[ms-0398.004.016.002]

COVER PAGE - 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 1/1/94 through 6/30/94

Date Stamp

CALIFORNIA 1994 FORM 490

Page 1 of 3

For Official Use Only

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

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.)

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? ☒ 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

I have 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 _____ (DATE) At San Diego, CA (CITY AND STATE) By _____ (SIGNATURE OF TREASURER)

An officeholder or candidate who controls a committee must also verify the campaign statement. 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 7/27/94 (DATE) At San Diego, CA (CITY AND STATE) By [signature] (SIGNATURE OF CANDIDATE/OFFICEHOLDER)

Executed on _____ (DATE) At _____ (CITY AND STATE) By _____ (SIGNATURE OF CANDIDATE/OFFICEHOLDER)

Executed on _____ (DATE) At _____ (CITY AND STATE) By _____ (SIGNATURE OF CANDIDATE/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

Campaign Disclosure Statement
Summary Page

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

Statement covers period
from 01/01/94
through 06/30/94

CALIFORNIA 1994 FORM 490

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 COLUMN A+B)
1. Monetary Contributions	Schedule A, Line 3	$ 0.00	$ 0.00	$ 0.00
2. Loans Received	Schedule B, Line 7	$ 0.00	$ 0.00	$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 0.00	$ 0.00	$ 0.00
4. Non-monetary Contributions	Schedule C, Line 3	$ 0.00	$ 0.00	$ 0.00
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)	Add Lines 3 + 4	$ 0.00	$ 0.00	$ 0.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	$ 0.00	$ 0.00	$ 0.00
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	$ 0.00	$ 0.00	$ 0.00
Expenditures Made				
8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	$ 1,310.09	$ 0.00	$ 1,310.09
9. Loans Made	Schedule H, Line 7	$ 0.00	$ 0.00	$ 0.00
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	$ 1,310.09	$ 0.00	$ 1,310.09
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	$ 0.00	$ 0.00	$ 0.00
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	$ 1,310.09	$ 0.00	$ 1,310.09

*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).

Current Cash Statement		
13. Beginning Cash Balance	Previous Summary Page, Line 17	$ 2,282.82
14. Cash Reciepts	Column A, Line 3 above	$ 0.00
15. Miscellaneous Increases to Cash	Schedule I, Line 4	$ 0.00
16. Cash Payments	Column A, Line 10 above	$ 1,310.09
17. **ENDING CASH BALANCE**	Add Line 13 + 14 + 15, then subtract Line 16	$ 972.73

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

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED	Schedule D, Part I, Column(b)	$ 0.00

Cash Equivalents and Outstanding Debts		
19. Cash Equivalents	See instructions on reverse	$ 0.00
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	$ 0.00

Summary for Candidates in Both June and November Elections

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

SCHEDULE E
Payments and Contributions
(Other Than Loans) Made

Statement covers period
from 01/01/94
through 06/30/94

CAMPAIGN '94 LEON WILLIAMS SUPERVISOR

I.D. Number (930389)

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

"C"-MONETARY AND IN-KIND(NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
"I"-INDEPENDENT EXPENDITURES
"L"-LITERATURE
"B"-BROADCAST ADVERTISING
"N"-NEWSPAPER AND PERIODICAL ADVERTISING
"O"-OUTSIDE ADVERTISING
"S"-SURVEYS,SIGNATURE GATHERING,DOOR-TO-DOOR SOLICITATIONS
"F"-FUNDRAISING EVENTS
"G"-GENERAL OPERATIONS AND OVERHEAD
"T"-TRAVEL,ACCOMODATIONS AND MEALS (MUST BE DESCRIBED)
"P"-PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Miller/Robertson & Company 450 A Street, 2nd Floor San Diego, CA 92101	Professional Services	$ 500.00
Miller/Robertson & Company 450 A Street, 2nd Floor San Diego, CA 92101	Professional Services	$ 300.00
Miller/Robertson & Company 450 A Street, 2nd Floor San Diego, CA 92101	Professional Services	$ 250.00

SUBTOTAL: $1,050.00

Payments and Contributions Made Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.)..... $ 1,050.00
2. Payments made this period of under $100.(Do not itemize.)..... $ 260.09
3. Total interest paid this period on outstanding loans.(Enter amount Schedule B, Part II, Column(d).). $ 0.00
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.).... $ 0.00
5. Total payments made this period.
   (Add Lines 1,2,3 and 4. Enter here and on the Summary Page, Column A, Line 8.).....TOTAL $ 1,310.09