PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NO.

Attach additional information on appropriately labeled continuation sheets.

III CANDIDATE/OFFICEHOLDER ONLY: IF YOU HAVE KNOWLEDGE OF ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED STATEMENT WHICH HAVE RECEIVED CONTRIBUTIONS OR MADE EXPENDITURES ON BEHALF OF YOUR CANDIDACY, IDENTIFY THEM IN THIS SECTION.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	TREASURER'S PERMANENT ADDRESS	PHONE NUMBER

Attach additional information on appropriately labeled continuation sheets.

VERIFICATION

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

Executed on _____ (Date) at _____ (City and State) by Rodney D. McElwaine (Signature of Treasurer(s))

Executed on _____ (Date) at _____ (City and State) by _____ (Signature of Treasurer(s))

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

Executed on _____ (Date) at _____ (City and State) by _____ (Signature of Candidate or Officeholder)

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," Section XI

IV ALLOCATION OF EXPENDITURES BY CANDIDATES, OFFICEHOLDERS AND MEASURES

(Allocate expenditures from Schedules E & F by candidates, officeholders and measures. Amounts may be rounded off to whole dollars.)

OFFICIAL USE ONLY	NAME OF CANDIDATE OR OFFICEHOLDER AND OFFICE OR MEASURE AND BALLOT NUMBER OR LETTER	CHECK ONE Support	CHECK ONE Oppose	AMOUNT OF EXPENDITURES THIS PERIOD	CUMULATIVE TO DATE

Attach additional information on appropriately labeled continuation sheets.

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

Statement covers period from 7/1/78 through 12/31/79.

SCHEDULE E, FORM 420, 430 or 490
PAYMENTS

(Amounts may be rounded off to whole dollars)

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

OFFICIAL USE ONLY	FULL NAME AND ADDRESS OF PAYEE COMMITTEE AND I.D. NUMBER (If the committee has no I.D. Number, state full name and permanent address of the Treasurer)	AMOUNT THIS PERIOD

Attach additional information on appropriately labeled continuation sheets.

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

Form 430

CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT

(Government Code Section 84200–84216)

For use by candidates and officeholders who receive or spend $200 or more or on whose behalf $200 or more has been raised or spent for the entire campaign.

(Type or Print in Ink)

Statement covers period from _____ through _____

A OFFICIAL USE ONLY

AME OF CANDIDATE:

Office sought or held (Include location and district number if applicable):

ESIDENTIAL ADDRESS: NO. AND STREET | CITY | STATE | ZIP CODE | AREA CODE | PHONE NO.

USINESS ADDRESS: NO. AND STREET | CITY | STATE | ZIP CODE | AREA CODE | PHONE NO.

TYPE OF ELECTION (Circle one if applicable): Primary General Special Recall	CIRCLE IF APPLICABLE: semi-annual campaign statement	DATE OF ELECTION (MO. DAY YR.):	TOTAL PAGES:

LIST ALL COMMITTEES CONTROLLED BY YOU WHICH HAVE RECEIVED CONTRIBUTIONS OR MADE EXPENDITURES ON BEHALF OF YOUR CANDIDACY

(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	TREASURER'S PERMANENT ADDRESS	PHONE NUMBER

ttach additional information on appropriately labeled continuation sheets.

I 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	TREASURER'S PERMANENT ADDRESS	PHONE NUMBER

ttach additional information on appropriately labeled continuation sheets.

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 _____ (DATE) at _____ (CITY AND STATE) by _____ (SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions o the Political Reform Act," Section XI.

SUMMARY PAGE

Statement covers period from _____ through _____.

Name _____
(If this is a consolidated report (Form 490) include the name of the candidate and committee.)

