(Government Code Sections 84200-84216.5) (Type or Print in Ink) Statement covers period 0/21/9 through 12-31-90 CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED: PRE-ELECTION STATEMENT SEMI-ANNUAL STATEMENT SEMI-ANNUAL STATEMENT SEMI-ANNUAL STATEMENT SEMI-ANNUAL STATEMENT OF SEMI-ANNUAL STATEMENT ON STATEMENT OF SEMI-ANNUAL STATEMENT OF SEMI-ANNUAL STATEMENT ON STATEMEN		CANDIDATE, OFFICE CAMPAIG	HOLDER AND	CONTROLLED COMMITTEE JA	H 23	22 PH '91		
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		ARY PAGE		STATEMENT COVERS PERIC	
		VI 490 nded To Whole Dollars)		FROM THROUGH	
NAME	OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COL			10/21/90 12-31-9	
	Friends of J. Tilage	William		1.Ö. NUMBER 902 06 7	
CON	TRIBUTIONS RECEIVED	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date	
1.	Monetary contributions	. \$ 5681.	\$ 3020,	(Columns A + B) \$ 7 0/,	
2	Loans received	6000.	< 2000 >	4,000,	
3	SUBTOTAL CASH RECEIPTS	. \$11.681	SCHEDULE B, LINE 7 \$ / 02.0	. 12 701.	
4	Non-monetary contributions	LINES 1 + 2 5 80	LINES 1 + 2	LINES 1 + 2 5-80	
5.	TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES	12261	SCHEDULE C, LINE 3	13281	
6.	Enforceable Promises (Except loan guarantees, see Line 18 below)	LINES 3 + 4	LINES 3 + 4	LINES 3 + 4	
7.	TOTAL CONTRIBUTIONS	\$ 12 261	SCHEDULE D, LINE 7	\$13.28/	
EXP	ENDITURES MADE	LINES 5 + 6	LINES 5 + 6	LINES 5 + 6 (SHOULD EQUAL LINE 7,	
8.	Payments	\$ 10,390,74	\$ / 824, 88 SCHEDULE E. LINE 5	\$ 12, 215,62	
9.	Loans Made	0	0	9	
10.	SUBTOTAL	10,390,74 LINES 8 + 9	SCHEDULE EE, LINE 7 1824, 88	12,215,62	
11.	Accrued expenses (unpaid bills)			LINES 8 + 9	
12.	TOTAL EXPENDITURES	\$/0.396,74 LINES 10 + 11	\$/824,88 LINES 10 + 11	\$ /2, 2/5,CZ	
	*IF THIS IS THE FIRST REPORT FILED FO EXCEPT FOR LII	R THE CALENDAR YEAR, CO NES 2, 6, 9 AND 11 (if applic	DLUMN A SHOULD BE BL	(SHOULD EQUAL LINE 12	
		NGES IN FINANCIAL CO	*		
13.	Cash on hand at the beginning of this period. (I Summary Page, Line 17, from previous stateme	Enter amount from	\$ /390,26		
14.	Cash receipts this period (Line 3, Column B above		1020.		
15.	Miscellaneous increases to cash (Schedule G, Lir		182,05	pin	
16.	Cash payments this period (Line 10, Column B al		1824.88		
17.	Cash on hand at end of reporting period (Lines (If this is a Termination Statement, Line 17 mus	13 + 14 + 15 - 16 shous)		s 767.43	
18.	18. Amount of loan quarantees received (Schedule P. Boot Column (L.))				
	19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse				
20.	Outstanding debts (Line 2 + Line 11 of Column	C above)		s 4.000	
5	UMMARY FOR CANDIDATES IN BOTH A	JUNE AND NOVEMBE	R ELECTION (See Inst	(ructions on Reverse)	
	1/1 THRU (5/30 7/1 TO DATE			
	21. CONTRIBUTIONS RECEIVED:	12001	T .		

22. EXPENDITURES MADE:

SCHEDULE A MONETARY CONTRIBUTIONS RECEIVED FORM 490

(Amounts May Be Rounded To Whole Dollars)

PAGE OF 2

STATEMENT COVERS PERIOD FROM THROUGH

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

1.D. NUMBER

FRIE	eds of J. Teluga Willia	ins	902	067
DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS,	OCCUPATION EMPLOYER	AM	OUNT
	ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CUMULATIVE TO DATE
10/23/90	Eleavor Roasevelt Club- 1038 N. Tustin Av #251 ORANGE, Cal 92667	Occupation: Dismo Club Employer:	100.	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/25/90	MHET-PAC#82-0165 BOX 17666 ANAHEIM, EQ92817	Occupation: Nota les Henre Assec Employer:	400,	CALENDAR YEAR: \$ FISCAL YEAR: \$
19/39/90	Oliver V. INGE 839 RANCHO Cir Fullentur, Cal 92635	Occupation: FMESTOR Employer: All (f	100.	CALENDAR YEAR: \$ FISCAL YEAR: \$
11/1/90	ECCO 10#822380 1700 E. GARRY Ste 108 SANTA ANA, Col 92705	Occupation: Employer:	200,	CALENDAR YEAR: \$ FISCAL YEAR: \$
11/5/90	CHOL SUN PAK 5210 VIA BRUMOSA YORDA Linda, Cal	Occupation: DMERFOR Employer: SR (f	100,	CALENDAR YEAR: FISCAL YEAR: \$
11/5/90	TAE WOON KIM 4447 Pappar Crack Ansheim, C4 92807	Occupation: Fines for Employer: SRIF	100.	CALENDAR YEAR: \$ FISCAL YEAR: \$
1/5/40	SAJA RRALTY 24956 SINGINGWOODS PR LAKA PONEST, Ca 92630	Occupation: OAH RSFAFR Employer: SALF	100	CALENDAR YEAR: \$ FISCAL YEAR: \$
		SUBTOTAL	\$ //00	

SUMMARY

SCHEDULE A MONETARY CONTRIBUTIONS RECEIVED (CONTINUATION SHEET) FORM 490

(Amounts May Be Rounded To Whole Dollars)

PAGE 2 OF 2

STATEMENT COVERS PERIOD
FROM | THROUGH

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: I.D. NUMBER PRIBICIS FULL NAME AND ADDRESS OF CONTRIBUTOR OCCUPATION DATE REC'D. **AMOUNT** (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS) **EMPLOYER** RECEIVED THIS PERIOD CUMULATIVE TO DATE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Occupation: CALENDAR YEAR: Employer: FISCAL YEAR: Occupation: CALENDAR YEAR: ENVIZITOR Employer: FISCAL YEAR: Line Occupation: CALENDAR YEAR: Employer: Occupation: CALENDAR YEAR: Employer: FISCAL YEAR: Occupation: CALENDAR YEAR: Employer: FISCAL YEAR:

SUBTOTAL



SCHEDULE B -- LOANS RECEIVED (PART 2) FORM 490

	1		/
PAGE_		OF_	

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM | THROUGH

1/21/90 12/31/9

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE

FRIENDS of J. Tilian Williams

1.D. NUMBER 902 067

PART 2: LOAN REPAYMENTS MADE, LOANS FORGIVEN, AND LOANS PAID BY A THIRD PARTY								
DATE OF REPAY- MENT OR FORGIVE- NESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INT. RATE (IF CHANGED)	CHECK IF A		AMOUNT REPAID OR FORGIVEN ON PRINCIPAL (DO NOT INCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
11/2 9/90	10/1/90	J.T. linen WICLIA'MS	0			3,000.	3,000.	0
					·			
				i i				
		·						
		·						
		• -						
MAKING THE	SCHEDULE PAYMENT	ART OF A LOAN IS FORGIVEN O A THE PERSON FORGIVING THE AND THE AMOUNT FORGIVEN OR , OR THIRD PARTY REPAYMENT	E LOAN O	R THE THIR	D PARTY	(c)		

ENTER ON THE SUMMARY SECTION OF SCHEDULE E, LINE 3.
DO NOT CARRY THIS TOTAL TO THE SCHEDULE B SUMMARY.

