[ms-0398.004.012.001]

LONG FORM

Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)
SEE INSTRUCTIONS ON REVERSE

Type or Print in Ink.

Statement covers period from 7/1/91 through 12/31/91

Date Stamp

CALIFORNIA 1991 FORM **490**

Page 1 of 2

A For Official Use Only

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement
- ☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- ☒ Semi-annual Statement
- ☐ Termination Statement (Attach a completed Form 415 to this statement.)

Date of Election if applicable: (Month, Day, Year) 6/5/90

I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE: Leon Lawson Williams

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): San Diego Supervisor - District 4

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET): 1600 Pacific Highway

CITY: San Diego STATE: CA ZIP CODE: 92101 AREA CODE/DAYTIME PHONE: (619) 531-5544

COMMITTEE NAME: Friends of Leon Williams ID NUMBER: 890737

COMMITTEE ADDRESS (NO. AND STREET): 1200 Third Avenue, Suite 700

CITY: San Diego STATE: CA ZIP CODE: 92101 AREA CODE/DAYTIME PHONE: (619) 239-3061

NAME OF TREASURER: Robert E. Miller, Jr.

PERMANENT ADDRESS OF TREASURER (NO. AND STREET): 1200 Third Avenue, Suite 700

CITY: San Diego STATE: CA ZIP CODE: 92101 AREA CODE/DAYTIME PHONE: (619) 239-3061

II Other Committees Not Included in this Statement:

List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME: Friends of Leon Williams ID NUMBER: 902433

NAME OF TREASURER: Robert E. Miller, Jr. CONTROLLED COMMITTEE? ☒ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET): 1200 Third Avenue, Suite 700

CITY: San Diego STATE: CA ZIP CODE: 92101 AREA CODE/DAYTIME PHONE: (619) 239-3061

COMMITTEE NAME: ID NUMBER:

NAME OF TREASURER: CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET):

CITY: STATE: ZIP CODE: AREA CODE/DAYTIME PHONE:

Attach additional information on appropriately labeled continuation sheets.

III Verification

Treasurer:
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 1/29/92 (DATE) At San Diego, CA (CITY AND STATE)

By [signature] (SIGNATURE OF TREASURER)

Officeholder or Candidate:
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 1/29/92 (DATE) At San Diego, CA (CITY AND STATE)

By [signature] (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

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

State of California Fair Political Practices Commission.

Campaign Disclosure Statement Summary Page

Type or Print in Ink. Amounts may be rounded to whole dollars.

Statement covers period from 7/1/91 through 12/31/91

CALIFORNIA 1991 FORM 490

SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER 890737

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	$ -0-	$ -0-	$ -0-
2. Loans Received	Schedule B, Line 7	-0-	417.08	417.08
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ -0-	$ 417.08	$ 417.08
4. Non-monetary Contributions	Schedule C, Line 3	-0-	-0-	-0-
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)	Add Lines 3 + 4	$ -0-	$ 417.08	$ 417.08
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	-0-	-0-	-0-
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	$ -0-	$ 417.08	$ 417.08

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	$ -0-	$ -0-	$ -0-
9. Loans Made	Schedule H, Line 7	-0-	-0-	-0-
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	$ -0-	$ -0-	$ -0-
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	-0-	-0-	-0-
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	$ -0-	$ -0-	$ -0-

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	$ -0-
14. Cash Receipts	Column A, Line 3 above	-0-
15. Miscellaneous Increases to Cash	Schedule I, Line 4	-0-
16. Cash Payments	Column A, Line 10 above	-0-
17. **ENDING CASH BALANCE**	Add Lines 13 + 14 + 15, then subtract Line 16	$ -0-

If this is a Termination Statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

*From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

18. LOAN GUARANTEES RECEIVED — Schedule B, Part I, Column (b) $ -0-

Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See instructions on reverse	$ -0-
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	$ 417.08

Summary for Candidates in Both June and November Elections

	1/1 thru 6/30	7/1 to Date
21. Contributions Received	$	
22. Expenditures Made	$	

Statement of Termination

This form must be completed by officeholders, candidates, and recipient committees that wish to terminate pursuant to Government Code Section 84214.

Type or Print in Ink.

Date Stamp

TERMINATION

CALIFORNIA 1991 FORM **415**

A For Official Use Only

Officeholders and candidates file an original of this form with the filing officer with whom they file the originals of their campaign statements.

Committees file an original of this form with the Secretary of State and, if applicable, a copy with the local filing officer.