I.D. Number _____
(If Committee)

RECEIPTS	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date – Total of Columns A & B
1. Monetary contributions received	$_____	$_____ Page 4, Line 5	$_____
2. Loans	_____	_____ Page 5, Line 9	_____
3. Miscellaneous receipts (attach explanation)	_____	_____	_____
4. Total cash received (Net)	$_____ Add Lines 1 + 2 + 3 above	$_____ Add Lines 1 + 2 + 3 above	$_____ Add Lines 1 + 2 + 3 above
5. Non-monetary contributions received	_____	_____ Page 6, Line 3	_____
6. Pledges	_____	_____ Page 7, Line 7	_____
7. Total receipts	$_____ Add Lines 4 + 5 + 6 above	$_____ Add Lines 4 + 5 + 6 above	$_____ Add Lines 4 + 5 + 6 above (Should equal Columns A + B)
EXPENDITURES			
8. Payments	$_____	$_____ Page 9, Line 6	$_____
9. Accrued expenses (unpaid bills)	_____	_____ Page 10, Line 5	_____
10. Total expenditures	$_____ Add Lines 8 & 9 above	$_____ Add Lines 8 & 9 above	$_____ Add Lines 8 & 9 above (Should equal Columns A + B)

STATEMENT OF CHANGES IN FINANCIAL CONDITION

11. Cash on hand at the beginning of this period	$_____	
12. Cash receipts this period (Line 4, column B above)	_____	
13. Cash payments this period (Line 8, column B above)	_____	
14. Cash on hand at closing date (Lines 11 + 12 – 13 above)	_____	
15. Outstanding debts (Line 2 + Line 9, of Column C above)	_____	
16. Surplus (if Line 14 is greater than Line 15, subtract Line 15 from Line 14)		$_____
17. Deficit (if Line 15 is greater than Line 14, subtract Line 14 from Line 15)		$(_____

*If this is the first report filed or if the last report was a post-election statement, Column A should be blank except for unpaid loans, bills an pledges.

NAME _____ I.D. NUMBER (If Committee) _____

Statement covers period from _____ through _____.

SCHEDULE A, FORM 420, 430 or 490

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

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL (Carry with any 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) . . . . . $_____
2. RECEIVED FROM COMMITTEES UNDER $50 THIS PERIOD (Not Itemized) . . . . . _____
3. RECEIVED FROM OTHERS THIS PERIOD (Part 2) . . . . . _____
4. RECEIVED FROM OTHERS UNDER $50 THIS PERIOD (Not Itemized) . . . . . _____
5. TOTAL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD
   (Line 1 + 2 + 3 + 4. Enter this total on Line 1, Column B of Summary Page) . . . . . $_____

NAME _____ I.D. NUMBER (If Committee) _____

Statement covers period from _____ through _____.

SCHEDULE B, FORM 420, 430 or 490
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

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 OF THE LENDER PLUS PERSON WHO REPAID THE LOAN IF DIFFERENT FROM FILER	(a) AMOUNT REPAID	(b) AMOUNT FORGIVEN (Enter on Sched. A)	(c) AMOUNT PAID BY A THIRD PARTY (Enter on Sched. A)	(d) UNPAID BALANCE

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ _____

PART 3 – SUMMARY

1. LOANS OF $50 OR MORE THIS PERIOD (Part 1) . . . . . $_____
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) . . . . . _____
5. LOANS FORGIVEN OF $50 OR MORE THIS PERIOD (Part 2, Column b) . . . . . _____
6. LOANS PAID BY A THIRD PARTY OF $50 OR MORE THIS PERIOD (Part 2, Column c) . . . . . _____
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 (Subtract Line 8 from Line 3 and enter the difference on this line and on Line 2, Column B of Summary Page.) . . . . . $_____

MAY BE A NEGATIVE FIGURE.

NAME _____

Statement covers period from _____ through _____.

SCHEDULE C, FORM 420, 430 or 490
NON-MONETARY CONTRIBUTIONS RECEIVED

(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 (If Self-Employed, List Address)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE RECEIVED	CUMULATIVE AMOUNT

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ _____

SUMMARY

1. NON-MONETARY CONTRIBUTIONS OF $50 OR MORE THIS PERIOD . . . . . $_____
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 _____ I.D. NUMBER (If Committee) _____

Statement covers period from _____ through _____.