TOTAL INTEREST PAID THIS PERIOD

(d)

SCHEDULE E PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE PAGE OF PORM 490					
	(Amounts May Be Rounded To Whole Dollars)				
NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED CON	MITTEE:	(ins	I.D. NUMBER		
CODES FOR	CLASSIFY	ING EXPENDITURES	LO Los O. C. S.		
If one of the following codes is used to describe the ex on the back of this schedule for code "T".) Refer to th Continuation Sheet for detailed explanations of each	ne back of	this schedule and the back of the	d. (Note exceptions Schedule E		
"C" — MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER COMMITTEES		"S" SURVEYS, SIGNATURE GATHERING, SOLICITATIONS	, DOOR-TO-DOOR		
"1" INDEPENDENT EXPENDITURES		"F" - FUNDRAISING EVENTS			
"L" LITERATURE		"G" - GENERAL OPERATIONS AND OVERI	HEAD		
"B" BROADCAST ADVERTISING		"T" - TRAVEL, ACCOMMODATIONS AND DESCRIBED. SEE BACK OF SCHEDU	MEALS (MUST BE		
"N" NEWSPAPER AND PERIODICAL ADVERTISING		SHEET.)			
"O" OUTSIDE ADVERTISING		"P" - PROFESSIONAL MANAGEMENT AN CONSULTING SERVICES	D		
If one of the above codes does not accurately or fully provide a written description in the "Description of Pa IMPORTANT: Do not itemize the payment of accrue payments on Line 4 of the Summary section, below.	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT				
NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID		
REG 15ter	N	Advertising	990.		
CASH	S	WAIKERS	300.		
JIST PRINTERS	_	PRINTING	3 Pt, 6		
Pacific Aduque	1	PRINTING/Mg.Cin	to \$2,80		
		SUBTOTA	AL \$1,757,5		
SL	JMMAR	Y			
PAYMENTS OF \$100 OR MORE MADE THIS PERIOD (Include all Schedule E subtotals))		\$ 1,824.00		
2. PAYMENTS UNDER \$100 THIS PERIOD (Not itemize	zed)				
3. TOTAL INTEREST PAID THIS PERIOD ON OUTSTAN	DING LOA	ANS			

(Schedule B, Part 2, Column (d))

4. TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Schedule F, Line 4)

5. TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line 8, Column B of

SCHEDULE E PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE (CONTINUATION SHEET)

FORM 490 (Amounts May Be Rounded To Whole Dollars)

PAGE_U	OF_	
STATEMENT	COVERS	PERIOD
FROM	THR	OUGH
10/2/190	121	131/90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: CHAERON

Tilrian

I.D. NUMBER 902

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the accrued expense, no written description is needed. (Note exceptions on the back of this schedule for code "T".) Refer to the back of this schedule for detailed explanations of each category.

- "C" -- MONETARY AND IN-KIND (NON-MONETARY)
 CONTRIBUTIONS TO OTHER COMMITTEES
- "I" INDEPENDENT EXPENDITURES
- "L" LITERATURE
- "B" BROADCAST ADVERTISING
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
- "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "O" -- OUTSIDE ADVERTISING
- "F" FUNDRAISING EVENTS
- "G" -- GENERAL OPERATIONS AND OVERHEAD
- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED. SEE REVERSE.)
- "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.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	CODE C	R DESCRIPTION OF PA	YMENT	AMOUNT PAID
of votans	エ	INDENEV		30,71
County of Orthon	キ	Mps		36.66
			·	
		·		
			SUBTOTAL	\$6737

SCHEDULE G MISCELLANEOUS INCREASES TO CASH FORM 490

PAGE	 OF	

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD FROM THROUGH

(* What was the grant of the political o				12-31-9
	CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE	1/14ins	1.D. NUMBER 9020	67
DATE REC'D.	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	DESCRIPTION OF ADJUSTMENT	AMO	DUNT OF REASE CASH
14/1400	City of Farden Grove		18	-2,05
	•			
	• •	·		
				,
		SUBTOTAL	\$	
	SUMMA	ARY		
2. II 3. T	NCREASES TO CASH OF \$100 OR MORE THIS PERIOD NCREASES TO CASH UNDER \$100 THIS PERIOD (Not 'OTAL OF ALL INTEREST RECEIVED THIS PERIOD ON Schedule EE, Part 2 (b))	itemized)	<u>\$ 182</u>	05
4. T (I	OTAL MISCELLANEOUS INCREASES TO CASH THIS P Line 1 + 2 + 3) Enter here and on Line 15 of Summa	ERIOD ary Page	\$ 182.	as

Date Received by FPPC

FORM 721

STATEMENT OF ECONOMIC INTERESTS HAR 25

A Public Document

CITY OF GAIMPORTANT:

CITYStatement must be date stamped when received by AR 25 10 14 Hilling of the control of

1990/91 PLEASE TYPE OR PRINT IN INK

NAME J. TILMAN WILLIAMS	(714) 750-4333
MAILING ADDRESS (1241 Chapus AVE GARDEN	CROVE 92640
STREET CITY	ZIP CODE
OFFICE HELD OR SOUGHT (Check One):	•
STATE OF CALIFORNIA OFFICE:	
JUDICIAL BRANCH COUNTY:	COURT:
CHECK ONE: JUDGE COURT COMMISSIONER	
COUNTY OFFICE:	COUNTY:
CITY OFFICE: COUNCIL	CITY: GARDEN GROWE
TYPE OF STATEMENT (Check the Appropriate Box(es)):	SCHEDULES TO BE COMPLETED
ASSUMING OFFICE STATEMENT	
(For Newly-Elected and Newly-Appointed Officials ONLY)*	Complete Schedules A, B, C-1 and C-2 disclosing investments and interests in real property held on
☐ ELECTED OFFICIAL (Other than elected state officers	If the date of assuming office. In addition, on
assuming office in December or January). File no later than 30 days after assuming office.	Schedules D, E, F, G and H-1 through H-3, report income received during the 12 months prior to the
Data Assumed Office	date you assumed office.
Date Assumed Office — mo. day yr.	
APPOINTED OFFICIAL Not subject to confirmation by the State Senate or the Commission on Judicial Appointments.	Complete Schedules A, B, C-1 and C-2 disclosing investments and interests in real property held on
File no later than 10 days after assuming office.	the date of assuming office. In addition, on Schedules D, E, F, G and H-1 through H-3, report
Date Assumed Office	income received during the 12 months prior to
mo. day yr.	the date you assumed office.
APPOINTED OFFICIAL Subject to confirmation by the State	Complete Schedules A, B, C-1 and C-2 disclosing investments and interests in real property held on
Senate or the Commission on Judicial Appointments. File no later than 10 days after appointment or nomination.	the date of filing. In addition, on Schedules D, E, F, G and H-1 through H-3, report income received
	during the 12 months prior to the date you
Date Appointed day yr.	assumed office.
ANNUAL STATEMENT	
State officers and all judges and court commissioners file	Complete all schedules disclosing investments and interests in real property held and income
between January 1 and March 1. State and local officials and employees who manage public investments, and city and	received at any time during the period covered by the statement.
county officials file between January 1 and April 1.	by the statement.
PERIOD COVERED: Disclose all reportable interests held or	
received during the period from January 1, 1990 through	4
December 31, 1990.	
LEAVING OFFICE STATEMENT	
File no later than 30 days after leaving office. The period	Complete all schedules disclosing investments
covered is January 1, 19 , through the date of leaving	and interests in real property held and income received at any time during the period covered by
office which was:	the statement.
mo. day yr.	
CANDIDATE STATEMENT	Complete Schedules A. R. C.1 and C.2 disclosing
File no later than the final filing date for your declaration of	Complete Schedules A, B, C-1 and C-2 disclosing investments and interests in real property held on
candidacy.	the date of filing.

^{*}INCUMBENT OFFICEHOLDERS WHO ARE RE-ELECTED OR RE-APPOINTED WITHOUT A BREAK IN SERVICE SHOULD NOT COMPLETE AN ASSUMING OFFICE STATEMENT. Form 1 (12/90)

	177 17/11:
NAME	J. 11 MAN W 11 11 ANT

The Following Summary Must Be Completed By All Filers

DO NOT COMPLETE THIS SUMMARY PAGE UNTIL YOU HAVE CAREFULLY REVIEWED ALL SCHEDULES AND THE INSTRUCTIONS FOR EACH SCHEDULE.

Schedule A - INVESTMENTS	SCHEDULE COMPLETED AND ATTACHED	NO REPORTABLE INTERESTS
(Which Are <u>Not</u> Held Through A Business Entity Or T	rust)	
Schedule B - INTERESTS IN REAL PROPERTY (Which Are <u>Not</u> Held Through A Business Entity Or The	rust)	
Schedule C-1 - INTERESTS IN REAL PROPERTY HELD BY A BUSINES ENTITY OR TRUST	ss 🔀	
Schedule C-2 - INVESTMENTS HELD BY A BUSINESS ENTITY OR TRUST		
Schedule D - INCOME (Other Than Loans, Gifts And Honoraria)	X	
Schedule E - LOANS (Received Or Outstanding During The Reporting Per	riod)	
Schedule F - GIFTS		X
Schedule G - HONORARIA		\boxtimes
Schedule H - COMMISSION INCOME, INCOME AND LOANS TO BU ENTITIES OR TRUSTS AND INCOME FROM RENTAL P	SINESS ROPERTY	
NOTE : AFTER THE SUMMARY PAGE HAS BEEN COMPLETED, PLEASE DISCAL YOU HAVE NO REPORTABLE INTERESTS.	RD THOSE SCHEDULE	S ON WHICH
VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewe my knowledge the information contained herein and in the attached schedules		
I certify under penalty of perjury under the laws of the State of California that t	he foregoing is true a	nd correct.
Executed on ARCh 24, 19 (year), at GASIGNATURE	City and state	E Calif

NAME J. Tilmen William.