I Officeholder or Candidate Termination

NAME OF OFFICEHOLDER OR CANDIDATE: Leon Lawson Williams

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET): 1600 Pacific Highway

CITY: San Diego STATE: CA ZIP CODE: 92101

AREA CODE/PHONE NUMBER: (619) 531-5544

II Information on Office Sought or Held

OFFICE SOUGHT OR HELD: San Diego Supervisor - District 4

LOCATION (IF APPLICABLE): San Diego DISTRICT NUMBER (IF APPLICABLE): District 4

EFFECTIVE DATE OF TERMINATION: 12/31/91

III Verification

I have used all reasonable diligence in preparing this statement. I have ceased to receive contributions and make expenditures; do not anticipate receiving contributions or repayments of outstanding loans made to others or any other receipts, or making expenditures in the future; have eliminated or declare that I have no intention or ability to discharge all debts, loans received, and other obligations; have no surplus funds; and have filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/29/92 (DATE) At San Diego, CA (CITY AND STATE)

By _____ (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

I Recipient Committee Termination

NAME OF COMMITTEE: _____ I.D. NUMBER: _____

ADDRESS OF COMMITTEE (NO. AND STREET): _____

CITY: _____ STATE: _____ ZIP CODE: _____

AREA CODE/PHONE NUMBER: _____

II Treasurer Information

NAME OF TREASURER: Robert E. Miller, Jr.

PERMANENT ADDRESS OF TREASURER (NO. AND STREET): 1200 Third Avenue, Suite 700

CITY: San Diego STATE: CA ZIP CODE: 92101

AREA CODE/DAYTIME PHONE NUMBER: (619) 239-3061 EFFECTIVE DATE OF TERMINATION: 12/31/91

III Verification

I have used all reasonable diligence in preparing this statement. This committee has ceased to receive contributions and make expenditures; does not anticipate receiving contributions or repayments of outstanding loans made to others or any other receipts, or making expenditures in the future; has eliminated or declares that it has no intention or ability to discharge all debts, loans received, and other obligations; has no surplus funds; and has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/29/92 (DATE) At San Diego, CA (CITY AND STATE)

By _____ (SIGNATURE OF TREASURER)

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

By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

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

By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

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

By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

NOTE: Additional filing obligations will be incurred if an officeholder, candidate, or committee begins raising or spending funds or receives the forgiveness of a loan or repayments of loans made to others or any other receipts.

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

LONG FORM

Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)
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- ☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- ☒ Semi-annual Statement
- ☒ Termination Statement (Attach a completed Form 415 to this statement.)

Date of Election if applicable: (Month, Day, Year)

I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE: Leon Lawson Williams

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): San Diego Supervisor - District 4

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET): 1600 Pacific Highway

CITY: San Diego STATE: CA ZIP CODE: 92101 AREA CODE/DAYTIME PHONE: (619) 531-5544

COMMITTEE NAME: Friends to Re-Elect Leon Williams ID NUMBER: 902433

COMMITTEE ADDRESS (NO. AND STREET): 1200 Third Avenue, Suite 700

CITY: San Diego STATE: CA ZIP CODE: 92101 AREA CODE/DAYTIME PHONE: (619) 239-3061

NAME OF TREASURER: Robert E. Miller, Jr.

PERMANENT ADDRESS OF TREASURER (NO. AND STREET): 1200 Third Avenue, Suite 700

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II Other Committees Not Included in this Statement:

List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME: Friends of Leon Williams ID NUMBER: 890737

NAME OF TREASURER: Robert E. Miller, Jr. CONTROLLED COMMITTEE? ☒ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET): 1200 Third Avenue, Suite 700

CITY: San Diego STATE: CA ZIP CODE: 92101 AREA CODE/DAYTIME PHONE: (619) 239-3061

COMMITTEE NAME: ID NUMBER:

NAME OF TREASURER: CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET):

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

Treasurer:
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 1/29/92 (DATE) At San Diego, CA (CITY AND STATE)

By [signature] (SIGNATURE OF TREASURER)

Officeholder or Candidate:
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 1/29/92 (DATE) At San Diego, CA (CITY AND STATE)

By [signature] (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

SUMMARY PAGE

Campaign Disclosure Statement Summary Page

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CALIFORNIA 1991 FORM 490

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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: Friends to Re-Elect Leon Williams

I.D. NUMBER: 902433

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4. Non-monetary Contributions	Schedule C, Line 3	-0-	-0-	-0-
5. SUBTOTAL CONTRIBUTIONS *(Excluding Enforceable Promises)*	Add Lines 3 + 4	$ -0-	$ -0-	$ -0-
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22. Expenditures Made	$	