[ms-0398.004.015.002]

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 1/1/93
through 6/30/93

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 405 to this statement.)
- [X] Semi-annual Statement
- [ ] Termination Statement (Attach a completed Form 415 to this statement.)

Date of Election if applicable: (Month, Day, Year)
1994

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: Campaign '94-Leon Williams Supervisor | I.D. NUMBER: 930389

COMMITTEE ADDRESS (NO. AND STREET)
450 "A" Street, 2nd Floor

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

NAME OF TREASURER
Chris Miller

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
450 "A" Street, 2nd Floor

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

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 | I.D. NUMBER: 890737

NAME OF TREASURER: Chris Miller | CONTROLLED COMMITTEE? [X] YES [ ] NO

COMMITTEE ADDRESS (NO. AND STREET): 450 "A" Street, 2nd Floor

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

COMMITTEE NAME: | I.D. 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 7/29/93 (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 7/28/93 (DATE) At San Diego, CA (CITY AND STATE)

By [signature] (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

SUMMARY PAGE

Campaign Disclosure Statement Summary Page

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

Statement covers period from 1/1/93 through 6/30/93

CALIFORNIA 1991 FORM **490**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Campaign '94-Leon Williams Supervisor

I.D. NUMBER 930389

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-	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ -0-	$ -0-	$ -0-
4. Non monetary Contributions	Schedule C, Line 3	-0-	-0-	-0-
5. SUBTOTAL CONTRIBUTIONS *(Excluding Enforceable Promises)*	Add Lines 3 + 4	$ -0-	$ -0-	$ -0-
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-	$ -0-	$ -0-

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** *If this is a Termination Statement, Line 17 must be zero*	Add Lines 13 + 14 + 15, then subtract Line 16	$ -0- ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT
18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	$ -0-

*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).

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	$ -0-

Summary for Candidates in Both June and November Elections

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