Schedule A -- Investments (Which Are Not Held By A Business Entity Or Trust)

(SEE PAGES 14 & 15 OF THE INFORMATION MANUAL FOR INSTRUCTIONS AND EXAMPLES)

NAME OF BUSINESS ENTITY	SOLE OWNER	VALUE
SATELLITE FINANCIAL J.	Tiluan William)	\$1,000-\$10,000 \$10,001-\$100,000
NATURE OF INVESTMENT, e.g., common stock, partnership interest	If Acquired Or Disposed During The	Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST 12291 HARDER BLVD) GENERAL DESCRIPTION OF BUSINESS ACTIVITY REAL ESTATE - LANGUAGE	Reporting Period You Must Indicate Month, Day And Year:	Ownership Interest
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	Date Acquired: 7-1-61	Less than 10%
INCOME TAX	Date Disposed:	10% or greater*
NAME OF BUSINESS ENTITY		VALUE
WANTE OF BOSINESS ENVIYO		\$1,000-\$10,000
NATURE OF INVESTMENT, e.g., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The	\$10,001-\$100,000 Over \$100,000
	Reporting Period You Must Indicate	Over \$100,000
	Month, Day And Year:	Ownership Interest
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	Date Acquired:	Less than 10%
	Date Disposed:	10% or greater*
NAME OF BUSINESS ENTITY		VALUE
		\$1,000-\$10,000
NATURE OF INVESTMENT, e.g., COMMON STOCK, PARTNERSHIP INTEREST		\$10,001-\$100,000
10112 07 110225 7 11212 7 7 2237 2231 1102 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	If Acquired Or Disposed During The Reporting Period You Must Indicate	Over \$100,000
	Month, Day And Year:	Ownership Interest
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	Date Acquired:	Less than 10%
	Date Disposed:	10% or greater*
NAME OF BUSINESS ENTITY		VALUE
NAME OF BOSINESS ENTIT		\$1,000-\$10,000
~	- 	\$10,001-\$100,000
NATURE OF INVESTMENT, e.g., common stock, partnership interest	If Acquired Or Disposed During The Reporting Period You Must Indicate	Over \$100,000
	Month, Day And Year:	Ownership Interest
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	Date Acquired:	Less than 10%
	Date Disposed:	10% or greater*
NOTE: YOU MAY BE REQUIRED TO REPORT ON SCHEDULE D AN MORE) RECEIVED BY YOU OR YOUR SPOUSE FROM ANY BUS		
* If you have checked this box, you must report on investments held by the business entity. In addition, source was \$10,000 or more, you may be required to re	if your pro rata share of the g	ross income from any one
If additional space is needed, check	box and attach an additional Sch	nedule A.

NAIVIE J. Tilman William.

Schedule B -- Interests In Real Property

(Which Are Not Held By A Business Entity Or Trust)

(SEE PAGES 16 AND 17 OF THE INFORMATION MANUAL FOR INSTRUCTIONS AND EXAMPLES)

STREET ADDRESS OR PRECISE LOCATION OF PROPERTY	CITY	·
12291 HARBORBL	GARDEN GROVE	FAIR \$1,000-\$10,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED	MARKET [\$10,001-\$100,000	
	O1 111031	VALUE Over \$100,000
OWNER		
If Acquired Or Disposed During The Date Acquired:	If Rental Property,	Less than 10%
Reporting Period You Must Indicate Date Disposed:	Ownership Interest Is	10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY	ICITY	
12311 HAR BOR BL	GARDEN GROVE	
12311 1/400000		FAIR\$1,000-\$10,000 MARKET\$10,001-\$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED	OF TRUST	VALUE Over \$100,000
OWNER	·	
If Acquired Or Disposed During The Date Acquired:	If Rental Property,	Less than 10%
Reporting Period You Must Indicate Month, Day And Year: Date Acquired: Date Disposed:	Ownership Interest Is	10% or greater*
Trioning Day / trio		
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY	CITY	ļ
	1 Contract	
12312 ThackERY DR	GARDEN GRUVE	
12312 HACKERY DR NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEE		
		MARKET \$10,001-\$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OWNERSHIP, LEASEHOLD, DEED ORDER If Acquired Or Disposed During The	D OF TRUST	MARKET \$10,001-\$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OCUMEN If Acquired Or Disposed During The Reporting Period You Must Indicate Date Acquired:	D OF TRUST	MARKET \$10,001-\$100,000 VALUE Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OCUNFOR If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Disposed:	D OF TRUST If Rental Property,	MARKET \$10,001-\$100,000 VALUE Over \$100,000 Less than 10%
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OWNERSHIP, LEASEHOLD, DEED OWNERSHIP, LEASEHOLD, DEED OWNERSHIP, LEASEHOLD, DEED Date Acquired: Date Disposed: STREET ADDRESS OR PRECISE LOCATION OF PROPERTY	OF TRUST If Rental Property, Ownership Interest Is	MARKET \$10,001-\$100,000 VALUE Over \$100,000 Less than 10% 10% or greater*
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OWNERSHIP, LEASEHOLD, DEED OWNERSHIP, LEASEHOLD, DEED OWNERSHIP, LEASEHOLD, DEED If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: Date Disposed: STREET ADDRESS OR PRECISE LOCATION OF PROPERTY 12292 Thackery DR	If Rental Property, Ownership Interest Is CITY CAROLLO GORDON	MARKET \$10,001-\$100,000 VALUE Over \$100,000 Less than 10% 10% or greater* FAIR \$1,000-\$10,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OWNERSHIP, LEASEHOLD, DEED OWNERSHIP, LEASEHOLD, DEED OWNERSHIP, LEASEHOLD, DEED Date Acquired: Date Disposed: STREET ADDRESS OR PRECISE LOCATION OF PROPERTY	If Rental Property, Ownership Interest Is CITY CAROLLO GORDON	MARKET \$10,001-\$100,000 VALUE Over \$100,000 Less than 10% 10% or greater*
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OWNERSHIP, LEASEHOLD, DEED OWNERSHIP, LEASEHOLD, DEED OWNERSHIP, LEASEHOLD, DEED If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: Date Disposed: STREET ADDRESS OR PRECISE LOCATION OF PROPERTY 12292 Thackery DR	If Rental Property, Ownership Interest Is CITY CAROLE GROUN	MARKET \$10,001-\$100,000 VALUE Over \$100,000 Less than 10% 10% or greater* FAIR \$1,000-\$10,000 MARKET \$10,001-\$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OCUMER If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: Date Disposed: STREET ADDRESS OR PRECISE LOCATION OF PROPERTY 12292 Thacker of Reporting DR NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OWNERSHIP If Acquired Or Disposed During The Date Acquired:	If Rental Property, Ownership Interest Is CITY CAROLE GROUN	MARKET \$10,001-\$100,000 VALUE Over \$100,000 Less than 10% 10% or greater* FAIR \$1,000-\$10,000 MARKET \$10,001-\$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OCUMER If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Disposed: STREET ADDRESS OR PRECISE LOCATION OF PROPERTY 12292 Thackery Dr. NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OWNER	If Rental Property, Ownership Interest Is CITY CAROLE OF TRUST If Rental Property,	MARKET \$10,001-\$100,000 VALUE Over \$100,000 Less than 10% 10% or greater* FAIR \$1,000-\$10,000 MARKET \$10,001-\$100,000 VALUE Over \$100,000

NOTE: You may be required to report on Schedule D Income (\$250 or more) received by you or your spouse from rental property listed on Schedule B.

*If you have a 10% or greater interest in a rental property, you may have additional reporting requirements on Schedule H-3.

☑ If additional space is needed, check box and attach an additional Schedule B.

NAI J. Telega William

Schedule B -- Interests In Real Property

(Which Are Not Held By A Business Entity Or Trust)

(SEE PAGES 16 AND 17 OF THE INFORMATION MANUAL FOR INSTRUCTIONS AND EXAMPLES)

STREET ADDRESS OR PRECISE LOCATION		CITY	Ander Grove		
11942-52 GAR	FAIR \$1,000-\$10,000 MARKET \$10,001-\$100,000				
NATURE OF INTEREST, E.G., OPTION, OV	VALUE Over \$100,000				
DUNER					
If Acquired Or Disposed During The	Date Acquired:		If Rental Property,	Less than 10%	
Reporting Period You Must Indicate Month, Day And Year:	Date Disposed:		Ownership Interest Is	10% or greater*	
STREET ADDRESS OR PRECISE LOCATION	OF PROPERTY	CITY			
		**************************************		FAIR \$1,000-\$10,000	
NATURE OF INTEREST, E.G., OPTION, OV	WNERSHIP, LEASEHOLD, DEE	D OF TRI	UST	MARKET [\$10,001-\$100,000	
				VALUE Over \$100,000	
If Acquired Or Disposed During The	Date Acquired:		If Rental Property,	Less than 10%	
Reporting Period You Must Indicate Month, Day And Year:	Date Disposed:		Ownership Interest Is	10% or greater*	
STREET ADDRESS OR PRECISE LOCATION	ALCE DROCERTY	CITY			
13 TREET ADDRESS ON PRECISE LOCATION	4 OF PROPERTY			FAIR #4.000 #40.000	
				FAIR \$1,000-\$10,000 MARKET \$10,001-\$100,000	
NATURE OF INTEREST, E.G., OPTION, O	WNERSHIP, LEASEHOLD, DEI	ED OF TR	UST	VALUE Over \$100,000	
If Acquired Or Disposed During The	Date Acquired:		If Rental Property,	Less than 10%	
Reporting Period You Must Indicate Month, Day And Year:	Date Disposed:		Ownership Interest Is	10% or greater*	
STREET ADDRESS OR PRECISE LOCATION	N OF PROPERTY	CITY			
				FAIR \$1,000-\$10,000	
NATURE OF WITCHEST E.C. ORTION OF	AMERCIAN LEACTIONS DE	D OF TR	LICT	MARKET \$10,001-\$100,000	
NATURE OF INTEREST, E.G., OPTION, O	MNEKSHIP, LEASEHOLD DE	OOFIK	U\$1	VALUE Over \$100,000	
If Acquired Or Disposed During The	Date Acquired:		If Rental Property,	Less than 10%	
Reporting Period You Must Indicate Month, Day And Year:	Date Disposed:		Ownership Interest Is	10% or greater*	
			<u>l</u>		
NOTE: You may be required to I	eport on Schedule D Ir	come ((\$250 or more) received b	y you or your spouse from	
rental property listed on Schedu	le B.		·		
*If you have a 10% or greater	interest in a rental r	ronert	v vou may have addition	anal reporting requirements	
*If you have a 10% or greater interest in a rental property, you may have additional reporting requirements on Schedule H-3.					
☐ If additions	al space is needed, ched	k box a	and attach an additional :	Schedule B.	
	— · · · · · · · · · · · · · · · · · · ·				