SCHEDULE D, FORM 420, 430 or 490

PLEDGES (Enforceable Promises)

(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 (IF SELF-EMPLOYED, LIST ADDRESS)	(a) AMOUNT PLEDGED THIS PERIOD	(b) AMOUNT PAID (Enter on Sched. A)	(c) CUMULATIVE PLEDGE UNPAID

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ _____ _____

SUMMARY

1. PLEDGES OF $50 OR MORE THIS PERIOD (Column a) . . . . . $_____
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) . . . . . _____
5. PLEDGES UNDER $50 PAID THIS PERIOD (Not Itemized) . . . . . _____
6. TOTAL PLEDGES PAID (Line 4 + 5) . . . . . _____
7. NET CHANGE THIS PERIOD (Subtract Line 6 from Line 3 and enter the difference on Line 6, Column B of Summary Page) . . . . . $_____ MAY BE A NEGATIVE FIGURE.

NAME _____ I.D. NUMBER (If Committee) _____

Statement covers period from _____ through _____.

SCHEDULE E, FORM 420, 430 or 490

PAYMENTS

(Amounts may be rounded off to whole dollars)

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

OFFICIAL USE ONLY	FULL NAME AND ADDRESS OF PAYEE COMMITTEE AND I.D. NUMBER (If the committee has no I.D. Number, state full name and permanent address of the Treasurer)	AMOUNT THIS PERIOD

Attach additional information on appropriately labeled continuation sheets.

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

NAME _____ I.D. NUMBER (If Committee) _____

Statement covers period from _____ through _____.

SCHEDULE E, FORM 420, 430 or 490
PAYMENTS

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

FULL NAME AND ADDRESS OF PAYEE*	DESCRIPTION OF GOODS AND SERVICES PURCHASED	AMOUNT THIS PERIOD

Attach additional information on appropriately labeled continuation sheets.

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

*If the payee is different from the vendor (person providing goods or services) and the vendor receives $50 or more, the name and address of both payee and vendor must be listed.

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

1. MADE TO COMMITTEES THIS PERIOD (Part 1) . . . . . $_____
2. MADE TO COMMITTEES UNDER $50 THIS PERIOD (Not Itemized) . . . . . _____
3. MADE TO OTHERS THIS PERIOD (Part 2) . . . . . _____
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 ► _____ I.D. NUMBER (If Committee) _____

Statement covers period from _____ through _____.

SCHEDULE F, FORM 420, 430 or 490

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 (GOODS AND SERVICES)	AMOUNT ACCRUED THIS PERIOD

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 permanent 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 . . . . . $_____
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 (Subtract Line 4 from Line 3 and enter difference on Line 9, Column B of the Summary Page) . . . . . $_____ MAY BE NEGATIVE FIGURE.

Form 430

CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT

(Government Code Section 84200–84216)

For use by candidates and officeholders who receive or spend $200 or more or on whose behalf $200 or more has been raised or spent for the entire campaign.

(Type or Print in Ink)

A OFFICIAL USE ONLY

Statement covers period from _____ through _____

NAME OF CANDIDATE:	Office sought or held (Include location and district number if applicable):

RESIDENTIAL ADDRESS:	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.
BUSINESS ADDRESS:	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.

TYPE OF ELECTION (Circle one if applicable): Primary General Special Recall	CIRCLE IF APPLICABLE: semi-annual campaign statement	DATE OF ELECTION (MO. DAY YR.):	TOTAL PAGES:

LIST ALL COMMITTEES CONTROLLED BY YOU WHICH HAVE RECEIVED CONTRIBUTIONS OR MADE EXPENDITURES ON BEHALF OF YOUR CANDIDACY

(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	TREASURER'S PERMANENT ADDRESS	PHONE NUMBER

Attach additional information on appropriately labeled continuation sheets.

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	TREASURER'S PERMANENT ADDRESS	PHONE NUMBER

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 _____ (DATE) at _____ (CITY AND STATE) by _____ (SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

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," Section XI.

Form 430

CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT

(Government Code Section 84200–84216)

For use by candidates and officeholders who receive or spend $200 or more or on whose behalf $200 or more has been raised or spent for the entire campaign.

