[ms-0398.004,016.001]

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

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE - LONG FORM

CALIFORNIA 1994 FORM **490**

Statement covers period from 1/1/94 through 6/30/94

Date Stamp

Page 1 of 5

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: Friends of Leon Williams I.D. NUMBER: 890737

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

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 7/7/94 (DATE) At San Diego, CA (CITY AND STATE) By Leon Williams (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.

SUMMARY PAGE

Statement covers period
from 1/1/94
through 6/30/94

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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*	$ 64.03	$ -0-	$ 64.03
2. Loans Received	*Schedule B, Line 7*	(350.00)	350.00	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ (285.97)	$ 350.00	$ 64.03
4. Non-monetary Contributions	*Schedule C, Line 3*	-0-	-0-	-0-
5. SUBTOTAL CONTRIBUTIONS *(Exclude Enforceable Promises)*	*Add Lines 3 + 4*	$ (285.97)	$ 350.00	$ 64.03
6. Enforceable Promises *(Exclude Loan Guarantees, Line 18 below)*	*Schedule D, Line 7*	-0-	-0-	-0-
7. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 5 + 6*	$ (285.97)	$ 350.00	$ 64.03

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*	$ 285.97
14. Cash Receipts	*Column A, Line 3 above*	(285.97)
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 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*	$ -0-

Summary for Candidates in Both June and November Elections

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

SCHEDULE A
Monetary Contributions Received
(Amounts may be rounded to whole dollars)

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

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
FRIENDS OF LEON WILLIAMS

I.D. Number
(890737)

Date Received	Name and Address of Contributor	Occupation/Employer (if self employed name of business)	Amount Received this period	Cumulative for Calendar Year Jan 1-Dec 31	Cumulative to Date Other

Sub Total: $ 0.00

Monetary Contributions Summary

1. Amount Received this period - contributions of $100 or more.(Include all Schedule A subtotals.).... $ 0.00

2. Amount Received this period - contributions of less than $100.(Do not itemize.)..... $ 64.03

3. Total monetary contributions Received this period.
(Add Lines 1 and 2. Enter here and on Summary Page, Column A, Line 1.)..... $ 64.03

Schedule B — Part I
Loans Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE B - Part I

Statement covers period
from 1/1/94
through 6/30/94

CALIFORNIA 1994 FORM 490

SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER
890737

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
	☐ Lender ☐ Guarantor*		DUE DATE / INTEREST RATE ____ %		CALENDAR YEAR $ ____ OTHER $ ____		CALENDAR YEAR $ ____ OTHER $ ____
	☐ Lender ☐ Guarantor*		DUE DATE / INTEREST RATE ____ %		CALENDAR YEAR $ ____ OTHER $ ____		CALENDAR YEAR $ ____ OTHER $ ____
	☐ Lender ☐ Guarantor*		DUE DATE / INTEREST RATE ____ %		CALENDAR YEAR $ ____ OTHER $ ____		CALENDAR YEAR $ ____ OTHER $ ____
*See important instructions on reverse.			SUBTOTAL	$ -0- (a)		$ -0- (b)	Enter (b) on Summary Page, Line 18 only

Loans Received — Part I Summary

1. Loans of $100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) ..... $ -0-
2. Loans under $100 received this period. (Do not itemize.) ..... $ -0-
3. Total loans received this period. (Add Lines 1 and 2.) ..... TOTAL $ -0-

Loans Received — Part II Summary

4. Loans of $100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, *also* itemize the transaction on Schedule A.) ..... $ 350.00
5. Loans under $100 repaid, forgiven, or paid by a third party. (Do no itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. ..... $ -0-
6. Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... TOTAL $ (350.00)
7. Net change this period. (Subtract Line 6 from Line 3.) Enter the net here and on the Summary Page, Column A, Line 2. ..... NET $ (350.00)
   May be a negative number.

Schedule B — Part II
Repayments Made on Loans Received, Loans Forgiven, and Loans Repaid by a Third Party

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/94
through 6/30/94

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Friends of Leon Williams

I.D. NUMBER
890737

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	AMOUNT REPAID OR FORGIVEN ON PRINCIPAL* (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
3/30/94	10/13/93	Leon Lawson Williams		350.00	-0-	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ (c) 350.00

TOTAL INTEREST PAID THIS PERIOD $ (d) -0-

***IMPORTANT:** If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.*

Enter the amount in column (d) in the summary section of Schedule E, Line 3. Do not carry this total to the summary section of Schedule B.