NAIVIE T, TILMAN WILLIAM

Schedule C-1 -- Interests In Real Property Held By A Business Entity Or Trust

(SEE PAGES 18 AND 19 OF THE INFORMATION MANUAL

FOR INSTRUCTIONS AND EXAMPLES) INTERESTS IN REAL PROPERTY HELD BY (Name Of Business Entity Or Trust Holding The Real Property)* STREET ADDRESS OR PRECISE LOCATION OF PROPERTY FAIR \$1,000-\$10,000 NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST MARKET \$10,001-\$100,000 **VALUE** Over \$100,000 UNANGE It Acquired Or Disposed During Date Acquired The Reporting Period You Must Indicate Date Disposed: Month, Day And Year: STREET ADDRESS OR PRECISE LOCATION OF PROPERTY FAIR \$1,000-\$10,000 NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST MARKET \$10,001-\$100,000 Over \$100,000 VALUE If Acquired Or Disposed During Date Acquired: The Reporting Period You Must Indicate Date Disposed: Month, Day And Year: STREET ADDRESS OR PRECISE LOCATION OF PROPERTY CITY FAIR \$1,000-\$10,000 NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST MARKET \$10,001-\$100,000 **VALUE** Over \$100,000 If Acquired Or Disposed During Date Acquired: The Reporting Period You Must Indicate Date Disposed: Month, Day And Year: STREET ADDRESS OR PRECISE LOCATION OF PROPERTY CITY FAIR \$1,000-\$10,000 NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST \$10,001-\$100,000 MARKET VALUE Over \$100,000 If Acquired Or Disposed During Date Acquired: The Reporting Period You Must Indicate Date Disposed: Month, Day And Year: CITY STREET ADDRESS OR PRECISE LOCATION OF PROPERTY \$1,000-\$10,000 FAIR NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST MARKET \$10,001-\$100,000 VALUE Over \$100,000 If Acquired Or Disposed During Date Acquired: The Reporting Period You Must Indicate Date Disposed: Month, Day And Year: STREET ADDRESS OR PRECISE LOCATION OF PROPERTY FAIR \$1,000-\$10,000 NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST MARKET \$10,001-\$100,000 Over \$100,000 VALUE If Acquired Or Disposed During Date Acquired: The Reporting Period You Must Indicate Date Disposed: Month, Day And Year: *Your investment in this business entity must be reported on Schedule A-Investments.

If additional space is needed, check box and attach an additional Schedule C-1.

NAME J, Tilingo William

Schedule D -- Income (Other Than Loans, Gifts And Honoraria)

(SEE PAGES 20 AND 21 OF THE INFORMATION MANUAL FOR INSTRUCTIONS AND EXAMPLES)

GROSS INCOME RECEIVED:

	GROSS INCOME RECEIVED.
NAME OF THE SOURCE OF INCOME ADDRESS 1231/ HARBOR BL CARdEN GROVE NATURE OF BUSINESS ACTIVITY, IF ANY DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	\$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000
NAME OF THE SOURCE OF INCOME ADDRESS 12292 THACKBRY DR GARDEN GROVE NATURE OF BUSINESS ACTIVITY, IF ANY DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	\$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000
NAME OF THE SOURCE OF INCOME ADDRESS 12312 THACKBY DR GARGEN GROVE NATURE OF BUSINESS ACTIVITY, IF ANY DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	\$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000
NAME OF THE SOURCE OF INCOME. BONA KALLATOR - PANCHAS REST ADDRESS NATURE OF BUSINESS ACTIVEY, IF ANY DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	\$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000

If additional space is needed, check box and attach an additional Schedule D.

NAN John William

Schedule H

(SEE PAGES 27 THROUGH 29 OF THE INFORMATION MANUAL FOR INSTRUCTIONS AND EXAMPLES)

Schedule H-1

Commission Income Received By Brokers, Agents And Salespersons

VCIAL,
INESTIMENT
ule H-2
Business Entity Or Trust
ADDRESS OF BUSINESS ENTITY OR TRUST
le H-3 ental Property
nt payments, provided that your pro rata share of such
CITY
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CITY

If additional space is needed, check box and attach additional schedules.

RECEIVED CITY OF GARDEN GROVE CITY CLERKS OFFICE

CANDIDATE, OFFICEHOLDER AND CONTROLLED COMMITTEE 25 2 56 PH '90 CAMPAIGN STATEMENT - LONG FORM

2101 00 700	CAMPAIGN	STATEMENT	LONG FORM	UCI LU			
	(Government (T	Code Sections	84200-84216.5) Ink)		PAGE	_ OF _	
	Statement covers pe	70					
17/11	CHECK ONE OF THE FOLLOW		IDICATE THE TYPE OF STATE	MENT BEING FILED:			
FORM 490	PRE-ELECTION STATES SEMI-ANNUAL STATES		SUPPLEMENTAL PR				
1990	TERMINATION STATES Attach a completed Fo		Pre-Election Staten	nent, attach a 05 to this statement.)			
	statement.						
DATE OF ELECTION (MO., DAY	- 1990				A FOR OFFIC	TAL USE ONLY	ť
	FICEHOLDER INCLUDED	IN THIS CON	A 201 M 5.55				
NAME OF CANDIDATES	OFFICEHOLDER:		OFFICE SOUGH	TORHELD: (Include local	ation and district nur	mber if applic	sbie)
RESIDENTIAL OR BUSIN	ESS ADDRESS: NO. AND STI	REET	CITY STATE	ZIP CODE A	REA CODE/DAY TIM	E PHOME MUIA	ARFR
11241 CI	APNAN AUB	GARDA	EN GRINE CA	92640 hi	4.537	50-9	7333
II CONTROLLED	COMMITTEE INCLUDED	IN THIS REPOR	RT (See definition on re	everse.)		,	
NAME OF COMMITTEE	1. 25	7.7	11-/11		I. D. NUMBER		
ADDRESS OF COMMIT	TEE: NO. AND STREET	· / (/M	CITY STATE	<u></u>	7020	767	
12291 H	arboo Bl G	Loder (-	CITY PAINE PASTATE	21P CODE (-	AREA CODE/DA		_
NAME OF TREASURER	h 1	1	indug CF1	ruto (1	14) 180	0-4	333
CARY	D. HRVold				•		
PERMANENT ADDRESS	OF TREASURER: NO. AND STREET	ET CT	STATE	ZIP CODE	AREA CODE/DA	AY TIME PHO	IE NUMBER
300 MAZ	A HICANTIS	Ne 31	O CHRDIEN GRU	00196492640	(7/4)	740-	1988
	ITTEES: LIST ANY OTHE ANY COMMITTEES PRII UR CANDIDACY	R COMMITTE MARILY FORM	ES NOT INCLUDED IN T MED TO RECEIVE CON'	HIS STATEMENT TRIBUTIONS OR	WHICH ARE	E CONTR NDITUR	OLLED ES ON
COMMITTEE NAM	AE AND I.D. NUMBER	c	OMMITTEE ADDRESS	TRE	ASURER		OLLED HTTEE?
Attach additional info	rmation on appropriately labe	eled continuation	sheets				
	The state of the s		SFICATION				
		VER	IFICATION				
AND IN THE ATT	REASONABLE DILIGENCE AND	AND COMPLETE					
EXECUTED ON /	(DATE) AT	ATZ ONA VID)	TE) BY	SIGNATURE OF CANDIDATE	OR OFFICE HOLDER	elia	Sul
TREACHES AS				THURSE OF WHISHIE	ON OFFICERULUER)		
CONTAINED HERI	L REASONABLE DILIGENCE IN EIN AND IN THE ATTACHED SCI	UEDOLES IS IKUE	IS STATEMENT AND TO T AND COMPLETE. E STATE OF CALIFORNIA THA				AATION
EXECUTED ON _	(D-ES-90 ATCAPACE)	MATERIA STA	TE) BY	(SIGNATURE OF	Umol	el	_
				(/			

