[File]

[ms-0398.004.015.0047]

STATEMENT OF ORGANIZATION

Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

Type or Print in Ink

SEE INSTRUCTIONS ON REVERSE

Amendment

☐ Check box if an Amendment and enter I.D. number

_____

WHERE TO FILE:

File original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:
The city or county officer, if any, who receives the committee's original campaign disclosure statements

Date Stamp

CALIFORNIA 1993 FORM **410**

For Official Use Only

I Committee Information

Date Qualified as Committee: (Month, Day, Year) _____ ☒ Check box if not yet qualified

NAME OF COMMITTEE:
Campaign '94-Leon Williams Supervisor

ADDRESS OF COMMITTEE: (NOT P.O. BOX) NO. AND STREET
450 "A" Street, 2nd Floor

CITY: San Diego | STATE: CA | ZIP CODE: 92101 | AREA CODE/PHONE NUMBER: (619) 239-3065

COUNTY OF DOMICILE: San Diego

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

MAILING ADDRESS: (IF DIFFERENT) NO. AND STREET OR P.O. BOX
SAME

CITY | STATE | ZIP CODE | AREA CODE/PHONE NUMBER

II Treasurer and Other Principal Officers

NAME OF TREASURER:
Chris Miller

MAILING ADDRESS:
450 "A" Street, 2nd Floor

CITY: San Diego | STATE: CA | ZIP CODE: 92101 | AREA CODE/DAYTIME PHONE: (619) 239-3065

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S):

MAILING ADDRESS

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

Attach additional information on appropriately labeled continuation sheets.

III Disposition of Surplus Funds

You must specify what disposition will be made of leftover campaign funds, if any, at termination.

Surplus funds, if any, will be disposed of with the then appropriate and applicable laws.

IV Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 _____ (DATE) At San Diego, CA (CITY AND STATE) By _____ (SIGNATURE OF TREASURER)

Executed on 4/8/93 (DATE) At San Diego, CA (CITY AND STATE) By Leon Williams (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)

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATIONAL PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

STATEMENT OF ORGANIZATION

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Statement of Organization
Recipient Committee

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I.D. NUMBER (IF AMENDMENT

Type or Print in Ink

NAME OF COMMITTEE:

Campaign '94-Leon Williams Supervisor

V **Type of Committee Completing This Statement:** COMPLETE THE APPLICABLE SECTION(S). MORE THAN ONE CATEGORY MAY BE APPLICABLE TO YOUR COMMITTEE. SEE REVERSE FOR IMPORTANT INFORMATION AND DEFINITIONS OF THE COMMITTEES LISTED BELOW.

Controlled Committee

- If this committee is controlled by one or more officeholder(s) or candidate(s), list the name of each controlling officeholder or candidate. Also list the elective office sought or held, and district number, if any, for each individual.
- If this committee is controlled by one or more officeholder(s) or candidate(s) for partisan office, list the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan."
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT/COMMITTTEE	PARTY	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)
Leon Williams	Non-Partisan	County Supervisor/District 4

Primarily Formed Committee If primarily formed to support or oppose specific candidates or measures, list the candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ON SUPPORT	
Leon Williams	County Supervisor/District 4	X	
		SUPPORT	

General Purpose Committee

If not formed to support or oppose specific candidates or measures, check ONE box to indicate if this is a: ☐ CITY Committee or ☐ COUNTY Committee or ☐ STATE Committ

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee Provide the name and address of the sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachmen

NAME OF SPONSOR:

ADDRESS OF SPONSOR: NO. AND STREET CITY STATE ZIP CODE

INDUSTRY GROUP OR AFFILIATIO SPONSOR:

Broad Based Committee

If this is a broad based committee and wishes to make contributions to candidates in excess of the $2,500 contribution limit in connection with a special election, check the box below and en date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the $2,

qualified as a broad based committee: _____ (Month, Day, Year)