[ms-0398.005.003.008]

Hand Delivered to Registrar 7/31/84

Form 490
1984

CONSOLIDATED CAMPAIGN STATEMENT

(Government Code Sections 84200-84217)

For use by candidates/officeholders and their controlled committees.

(Type or Print in Ink)

Statement covers period from 1/1/84 through 6/30/84.

A OFFICIAL USE ONLY

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE):

TOTAL PAGES: 6

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE: Leon Lawson Williams

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

RESIDENTIAL ADDRESS: NO. AND STREET: 3024 E Street; CITY: San Diego; STATE: Calif.; ZIP CODE: 92102; AREA CODE: 619; PHONE NUMBER: 234-5544

BUSINESS ADDRESS: NO. AND STREET: 1600 Pacific Highway; CITY: San Diego; STATE: Calif.; ZIP CODE: 92101; AREA CODE: 619; PHONE NUMBER: 236 4444

II CONTROLLED COMMITTEES* INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF COMMITTEE: Citizens for Leon Williams

I.D. NUMBER: 810934

ADDRESS OF COMMITTEE: NO. AND STREET: 5175 Canterbury Drive; CITY: San Diego; STATE: Calif.; ZIP CODE: 92116; AREA CODE: 619; PHONE NUMBER: 280-7079

NAME OF TREASURER: William Grote

PERMANENT ADDRESS OF TREASURER: NO. AND STREET: 5175 Canterbury Drive; CITY: San Diego; STATE: Calif.; ZIP CODE: 92116; AREA CODE: 619; PHONE NUMBER: 280-7079

NAME OF COMMITTEE:

I.D. NUMBER:

ADDRESS OF COMMITTEE: NO. AND STREET; CITY; STATE; ZIP CODE; AREA CODE; PHONE NUMBER

NAME OF TREASURER:

PERMANENT ADDRESS OF TREASURER: NO. AND STREET; CITY; STATE; ZIP CODE; AREA CODE; PHONE NUMBER

Attach additional information on appropriately labeled continuation sheets.

III CANDIDATE/OFFICEHOLDER ONLY: LIST ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED STATEMENT WHICH ARE CONTROLLED BY YOU OR ARE PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	Controlled Committee?* YES	NO

Attach additional information on appropriately labeled continuation sheets.

(A controlled committee is one which is controlled directly or indirectly by a candidate or which acts jointly with a candidate or controlled committee in connection with the making of expenditures. A candidate controls a committee if the candidate, the candidate's agent, or any other committee he or she controls, has significant influence on the actions or decisions of the committee.)

VERIFICATION

I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and that I have used all reasonable diligence in their preparation.

Executed on July 27 1984 (DATE) at San Diego Calif. (CITY AND STATE) by [signature] (SIGNATURE OF TREASURER(S))

Executed on _____ (DATE) at _____ (CITY AND STATE) by _____ (SIGNATURE OF TREASURER(S))

I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and the treasurer(s) of this committee(s) has used all reasonable diligence in the preparation of this statement and its schedules.

Executed on 7/28/84 (DATE) at San Diego (CITY AND STATE) by [signature] (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," Part X.

CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 1/1/84 THROUGH 6/30/84

NAME OF CANDIDATE OR COMMITTEE: Citizens for Leon Williams

I.D. NUMBER (IF COMMITTEE): 810934

	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date (Columns A + B)
CONTRIBUTIONS RECEIVED			
1. Monetary contributions	$ -0-	$ -0- (SCHEDULE A, LINE 3)	$ -0-
2. Loans	-0-	-0- (SCHEDULE B, LINE 8)	-0-
3. Subtotal	$ -0- (LINES 1 + 2)	$ -0- (LINES 1 + 2)	$ -0- (LINES 1 + 2)
4. Non-monetary contributions	-0-	-0- (SCHEDULE C, LINE 3)	-0-
5. Pledges	-0-	-0- (SCHEDULE D, LINE 7)	-0-
6. TOTAL CONTRIBUTIONS	$ -0- (LINES 3 + 4 + 5)	$ -0- (LINES 3 + 4 + 5)	$ -0- (LINES 3 + 4 + 5 (SHOULD EQUAL LINE 6, COLUMNS A + B))
EXPENDITURES MADE			
7. Payments	$ -0-	$ 701.20 (SCHEDULE E, LINE 4)	$ 701.20
8. Accrued expenses (unpaid bills)	-0-	-0- (SCHEDULE F, LINE 5)	-0-
9. TOTAL EXPENDITURES	$ (LINES 7 + 8)	$ 701.20 (LINES 7 + 8)	$ 701.20 (LINES 7 + 8 (SHOULD EQUAL LINE 9, COLUMNS A + B))

If this is the first report filed for the calendar year, Column A should be blank except for unpaid loans, bills and pledges.