	FOR	ARY PAGE M 490 Inded To Whole Dollars)		STATEMENT COVERS PERIOD THROUGH
NAME -	OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED CO	MMITTEE: UMMS		1.D. NUMBER 902067
CON	TRIBUTIONS RECEIVED	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from	COLUMN C Cumulative to date
1.	Monetary contributions		stached schedules	(Columns A + B) \$ 5 6 8
2.	Loans received	1000_	SCHEDULE A, LINE 3	6000,
3.	SUBTOTAL CASH RECEIPTS	. \$ 3945	SCHEDULE B, LINE 7	: 11681
4.	Non-monetary contributions	LINES 1 + 2	LINES 1 + 2	LINES 1 + 2
5.	TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES	4575	SCHEDULE C, LINE 3	101/1
6.	Enforceable Promises (Except loan guarantees, see Line 18 below)	LINES 3 + 4	LINES 3 + 4	LINES 3 + 4
7.	TOTAL CONTRIBUTIONS.	.4575	SCHEDULE D. LINE 7	\$12261
EXP	ENDITURES MADE	LINES 3 7 Q	LINES 5 + 6	LINES 5 + 6 (SHOULD EQUAL LINE 7,
8.	Payments	\$ 1130.74	\$ 9 2 40, SCHEDULE E. LINE 5	\$ 10,390,74
9.	Loans Made		SCHEDULE EE, LINE 7	8
10.	SUBTOTAL	LINES 8 + 9	9240 ELINES 8 + 9	10, 390.74 LINES 8 + '9
11.	Accrued expenses (unpaid bills)		SCHEDULE F, LINE 5	
12.	TOTAL EXPENDITURES	\$ 1150.74 LINES 10 + 11	\$9240 LINES 10 + 11	\$10,390,74
	*IF THIS IS THE FIRST REPORT FILED FO EXCEPT FOR L	OR THE CALENDAR YEAR, CO	OLUMN A SHOULD BE BL cable).	(SHOULD EQUAL LINE 12, COLUMNS A + 8)
	STATEMENT OF CHA	NGES IN FINANCIAL C	ONDITION	
13.	Cash on hand at the beginning of this period. Summary Page, Line 17, from previous statem	(Enter amount from ent filed.)	s 2794, LA	
14.	Cash receipts this period (Line 3, Column B abo	ve)	7836,	
15.	Miscellaneous increases to cash (Schedule G, Li	ne 4)	8	•
16.	Cash payments this period (Line 10, Column B a		4063656	
17.		s 13 + 14 + 15 - 16 above)	9,2401	\$ 1390.26
18.	Amount of loan guarantees received (Schedu			ENDING CASH ON HAND SHOULD NOT BE A NEGATIVE AMOUNT
19.	Cash equivalents (other assets held including o Important: See instructions on reverse	utstanding loans made to o	ithers)	\$
20.	Outstanding debts (Line 2 + Line 11 of Column			\$ 6,000,
	SUMMARY FOR CANDIDATES IN BOTH			itructions on Reverse)
	1/1 THRU		(///	

21. CONTRIBUTIONS RECEIVED:22. EXPENDITURES MADE:

PAGE_____OF_

SCHEDULE A MONETARY CONTRIBUTIONS RECEIVED FORM 490

(Amounts May Be Rounded To Whole Dollars)

PAGE_____OF___

STATEMENT COVERS PERIOD FROM THROUGH

10-1-90 10-20-90

		SUBTOTAL	\$	
19/11/90	Thomas TI TATUM 288 BELLINO DR PACIFIC PALISADIES, 490272	INVESTOR Employer: SIZ(f	99,	\$ FISCAL YEAR: \$
10/11/90	Chalu TRAVIESO-EATHART 10 DELPHING ERVINE, Ed 92717	Occupation: Employer: SE F Occupation:	99,	CALENDAR YEAR: \$ FISCAL YEAR: \$ CALENDAR YEAR:
10/1/90	JEFFREY A KAPLAN 924 WESTWOOD BL#910 LOS ANGGLES, GADO24	Occupation: Investor Employer:	99,	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/9/90	ANGELIA L. LIN 12052 G G BL GANDEN GROUR, CA	Occupations MoThel Operation Employer: Fig. 6	200	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/9/90	MNP Anto INC 1519 N. FAIRVIEW Sorta Ana, 4 92706	Occupation: BOWING Employer: SPS(f	250,	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/5790	BERNICE T. RANFORD 11762 MORGAN LN GARMEN GANVE, G	Occupation: BISTINSE Employer:	15	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/490	Nicholar CottiGIAS 13402 HOOVER ST Wisstminitian Cal	Occupation: FMS to N Employer: JB/f	50,	CALENDAR YEAR: \$ FISCAL YEAR: \$
DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	OCCUPATION EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CUMULATIVE TO DATE
NAME OF CANDI	DATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:	lians	1.D. NUMBER 902	067

SUMMARY

1. AMOUNT RECEIVED THIS PERIOD -- CONTRIBUTIONS OF \$100 OR MORE
(Include all Schedule A subtotals)

2. AMOUNT RECEIVED THIS PERIOD -- CONTRIBUTIONS OF LESS THAN \$100 (Not itemized).

3. TOTAL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD
(Line 1 + Line 2) Enter here and on Line 1, Column B of Summary Page.

\$2,736

SCHEDULE A MONETARY CONTRIBUTIONS RECEIVED (CONTINUATION SHEET)

FORM 490

(Amounts May Be Rounded To Whole Dollars)

PAGE OF.

STATEMENT COVERS PERIOD FROM

11-1-90

THROUGH ローロローテひ

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: I.D. NUMBER - RAEND 6206 FULL NAME AND ADDRESS OF CONTRIBUTOR OCCUPATION DATE REC'D. **AMOUNT** (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS) **EMPLOYER** CUMULATIVE TO DATE RECEIVED THIS PERIOD (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) ENTERPRISES INC 5 HARBOR BC CALENDAR YEAR: 725, FISCAL YEAR: CALENDAR YEAR: Employer: 2001 FISCAL YEAR: CALENDAR YEAR: CWNEL FISCAL YEAR: CALENDAR YEAR: Employer: FISCAL YEAR: Occupation: CALENDAR YEAR: Employer: FISCAL YEAR: Occupation: CALENDAR YEAR: 10*1* Employer: FISCAL YEAR: Occupation: CALENDAR YEAR: EM O Employer: FISCAL YEAR: Occupation: CALENDAR YEAR: Employer: FISCAL YEAR: Occupation: CALENDAR YEAR: Employer: FISCAL YEAR: 1924 **SUBTOTAL**

SCHEDULE B -- LOANS RECEIVED (PART 1) FORM 490

(Amounts May Be Rounded To Whole Dollars)

PAGE _____ OF ____

STATEMENT	COVERS PERIOD
50011	1

FROM THROUGH

NAMEOFO	ANDIDATE OR OFFICEHOLDER AND CONTRO	DLLED COMMIT	TEE: DILLIAN	W.			1.D. NUMBER 9020	767
PARTI:	LOANS RECEIVED		ACCOUNTY OF THE PROPERTY OF TH					
DATE REC'D.	FULL NAME AND ADDRESS OF LE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAM ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS B ENTER THE TREASURER'S NAME AND AD	ME AND ADDRESS, BEEN ASSIGNED,	OCCUPAT EMPLOY (IF SELF-EMPLO NAME OF BI	ER YED, ENTER	INT. RATE	DUE DATE	AMOUNT OF LOAN	CUMU- LATIVE TO DATE
10/1/90	J. Tilian Willi 12291 HARbor Y. GANDAN GROVE C	Ans H	Occupation: I CA MA Employer: Lift GARA	gon la Sipon	0	OPEN	25000	CALENDAR YEAR FISCAL YEAR \$
			Occupation: Employer:					CALENDAR YEAR FISCAL YEAR \$
			SUB	TOTAL			\$5,000	
	FULL NAME AND ADDRESS OF GUA	RANTOR		occu	PATIO	V	AN GUAI	MOUNT RANTEED
	(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAM ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS B ENTER THE TREASURER'S NAME AND AD	IEEN ASSIGNED,		EMPI (IF SELF-EMP NAME OF		NTER	THIS PERIOD	CUMU- LATIVE TO DATE
	NA	AME OF LENDER		Occupation:				CALENDAR YEAR \$
				Employer:				FISCAL YEAR
	: N	AME OF LENDER		Occupation:		***************************************	1 1	CALENDAR YEAR
				Employer:	and the second s			FISCAL YEAR
мен оргуниция про систем местаний в невыбород дой;			DO NOT SUMMA	OTAL CARRY THIS AMOUNTED BELOW. ENTER COMMARY PAGE.			(b)	
entry over the management of the control of the con		SUMMARY	1		Managara da mayara			
1. L(DANS OF \$100 OR MORE RECEIVED	THIS PERIOD	(Include all Pari	t 1 (a) subtot	als) .	\$	5000,	
2. L	DANS UNDER \$100 RECEIVED THIS P	PERIOD (Not i	temized)				5	
3. T	OTAL LOANS RECEIVED THIS PERIOD) (Line 1 + 2)			• • • • •			5,000,
4. L(DANS OF \$100 OR MORE REPAID, FO ERIOD (Include all Part 2, Column (c)	ORGIVEN, OR) subtotals) (1	PAID BY A THIF	RD PARTY TH	IIS partv	<i>.</i>	\circ	

also itemize on Schedule A).
5. LOANS UNDER \$100 REPAID, FORGIVEN OR PAID BY A THIRD PARTY (not previously itemized) (If forgiven or paid by a third party, also enter amount on Line 2 of the summary section of Schedule A).
6. TOTAL LOANS REPAID, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Line 4 + 5).

