Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

FILED
Date Stamp
JAN 25 2002
REGISTRAR OF VOTERS
By [illegible] Deputy

COVER PAGE

CALIFORNIA 2001/02 FORM **460**

Page 1 of 6

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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1-1-02
through 1-19-02

Date of election if applicable (Month, Day, Year)
3-5-02

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall
  - *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- [ ] Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored
  - *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: PENDING

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): JOANN WILLIAMS FOR PUBLIC ADMINISTRATOR

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE: [redacted]

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: JOANN WILLIAMS

MAILING ADDRESS: SAME

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing 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 1-24-02 (Date) By Joann Williams (Signature of Treasurer or Assistant Treasurer)

Executed on 1-24-02 (Date) By John S. Williams (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement - Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

JOHN WILLIAMS

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

O.C. PUBLIC ADMINISTRATOR

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[redacted]

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME: NONE

I.D. NUMBER:

NAME OF TREASURER:

CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS: STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME: I.D. NUMBER:

NAME OF TREASURER:

CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS: STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

NONE

BALLOT NO. OR LETTER | JURISDICTION | ☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NONE		☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period
from 1-1-02
through 1-19-02

Page 3 of 6

I.D. NUMBER
PENDING

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
JOHN WILLIAMS FOR PUBLIC ADMINISTRATOR

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 0	$ 0
2. Loans Received	Schedule B, Line 7	5,000.00	5,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 5,000.00	$ 5,000.00
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 5,000.00	$ 5,000.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 8797.46	$ 8797.46
7. Loans Made	Schedule H, Line 7	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 8797.46	$ 8797.46
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 8,797.46	$ 8,797.46

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 8796.70
13. Cash Receipts	Column A, Line 3 above	5,000.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	8,797.46
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 4,999.24

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 26,000.00

Schedule B – Part 1
Loans Received

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

Statement covers period
from 1-1-02
through 1-19-02

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JOHN WILLIAMS FOR PUBLIC ADMINISTRATOR

I.D. NUMBER: PENDING

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
JOHN WILLIAMS, CANDIDATE † ✓ IND COM OTH PTY SCC	SELF (IND)	$ 21,000.00	$ 5,000.00	☐ PAID $ Ø ☐ FORGIVEN $ Ø	$ 26,000.00 DATE DUE —	Ø % RATE $ Ø	$ DATE INCURRED 1-16-02	CALENDAR YEAR $ 5,000.00 PER ELECTION** $ 26,000.00
† IND COM OTH PTY SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
† IND COM OTH PTY SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $ 5,000.00		$ Ø	$ 26,000.00	$ Ø (Enter (e) on Schedule E, Line 3)		TOTAL $ 26,000.00

Schedule B Summary

1. Loans received this period ..... $ 5,000.00
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $ Ø
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET $ 5,000.00 (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

Schedule E
Payments Made

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

Statement covers period
from 1-1-02
through 1-19-02

SCHEDULE E
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: JOHN WILLIAMS FOR PUBLIC ADMINISTRATOR

I.D. NUMBER: PENDING

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HOLIDAY INN [redacted]	FND			350.00
3-D SIGNS [redacted]	CMP			450.00
INDEPENDENT VOTER'S GUIDE [redacted]	LIT			1,080.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 1,880.00

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 8,797.46
2. Unitemized payments made this period of under $100 ..... $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 8,797.46

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
from 1-7-02
through 1-19-02

SCHEDULE E (CONT)
CALIFORNIA FORM **460**
Page 6 of 6

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
JOHN WILLIAMS FOR PUBLIC ADMINISTRATOR

I.D. NUMBER
PENDING

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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CONTINUING THE REPUBLICAN REVOLUTION [redacted]	LIT			1,750.00
CA VOTER GUIDE [redacted]	LIT			3,750.00
COPY MAX [redacted]			COPY SERVICE	31.46
US POSTAL SERVICE [redacted]			POSTAGE	136.00
DEMOCRATIC VOTER'S GUIDE [redacted]	LIT			1,250.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 6,917.46