STATEMENT OF CHANGES IN FINANCIAL CONDITION

10.	Cash on hand at the beginning of this period. (Line 14 of previous statement)	$ 2171
11.	Cash receipts this period (Line 3, Column B above)	-0-
12.	Miscellaneous adjustments to cash (Schedule G, Line 7)	100
13.	Cash payments this period (Line 7, Column B above)	701.20
14.	Cash on hand at closing date (Lines 10+11+12-13 above)*	1569.80
15.	Outstanding debts (Line 2 + Line 8 of Column C above)	-0-
** 16.	Ending surplus (if Line 14 is greater than Line 15, subtract Line 15 from Line 14)	$ 1743.35
17.	Ending deficit (if Line 15 is greater than Line 14, subtract Line 14 from Line 15)	$ ( )

** See Schedule G

Ending cash on hand should not be a negative amount.

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION *(See Instructions on Reverse)*

	1/ 1 thru 6 /30	7/ 1 to date
18. CONTRIBUTIONS RECEIVED:		
19. EXPENDITURES MADE:		

SCHEDULE A

MONETARY CONTRIBUTIONS RECEIVED
FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD FROM	THROUGH
1/1/84	6/30/84

NAME OF CANDIDATE OR COMMITTEE: Citizems for Leon Williams

I.D. NUMBER (IF COMMITTEE) 810934

DATE REC'D	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)	OCCUPATION	EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	AMOUNT CUMULATIVE TO DATE
			SUBTOTAL		

☐ If more space is needed, check box at left and attach additional Schedules A.

SUMMARY

1. AMOUNT RECEIVED – CONTRIBUTIONS OF $100 OR MORE (Include all Schedule A subtotals)	$ -0-	-0-
2. AMOUNT RECEIVED – CONTRIBUTIONS OF LESS THAN $100 (Not itemized)	-0-	-0-
3. TOTAL MONETARY CONTRIBUTIONS THIS PERIOD (Line 1 + Line 2) Enter here and on Line 1 Column B of Summary Page	-0-	$ -0-

IV ALLOCATION OF CONTRIBUTIONS AND EXPENDITURES MADE TO OR ON BEHALF OF OTHER CANDIDATES, OFFICEHOLDERS AND MEASURES (Allocate expenditures from Schedules E & F made to or on behalf of another candidate, officeholder or measure. Amounts may be rounded off to whole dollars.)

OFFICIAL USE ONLY	DATE	NAME OF CANDIDATE OR OFFICEHOLDER AND OFFICE OR MEASURE AND BALLOT NUMBER OR LETTER	CHECK ONE Support	Oppose	AMOUNT	CUMULATIVE TO DATE
	4/12/	Mondale for President	x		$50	$50

Attach additional information on appropriately labeled continuation sheets.

INSTRUCTIONS FOR PREPARING COVER PAGE

CONSOLIDATED CAMPAIGN STATEMENT
FORM 490

PERIOD COVERED BY STATEMENT:

The period covered begins the day after the closing date of the last campaign statement filed. If a previous statement has not been filed, the period begins on January 1 of the current calendar year. The period ends on the closing date for the current statement. The closing date is specified in the "Information Manual on Campaign Disclosure."

DATE OF ELECTION:

If this statement is filed in connection with an election held on a date other than June 5 or November 6, enter the date of the election.

PART I:

Provide the candidate's or officeholder's full name, residential address, business address and telephone numbers, and the office sought or held.

PART II:

Identify the controlled committees included in the consolidated report and the treasurers of the committees. Use the same information that appears on the committees' Statements of Organization filed with the Secretary of State. Do not use abbreviations. A **permanent** business or residential address must be provided for the treasurers. The identification numbers must be included. (If not yet received from the Secretary of State's office, that fact must be noted.)

PART III:

The candidate or office holder must list all additional committees not included in this consolidated report which are controlled by the candidate or officeholder or are primarily formed to receive contributions or make expenditures on the candidate's behalf and whether or not they are controlled committees.

VERIFICATION:

The statement must be signed by each committee treasurer included in the consolidated report and by the candidate or officeholder who controls the committee. The treasurer and candidate or officeholder must review the information contained in the statement before signing the verification.

ALLOCATION OF CONTRIBUTIONS AND EXPENDITURES MADE TO OR ON BEHALF OF OTHER CANDIDATES, OFFICEHOLDERS AND MEASURES:

List all contributions (including loans) and independent expenditures itemized on Schedules E and F to support or oppose officeholders, candidates and ballot measures (other than those controlling this committee or for which this committee is primarily formed). Indicate the date of the expenditure, the office sought or held (or the measure's number or letter and the jurisdiction), the amount of the expenditure and the cumulative amount to date. The "Cumulative to Date" column should include the total of expenditures for or against each candidate or measure since January 1 of the current calendar year. (See "Information Manual on Campaign Disclosure" for discussion and examples of "cumulation".)