7. NET CHANGE THIS PERIOD (Subtract Line 6 from Line 3)

SCHEDULE E PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE PAGE FORM 490

STATEMENT COVERS PERIOD

(Amounts May Be Rounded To Whole Dollars)

FROM THROUGH 10-1-90 10-20-90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

10. NUMBER 202067

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 code "T".) Refer to the back of this schedule and the back of the Schedule E Continuation Sheet for detailed explanations of each category.

- "C" MONETARY AND IN-KIND (NON-MONETARY)
 CONTRIBUTIONS TO OTHER 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 (MUST BE DESCRIBED. SEE BACK OF SCHEDULE E CONTINUATION SHEET.)
- "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 4 of the Summary section, below.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE			AMOUNT PAID
TREASURER'S NAME AND ADDRESS)	CODE O	DESCRIPTION OF PAYMENT	
PARIFIC Admil 11080 TALBERT AUR FOUNTAIN VALLEY, G 92708	0	Brochnes	7,8 % ,
Voter Guide 291 S. LA CIENERA BITTE 2 BENERLY HILL, 4/ 90211	2	voter buide	1000,
ORTHUR COUNTY NEWS 9872 Chapman for HER GARDEN GROVE CA	N	Advertisins	385,
		SUBTOTAL	\$ 92 43

SUMMARY

1.	PAYMENTS OF \$100 OR MORE MADE THIS PERIOD (Include all Schedule E subtotals)	\$ 9143
2.	PAYMENTS UNDER \$100 THIS PERIOD (Not itemized)	<u> </u>
3.	TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS (Schedule B, Part 2, Column (d))	8
4.	TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Schedule F, Line 4)	6
5.	TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line 8, Column B of	01/13

FILE AN ORIGINAL AND ONE COPY OF THIS TORM WITH: RECEAND IF APPLICABLE, HILE ONE

Secretary of St. 2
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467 (CV)

STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)

(Government Code Sections 84101-84103)

	RECEIVED
in	the office of the Santed
	of the State of California

	IF AMENDMENT ENTER I.D. NUMBER	'90 SEP 28 P2:41	SEP 0 7 1990	
FULL NAME OF COMMIT	(Type or Print i	n Ink)	ARCH FONG EU, Secretary of State	
FME	note of Villian	William	Eu, Secretary of State	
STREET ADDRESS OF COI	HARbOR BL GARDEN	TRAVE CAS 92640	COUNTY:	
MAILING ADDRESS (IF DI	IFFERENT): NO. AND STREET (OR P.O. BOX)	CITY STATE	ZIP CODE	
DATE QUALIFIED AS COM		HONE NUMBER A FOR OFFICIAL USE ONLY	B FOR OFFICIAL USE ONLY	
I TREASURER AND	O OTHER PRINCIPAL OFFICERS			
POSITION	NAME	MAILING ADDRESS, IF DIFFERENT THAN ABOV	E (AREA DAY TIME CODE) PHONE NO.	
TREASURER	Cary Aprold		(7/4)740-1988	
Attach additional inform	ation on appropriately labeled continuation sheets.			
II IS THIS COMM definition and	ITTEE CONTROLLED BY A CANDIDATE, OFFI	CEHOLDER OR STATE MEASURE PROPO	ONENT? (See	
X YES (Com	plete the following) NO			
ELECTIVE OFFICE S	EE IS CONTROLLED BY AN OFFICEHOLDER OR A CANDII SOUGHT OR HELD AND DISTRICT NUMBER, IF ANY, MUS T MEASURE COMMITTEE CONTROLLED BY MORE THAI	ST BE LISTED		
LISTED.	E IS CONTROLLED BY A STATE MEASURE PROPONENT,	*1		
IF THIS COMMITTE OTHER CONTROLL	EE ACIS JOINILY WITH ANOTHER CONTROLLED COM	IMITTEE, YOU MUST LIST THE NAME AND IDEN	ITIFICATION NUMBER OF THE	
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J. Hing	N VVIIIAM			
		2	en providen un marque en Cony de como Converse de Sant de replación de resigilado en participar de la contracto	
BELOW AND COMMITTEE.	RROAD BASED COMMITTEE (see definition IBUTIONS TO CANDIDATES IN EXCESS OF THE ENTER THE DATE ON OR BEFORE WHICH THE YOU MUST COMPLETE THIS SECTION BEFORE OF DESCRIPTION OF THE BEFORE WHICH THE BEFORE WHICH THE BEFORE THE	HE \$2,500 CONTRIBUTION LIMIT, YOU THE COMMITTEE QUALIFIED AS A BRO RE MAKING CONTRIBUTIONS OVER TH	MUST CHECK THE BOX OAD BASED POLITICAL	
THIS COMMITTEE IS A BROAD BASED POLITICAL COMMITTEE. THE COMMITTEE QUALIFIED AS A BROAD BASED POLITICAL COMMITTEE ON OR BEFORE:				

YOU MUST COMPLETE THE VERIFICATION ON PAGE 2

(month)

Attach additional information on appropriately labeled continuation sheets.

(day)

(year)

NAME OF COMMITTEE	emilionedherrityErrpoidSSSH4AZ,DYSAZ	ookkin © rahan Shari ta kadabinaan ayang gang g	
the name of a sponsored committee.)	onsor. If	the com	nittee has more than one sponsor, provide the name and
	•		
Name of Sponsor:			
	R OPPOSI	E SPECIFI	C CANDIDATES OR MEASURES, LIST SPECIFIC
CANDIDATE'S NAME/MEASURE'S FULL TITLE INCLUDING BALLOT NUMBER OR LETTER	SUPPORT	OPPOSE	OFFICE SOUGHT OR HELD BY CANDIDATE OR MEASURE'S JURISDICTION (Include district number, city or county, as applicable.)
Attach additional information on appropriate	elv labele	d continu	uation sheets
	T SUPPOR	TING OR	OPPOSING SPECIFIC CANDIDATES OR MEASURES PLEASE
CITECA BOX TO INDICATE FIRE COMMITTEE 3 LEVEL	OF ACTIVIT	· <u> </u>	CITY COUNTY STATE
	Personal or deconstructions	Marian san kan Marian ya manana ata mana	
	the state of the s	No. 22 A complexity in the control of the control o	
Attach additional information on appropriately	y labeled	continua	tion sheets.
VII YOU MUST SPECIFY WHAT DISPOSITION	WILL BE N	AADE OF	SURPLUS FUNDS IN THE EVENT OF TERMINATION.
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	4.		
	VE	RIFICATI	ON
MANE USED ALL BEACONADIS DIVISENSE IN DESCRIPTION			
NFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE	HIS STATEN :.	AENT. I HA	VE REVIEWED THE STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE
CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF	THE STAT	TE OF CALIF	ORNIA THAT THE FOREGOING IS TRUE AND CORRECT.
(DATE) (CITY AND STATE) EXECUTED ON SEWEL 4 1990 AT PRINCES R	NIO PL		(SIGNATURE OF TREASURER)
(DATE) (CITY AND STATE)			(SIGNATURE OF CONTROLLING CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT)
EXECUTED ONAT(CITY AND STATE)			(SIGNATURE OF CONTROLLING CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT)
EXECUTED ONAT		_ 8Y	Ministration of approximate have approximate as a security of the security of
TOPPET (CITY AMI) VIATE	,		SIGNATURE OF CONTROLLING CANDIDATE OFFICENDING OF DOCTATE AS ACURE OF CONTROL

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CANDIDATE, OFFICEHOLDER AND CONTROLLED COMMITTEE 5 4 16 PM '90 CAMPAIGN STATEMENT - LONG FORM

