Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp: FILED JUL 31 2002 REGISTRAR OF VOTERS By [illegible]

COPY

COVER PAGE

CALIFORNIA 2001/02 FORM 460

Page 1 of 8

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 2-17-02 through 6-30-02

Date of election if applicable: (Month, Day, Year) 11-5-02

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:

- [ ] Preelection Statement
- [x] 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 1241401

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: [redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: JOANN WILLIAMS

MAILING ADDRESS: [redacted]

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

NAME OF ASSISTANT TREASURER, IF ANY: NONE

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 7-31-02 (Date) By Joann M. Williams (Signature of Treasurer or Assistant Treasurer)

Executed on 7-31-02 (Date) By [illegible] (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 S. 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 I.D. NUMBER

NONE

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 2-17-02
through 6-30-02

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JOHN WILLIAMS FOR PUBLIC ADMINISTRATOR

I.D. NUMBER: 1241401

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTALT O DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 1,096.00	$ 4249.00
2. Loans Received	Schedule B, Line 7	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 1,096.00	$ 4249.00
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 1,096.00	$ 4249.00

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	$ 4249.00	$ —
21. Expenditures Made	$ 18,386.51	$ —

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 3,533.08	$ 18,386.51
7. Loans Made	Schedule H, Line 7	0	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 3,533.08	$ 18,386.51
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 3,533.08	$ 18,386.51

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	$ 296.27
13. Cash Receipts	Column A, Line 3 above	1096.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	4439.32
15. Cash Payments	Column A, Line 8 above	- 3,533.08
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 906.24

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

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

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).

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 A
Monetary Contributions Received

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

Statement covers period
from 2-17-02
through 6-30-02

SCHEDULE A
CALIFORNIA FORM 460

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

I.D. NUMBER: 1241401

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/25	DOUG SMITH [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	UNKNOWN - RETIRED	100.00	100.00	
3/5	HAIRCUTS 4 50 BARBERS [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		200.00	200.00	
3/5	LENUS MISSION VIEJO [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		250.00	250.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 550.00

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 550.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 546.00
3. Total monetary contributions received this period (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 1,096.00

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

Schedule E
Payments Made

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

Statement covers period
from 2-17-02
through 6-30-02

SCHEDULE E
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JOHN WILLIAMS FOR PUBLIC ADMINISTRATOR

I.D. NUMBER: 1241401

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	PRI	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
INDEPENDANT VOTER'S LEAGUE [redacted]	LIT		250.00
O.C. ANTI ABORT BALLOT GUIDE [redacted]	LIT		250.00
JFK ALLIANCE [redacted]	LIT		250.00

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

SUBTOTAL $ 750.00

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 3,533.08
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 $ 3,533.08

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 2-17-02 through 6-30-02

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JOHN WILLIAMS FOR PUBLIC ADMINISTRATOR

I.D. NUMBER: 1241401

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
CA LAW ENFORCEMENT VOTER GUIDE [redacted]	LIT		250.00
CORY MAX [redacted]	OFC		101.25
AL MARTINEZ [redacted]	CMP		275.00
ALL AMERICAN CONSULTING [redacted]	CNS		500.00
OFFICE DEPOT [redacted]	OFC		107.75

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

SUBTOTAL ▸ 1234.00

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
from 2-17-02
through 6-30-02

CALIFORNIA FORM **460**

Page 7 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JOHN WILLIAMS FOR PUBLIC ADMINISTRATOR

I.D. NUMBER: 1241401

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
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/spons
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
MULTIPLE PHOTOS [redacted]	LIT		366.54
OFFICE DEPOT [redacted]	LIT		186.23
POSTMASTER [redacted]	LIT		934.27
OFFICE MAX [redacted]	LIT		62.04

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

SUBTOTAL $ 1549.08

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 2-7-02
through 6-30-02

SCHEDULE I
CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JOHN WILLIAMS FOR PUBLIC ADMINISTRATOR

I.D. NUMBER: 1241401

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	REGISTRAR OF VOTERS	CANDIDATE'S STATEMENT REFUND	4099.32
	VOIDED CHECK #510	CREDIT TO ACCOUNT	340.00

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $

Schedule I Summary

1. Increases to cash of $100 or more this period. $ 4,099.32
2. Unitemized increases to cash under $100 this period. $ —
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) $ —
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL $ 4,439.32