SCHEDULE E

PAYMENTS AND CONTRIBUTIONS MADE

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD FROM	THROUGH

NAME OF CANDIDATE OR COMMITTEE:

I.D. NUMBER (IF COMMITTEE)

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the *Information Manual on Campaign Disclosure* for detailed explanations and examples of each category.

"C" – CONTRIBUTIONS TO OTHER CANDIDATES OR 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, ACCOMMODATIONS AND MEALS
"P" – PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

IMPORTANT: Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of these payments on Line 3 of the Summary section, below.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR NAME AND ADDRESS OF TREASURER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Michael D. Crawford P.O. Box 13646 San Diego,Ca.92116		Return of excess contribution.	$ 250
County of San Diego 1600 Pacific Highway San Diego,Ca. 92101		Payment for receipt of excessive contribution	100
☐ If more space is needed, check box and attach additional Schedules E.		SUBTOTAL	

IMPORTANT: Contributions and expenditures on behalf of other candidates or committees must also be entered in the allocation section at the front of the campaign statement.

SUMMARY

1. Payments of $100 or more made this period (Include all Schedule E Subtotals) . . . . . $ 350.00
2. Payments under $100 this period (not itemized) . . . . . $ 351.20
3. Total Accrued Expenses paid this period (Schedule F, Line 4) . . . . . $ _____
4. Total Payments this period (Line 1 + 2 + 3) Enter here and on Line 7, Column B of Summary Page . . . . . $ 701.20

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD FROM	THROUGH
1/1/84	6/30/84

NAME OF CANDIDATE OR COMMITTEE: Citizens for Leon Williams

I.D. NUMBER (IF COMMITTEE): 810934

DATE	DESCRIPTION OF ADJUSTMENT (IF THE ADJUSTMENT INVOLVES A COMMITTEE, OTHER THAN THE FILER, ENTER THE COMMITTEE'S NAME AND ADDRESS. ALSO ENTER THE COMMITTEE'S I.D. NUMBER OR THE TREASURER'S NAME AND ADDRESS)	AMOUNT OF INCREASE TO CASH	AMOUNT OF DECREASE TO CASH
7/26/84	Check made to Hollis Gentry Ensemble during August, 1983 to Hollis Gentry Ensemble was never cashed.	$100	
7/27/84	Bank statement for June, 1984 indicates balance of $ 331 3.15. Adjustment for checks outstanding result in unexplainable surplus of $1743.35. This is due to administrative error of unknown content. Records have been submitted for independent audit to Leonel E. Guerrero, C.P.A. Amended disclosure forms will submitted when bookkeeping errors have been adduced.		
	SUBTOTAL	(a) 1843.35	(b)

☐ If more space is needed, check box at left and attach additional Schedules G

SUMMARY

1.	INCREASES TO CASH OF $100 OR MORE THIS PERIOD (Column (a))	$ 100
2.	INCREASES TO CASH OF LESS THAN $100 THIS PERIOD (Not itemized)	-0-
3.	TOTAL INCREASES TO CASH THIS PERIOD (Line 1 + Line 2)	100
4.	DECREASES TO CASH OF $100 OR MORE THIS PERIOD (Column (b))	-0-
5.	DECREASES TO CASH OF LESS THAN $100 THIS PERIOD (Not itemized)	-0-
6.	TOTAL DECREASES TO CASH THIS PERIOD (Line 4 + Line 5)	-0-
7.	TOTAL MISCELLANEOUS ADJUSTMENTS TO CASH THIS PERIOD (Line 3 minus Line 6) Enter here and on Line 12 of Summary Page	$100 (May be negative figure)

WILLIAM GROTE
5175 CANTERBURY DRIVE
SAN DIEGO, CALIFORNIA 92116

July 27, 1984

Mr. Rae David
Registrar of Voters Office
5201 Ruffin Road
San Diego, Calif.

Dear Rae:-

Well, it looks as if Grote has goofed again. Per bank statement, $17.43 too much! I've been through the records at least ten times, and my wife almost as often - with no success in explaining the situation. Lee Guerrero, C.P.A. is trying to find my error(s). When he finds same, I'll submit amended forms to reflect the true situation. I'll also hold the amount in question aside in case of escheatment.

I've already apologized to Mr. Williams for my inadvertent

(over)

incompetence. I'm also sorry for any trouble this might cause your office.

May I respectfully suggest that any further questions you have concerning this matter be directed to Supervisor Williams. Meanwhile I will keep your office informed of developments as they occur.

Cordially,

William Gate

P.S. It was nice to finally have met you in person.