SE LIE STORY	(Government (ode Sections 84	200-84216 5)		1		
ro de	(Government Code Sections 84200-84216.5) (Type or Print in Ink)			PAGE	_ OF		
Manage	Statement covers period 7/1-90through 9-30-90						
	CHECK ONE OF THE FOLLOW		ATE THE TYPE OF STATEMEN	T BEING FILED:			
FORM 490	PRE-ELECTION STATEM SEMI-ANNUAL STATEM		SUPPLEMENTAL PRE-EL STATEMENT (If filing a				
1990	TERMINATION STATEM Attach a completed Fo	10.000 (A)	Pre-Election Statement, completed Form 495 to	attach a			
	statement.						
DATE OF ELECTION (MO., DAY	YR.) (IF APPLICABLE)				A FOR OFFIC	TAL USE ONLY	,
I CANDIDATE/OF	FICEHOLDER INCLUDED	IN THIS CONSO	LIDATED REPORT				
NAME OF CANDIDATE	OFFICEHOLDER:		OFFICE SOUGHT OR	HELD: (Include los	ation and district nur	nber if applica	sble)
V. 1111141	VIIIIAM		May	OR			
RESIDENTIAL OR BUSIN	ESS ADDRESS: NO. AND STR	EET CITY	STATE	ZIP CODE	AREA CODE/DAY TIM	E PHONE NUM	IBER
II CONTROLLED	COMMITTEE INCLUDED	N THIS DEPONT	MEN GROVE CA	96640	714) 13	0-4	355
NAME OF COMMITTEE		A THIS REPORT (see definition on rever	se.)	1 C MUMANS D	300	- 4
FRIENDS	at J. Tilm	w Willia	-		P.D. NOMBERG	236	767
ADDRESS OF COMMIT	TEE: NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/DA	AY TIME PHON	E NUMBER
12291 HA	R box Bl. GAR	DEN GROVE,	CA14 9264	0 (7/9	4) 750-	43.	33
NAME OF TREASURER:	D Sound	d			•		
PERMANENT ADDRESS	OF TREASURER: NO. AND STREE	T, CITY	STATE	ZIP CODE	1051 00000	W 711.45 01.4.	
300 Plaz	A Alicante	D' /	SID GADILENS	CANE PA	AREA CODE/DA	74n.	198
DI IUU AND	ITTEES: LIST ANY OTHE ANY COMMITTEES PRIN UR CANDIDACY	R COMMITTEES I MARILY FORMED	OT INCLUDED IN THIS TO RECEIVE CONTRIB	STATEMEN' BUTIONS OR	T WHICH ARE MAKE EXPE	CONTR NDITUR	OLLED ES ON
						CONTR	
COMMITTEE NAM	IE AND I.D. NUMBER	СОМІ	AITTEE ADDRESS	TRE	ASURER	COMM	ITTEE?
				7			
Attach additional info	rmation on appropriately labe	ed continuation she	ets.				
		VERIFIC	ATION				
CANDIDATE OR OFFICEHOLDER: 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 PERSURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT. EXECUTED ON 10/2/90 AT 10/2/90 AT 10/2/90 (GITY AND STATE) (GITY AND STATE) (SIGNATURE OF CANDIDATE OR OFFICEHOLDER)							
I HAVE USED AL	TREASURER (if applicable): I HAVE USED ALL REASONABLE DILIGENCE IN PREPARING 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.						

	PAGE	OF
	STATEME	NT COVERS PER. # THROUG
	7-1-90	9-30-9
	I.D. NUMBER	files of annual
*****	7	
-	Cumul	OLUMN C lative to date imns A + 8)
-		
-	10	00,
	s 39	45
***	2	NES 1 + 2
	39	45
_		INES 3 + 4
	s 39	45
- -	(SHOULD COLUI \$	ES 5 + 6 EQUALLINE 7.

SUMMARY PAGE

FORM 490 (Amounts May Be Rounded To Whole Dollars)	7-1-90 9-30-6
NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: FILENCLE OF COMMITTEE:	1.D. NUMBER 902067
CONTRIBUTIONS RECEIVED Comulative total from previous period * Comulative total from previous period * Column B Total this period from	COLUMN C Cumulative to date
1. Monetary contributions \$ 2945	(Columns A + 8) \$ 2945
2. Loans received. SCHEDULE A, LINE 3	1000.
3. SUBTOTAL CASH RECEIPTS \$ SCHEDULE B, LINE 7	, 7941
4. Non-monetary contributions	\$ 37 B
5. TOTAL CONTRIBUTIONS WITHOUT SCHEDULE C, LINE 3 ENFORCEABLE PROMISES	7946
6. Enforceable Promises (Except loan guarantees, see Line 18 below)	LINES 3 + 4
7. TOTAL CONTRIBUTIONS	53945
EXPENDITURES MADE	LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + 84
8. Payments \$ SCHEDULE E, LINE 5	\$ 1150,74
9. Loans Made	S -
10. SUBTOTAL LINES 8 + 9 SCHEDULE EE, LINE 7 // 50, 74 LINES 8 + 9 LINES 8 + 9	1150.74 LINES 8 • '9
11. Accrued expenses (unpaid bills)	Cines 8 + 9
12. TOTAL EXPENDITURES	\$ 1150,74
*IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE E EXCEPT FOR LINES 2, 6, 9 AND 11 (if applicable).	(SHOULD EQUAL LINE 12, COLUMNS A + B)
STATEMENT OF CHANGES IN FINANCIAL CONDITION	AND PROTECT OF CONTRACTOR AND ADDRESS OF THE PROTECT OF THE PROTEC
13. Cash on hand at the beginning of this period. (Enter amount from Summary Page, Line 17, from previous statement filed.)	
14. Cash receipts this period (Line 3, Column B above)	
15. Miscellaneous increases to cash (Schedule G, Line 4)	`
16. Cash payments this period (Line 10, Column B above)	ef
17. Cash on hand at end of reporting period (Lines 13 + 14 + 15 - 16 above) (If this is a Termination Statement, Line 17 must be Zero.)	\$ 2794.26
18. Amount of loan guarantees received (Schedule B, Part I, Column (b))	ENDING CASH ON HAND SHOULD NOT BE A NEGATIVE AMOUNT
Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse	\$
20. Outstanding debts (Line 2 + Line 11 of Column C above).	5/0-00-
SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See In	CTCLICATION CO. D. C.

21. CONTRIBUTIONS RECEIVED:

22. EXPENDITURES MADE:

1/1 THRU 6/30	7/1 TO DATE
-6-	3 -3948
0	1150,74

SCHEDULE A MONETARY CONTRIBUTIONS RECEIVED FORM 490 (Amounts May Be Rounded To Whole Dollars)

PAGE	OF	

STATEMENT	COVERS	PERIOD

FRIEN	DIDATE OR OFFICEHOLDER AND CONTROLLED COMMUTEE:	4ms	I.D. NUMBER	067
DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR	OCCUPATION		
KEC D.	(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED,	EMPLOYER	Ar	MOUNT
	ENTER THE TREASURER'S NAME AND ADDRESS)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CUMULATIVE TO DATE
8/29/	Nick Clayton	Occupation: DEVELUNER		CALENDAR YEAR
1-190	2909 S, Hg/14044	Employer:	250,	S FISCAL YEAR:
	3ANIA MNA CM92705	1814		S
8/30/	Philip Anthony #	Occupation: TRUSTER		CALENDAR YEAR
19190	2157 PACITIO AVE BZOS	Employer:		515.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
	Costa Mps A. 6/92647	VEH	1200	FISCAL YEAR:
9/4/	SAM SMOTRICS	Occupation:		CALENDAR YEAR
1/90	5371 Punta Alta 14	Employer:		\$
	LAGUNA HITU CA92653		150.	FISCAL YEAR:
9/11	VERlyNN, JENSEN	Occupation;		CALENDAR YEAR:
19/40	650 Town Counter DR#1250	Employer:	1 _	SICCAL VITAG
	COSTAMESA, CA92626	JR/f	250	FISCAL YEAR:
741.	WILLIAM W. PANNIER	Occupation: Ton		CALENDAR YEAR:
190	123 N. Ryynord	Employer:		>
	Fullertun, Cx 92631	VEIF	100	FISCAL YEAR:
15/	MAJID DANESHMAND	Occupation:		CALENDAR YEAR:
170	312 N. BLM DR	Employer:		FISCAL VEAS
	BEVERLY HILL 4	SR/f	100	FISCAL YEAR:
1/5/00	Claudio Piana	Occupation:		CALENDAR YEAR:
740	13302 HARbOR BL	Employer:		FISCAL YEAR:
	GANGEN GROVE (49443	SELF	100	\$
•	,	SUBTOTAL	\$ // -	
			\$ /150	

SUMMARY

	(Include all Schedule A subtotals)	s 2945
2.	AMOUNT RECEIVED THIS PERIOD - CONTRIBUTIONS OF LESS THAN \$100 (Not itemized).	
┛.	TOTAL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD (Line 1 + Line 2) Enter here and on Line 1, Column B of Summary Page	s 2945

SCHEDULE A MONETARY CONTRIBUTIONS RECEIVED (CONTINUATION SHEET) FORM 490

(Amounts May Be Rounded To Whole Dollars)

PAGE _____ OF ____

STATEMENT COVERS PERIOD

FROM THROUGH

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEES I.D. NUMBER 1AMS 90206 FULL NAME AND ADDRESS OF CONTRIBUTOR OCCUPATION DATE REC'D. AMOUNT (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS) **EMPLOYER** RECEIVED
THIS PERIOD CUMULATIVE (IF SELF-EMPLOYED, ENTER TODATE NAME OF BUSINESS) CALENDAR YEAR: Employer: FISCAL YEAR: 300 Occupation: CALENDAR YEAR: un R Employer: FISCAL YEAR: 200 Occupation: CALENDAR YEAR: RICE HOUSE Employer: FISCAL YEAR: 100 Occupation: CALENDAR YEAR: Employer FISCAL YEAR: 20 192640 Occupation CALENDAR YEAR: VALES Employer: FISCAL YEAR: 200 Occupation CALENDAR YEAR: 300 FISCAL YEAR: Occupation: CALENDAR YEAR: FISCAL YEAR: 225 CALENDAR YEAR: FISCAL YEAR: 200 Occupation: CALENDAR YEAR: ENVED. TOR Employer: FISCAL YEAR: SUBTOTAL