(Type or Print in Ink)

A OFFICIAL USE ONLY

Statement covers period from _____ through _____

NAME OF CANDIDATE:	Office sought or held (Include location and district number if applicable):

RESIDENTIAL ADDRESS:	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.
BUSINESS ADDRESS:	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.

TYPE OF ELECTION (Circle one if applicable): Primary General Special Recall	CIRCLE IF APPLICABLE: semi-annual campaign statement	DATE OF ELECTION (MO. DAY YR.):	TOTAL PAGES:

I LIST ALL COMMITTEES CONTROLLED BY YOU WHICH HAVE RECEIVED CONTRIBUTIONS OR MADE EXPENDITURES ON BEHALF OF YOUR CANDIDACY

(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	TREASURER'S PERMANENT ADDRESS	PHONE NUMBER

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	TREASURER'S PERMANENT ADDRESS	PHONE NUMBER

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 _____ (DATE) at _____ (CITY AND STATE) by _____ (SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

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," Section XI.

SUMMARY PAGE

Statement covers period from _____ through _____.

Name _____
(If this is a consolidated report (Form 490) include the name of the candidate and committee.)

I.D. Number _____
(If Committee)

RECEIPTS	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date — Total of Columns A & B
1. Monetary contributions received	$_____	$_____ Page 4, Line 5	$_____
2. Loans	_____	_____ Page 5, Line 9	_____
3. Miscellaneous receipts (attach explanation)	_____	_____	_____
4. Total cash received (Net)	$_____ Add Lines 1 + 2 + 3 above	$_____ Add Lines 1 + 2 + 3 above	$_____ Add Lines 1 + 2 + 3 above
5. Non-monetary contributions received	_____	_____ Page 6, Line 3	_____
6. Pledges	_____	_____ Page 7, Line 7	_____
7. Total receipts	$_____ Add Lines 4 + 5 + 6 above	$_____ Add Lines 4 + 5 + 6 above	$_____ Add Lines 4 + 5 + 6 above (Should equal Columns A + B)
EXPENDITURES			
8. Payments	$_____	$_____ Page 9, Line 6	$_____
9. Accrued expenses (unpaid bills)	_____	_____ Page 10, Line 5	_____
10. Total expenditures	$_____ Add Lines 8 & 9 above	$_____ Add Lines 8 & 9 above	$_____ Add Lines 8 & 9 above (Should equal Columns A + B)

STATEMENT OF CHANGES IN FINANCIAL CONDITION

11. Cash on hand at the beginning of this period	$_____	
12. Cash receipts this period (Line 4, column B above)	_____	
13. Cash payments this period (Line 8, column B above)	_____	
14. Cash on hand at closing date (Lines 11 + 12 – 13 above)	_____	
15. Outstanding debts (Line 2 + Line 9, of Column C above)	_____	
16. Surplus (if Line 14 is greater than Line 15, subtract Line 15 from Line 14)		$_____
17. Deficit (if Line 15 is greater than Line 14, subtract Line 14 from Line 15)		$_____

*If this is the first report filed or if the last report was a post-election statement, Column A should be blank except for unpaid loans, bills and pledges.

Form 470

CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT – SHORT FORM

(Government Code Section 84200–84216)

For use by candidates and officeholders who receive or spend not more than $200 or on whose behalf not more than $200 has been raised or spent for the entire campaign.

A FOR OFFICIAL USE ONLY

(Type or Print in Ink)

Statement covers period from _____ through _____.

NAME OF CANDIDATE:				OFFICE SOUGHT OR HELD (Include location and district number if applicable):		
RESIDENTIAL ADDRESS:	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.
BUSINESS ADDRESS:	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.

TYPE OF ELECTION (Circle one if applicable):	CIRCLE IF APPLICABLE:	DATE OF ELECTION (MO. DAY YR.):
Primary General Special Recall	semi-annual campaign statement	

VERIFICATION

I declare under penalty of perjury that to the best of my knowledge not more than $200 has been received or expended on behalf of or in support of my candidacy, by myself or by any committee of which I have knowledge.

Executed on _____ at _____
(DATE) (CITY AND STATE)

_____
(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

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," Section XI.