SCHEDULE B -- LOANS RECEIVED (PART 1) FORM 490 (Amounts May Be Rounded To Whole Dollars)

PAGE____OF_

STATEMENT COVERS PERIOD

FROM	THROUGH
7-1-90	9-30-40
I.D. NUMBER	

NAME	OF CANDIDATE OR OFFICEHOLDER AND CO	NITROULED COMM	ITTE C Do.				1-70	7-50-70
	MENDS of J. 1.	ligo	Vella	MS			1.D. NUMBER	067
PAR	RTI: LOANS RECEIVED							
DA REC	~'n		OCCUP	ATION			Activities of the second	
****	(IF COMMITTEE, IN ADDITION TO COMMITTEE ENTER I.D. NUMBER OR, IF NO I.D. NUMBER ENTER THE TREASURER'S NAME AN	HAS REEM ASSICHED	EMPLC (IF SELF-EMPI NAME OF	YER OYED, ENTER BUSINESS)	INT. RATE	DUE		
8/3/4	12291 HARD GARDEN GROVE	6191640	Occupation: Employer:	rten Guddet	0	OPEN	, 1000	CALENDAR YE S FISCAL YEAR S
		/	Occupation:					CALENDAR YEAR FISCAL YEAR S
			SUE	BTOTAL			(a) \$/000	3
	FULL NAME AND ADDRESS OF (occu	PATION	J	ĢĹ	AMOUNT JARANTEED
	ENTER I.D. NUMBER OR, IF NO I.D. NUMBER H ENTER THE TREASURER'S NAME AND		11.	EMPI (IF SELF-EMPI NAME OF	LOYER	NTER	THIS	CUMU- LATIVE
	The second secon	NAME OF LENDER		Occupation:	BO2IME27)	7 61100	TO DATE
				Employer:		Market Market Control	-	\$
**************************************	*	•						FISCAL YEAR \$
		NAME OF LENDER		Occupation:				CALENDAR YEAR
		• • • •		Employer:				FISCAL YEAR
			ton od Ammuz	OTAL CARRY THIS AMOUN RY BELOW. ENTER O UMMARY PAGE	T TO THE H LINE 18		(b)	
		SUMMARY	1					<u> </u>
1.	LOANS OF \$100 OR MORE RECEIVE	D THIS PERIOD ((Include all Part	1 (a) subtota	als)	. \$	1000,	
2. LOANS UNDER \$100 RECEIVED THIS PERIOD (Not itemized)								
3. TOTAL LOANS RECEIVED THIS PERIOD (Line 1 + 2)						1000		
4. LOANS OF \$100 OR MORE REPAID, FORGIVEN, OR PAID BY A THIRD PARTY THIS PERIOD (Include all Part 2, Column (c) subtotals) (If forgiven or paid by a third party, also itemize on Schedule A)						1000		
5. LOANS UNDER \$100 REPAID, FORGIVEN OR PAID BY A THIRD PARTY (not previously itemized) (If forgiven or paid by a third party, also enter amount on Line 2 of the summary section of Schedule A)								
6.	TOTAL LOANS REPAID, FORGIVEN C	IP DAID DV A TI	110000000000000000000000000000000000000			******		-6-
7.	NET CHANGE THIS PERIOD (Subtraction the difference here and on Lin	ling & from Lin	- 21					s /000,

PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE PAGE ______C FORM 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT	COVERS PERIOD
FROM	THROUGH
	~ ~ ~

NAME OF CANDIDATE	OR OFFICE	HOLDE	R AND CONTRO	LLED COMM	ÎTTEE	6
FRIBARC	M L		Tilana) AM	1710	as 1
1 11 17 7000		V/	111-11-11		41107	100

CODES FOR CLASSIFYING EXPENDITURES

I.D. NUMBER

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 code "T".) Refer to the back of this schedule and the back of the Schedule E Continuation Sheet for detailed explanations of each category.

- "C" MONETARY AND IN-KIND (NON-MONETARY)
 CONTRIBUTIONS TO OTHER 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 (MUST BE DESCRIBED. SEE BACK OF SCHEDULE E CONTINUATION SHEET.)
- "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 4 of the Summary section, below.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
City of GARDEN GROVE GARDEN GROVE, las 92640	I CAMPAIGN Statisment	650,
REGISTAR OF VOTERS	I Indones	30,05
WOMAN CLUB Chapman for GANDEN GROVE 92641	I Room	85,00
SANGEN GROW 49440	2 PRINTING	385,69
	SUBTOTAL	\$150,74

SUMMARY

1.	PAYMENTS OF \$100 OR MORE MADE THIS PERIOD (Include all Schedule E subtotals)	\$ 1150,74
2.	PAYMENTS UNDER \$100 THIS PERIOD (Not itemized)	
	TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS (Schedule B, Part 2, Column (d))	-6
4.	TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Schedule F, Line 4)	6
5.	TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line 8, Column B of Summary Page	s 1150,74

Date Received by FPPC

FORM 721

STATEMENT OF ECONOMIC INTERESTS

A Public Document 1989/90

IMPORTANT: Statement must be date stamped when received by filing official

PLEASE TYPE OR PRINT IN IN	TELEPHONE NUMBER
NAME J. TILMAN WILLIAM	(714) 750-4333
	EN GROVE 92640
STREET CITY	
OFFICE HELD OR SOUGHT (Check One):	<u> </u>
STATE OF CALIFORNIA OFFICE:	
JUDICIAL BRANCH COUNTY:	COURT:
CHECK ONE: JUDGE COURT COMMISSIONER	
COUNTY OFFICE:	COUNTY:
110100	CITY: GARDIZM GROVE
A CITY OFFICE: /V/4 Y 0 / X	
TYPE OF STATEMENT (Check the Appropriate Box(es)):	SCHEDULES TO BE COMPLETED
ASSUMING OFFICE STATEMENT (For Newly-Elected and Newly-Appointed Officials ONLY)* ELECTED OFFICIAL (Other than elected state officers assuming office in December or January). File no later than 30 days after assuming office.	Complete Schedules A, B, C-1 and C-2 disclosing investments and interests in real property held on the date of assuming office. In addition, on Schedules D, E, F, G and H-1 through H-3, report income received during the 12 months prior to the date you assumed office.
Date Assumed Office — mo. day yr	
APPOINTED OFFICIAL Not subject to confirmation by the State Senate or the Commission on Judicial Appointments. File no later than 10 days after assuming office. Date Assumed Office	Complete Schedules A, B, C-1 and C-2 disclosing investments and interests in real property held on the date of assuming office. In addition, on Schedules D, E, F, G and H-1 through H-3, report income received during the 12 months prior to the date you assumed office.
APPOINTED OFFICIAL Subject to confirmation by the State Senate or the Commission on Judicial Appointments. File no later than 10 days after appointment or nomination. Date Appointed	Complete Schedules A, B, C-1 and C-2 disclosing investments and interests in real property held on the date of filing. In addition, on Schedules D, E, F, G and H-1 through H-3, report income received during the 12 months prior to the date you assumed office.
Date Appointed mo. day yr	
State officials and all judges and court commissioners file between January 1 and March 1. City and county officials file between January 1 and April 1. PERIOD COVERED: Disclose all reportable interests held or	Complete all schedules disclosing investments and interests in real property held and income received at any time during the period covered by the statement.
received during the period from January 1, 1989 through December 31, 1989.	
LEAVING OFFICE STATEMENT	
File no later than 30 days after leaving office. The period covered is January 1, 19, through the date of leaving office which was:	Complete all schedules disclosing investments and interests in real property held and income received at any time during the period covered by the statement.
mo. day yr	
CANDIDATE STATEMENT File no later than the final filing date for your declaration of candidacy.	Complete Schedules A, B, C-1 and C-2 disclosing investments and interests in real property held on the date of filing.

^{*}INCUMBENT OFFICEHOLDERS WHO ARE RE-ELECTED OR RE-APPOINTED WITHOUT A BREAK IN SERVICE SHOULD NOT COMPLETE AN ASSUMING OFFICE STATEMENT.

The Following Summary Must Be Completed By All Filers

DO NOT COMPLETE THIS SUMMARY PAGE UNTIL YOU HAVE CAREFULLY REVIEWED ALL SCHEDULES AND THE INSTRUCTIONS FOR EACH SCHEDULE.

	DULE COMPLETED ID ATTACHED	NO REPORTABLE INTERESTS
(Which Are Not Held Through A Business Entity Or Trust)	7	
Schedule B - INTERESTS IN REAL PROPERTY		
(Which Are Not Held Through A Business Entity Or Trust)	4	
Schedule C-1 - INTERESTS IN REAL PROPERTY HELD BY A BUSINESS ENTITY OR TRUST		
Schedule C-2 - INVESTMENTS HELD BY A BUSINESS ENTITY OR TRUST		
Schedule D - INCOME (Other Than Loans, Gifts And Honoraria)		
Schedule E - LOANS (Received Or Outstanding During The Reporting Period)		
Schedule F - GIFTS		
Schedule G - HONORARIA		
Schedule H - COMMISSION INCOME, INCOME AND LOANS TO BUSINE ENTITIES OR TRUSTS AND INCOME FROM RENTAL PROP	SS ERTY	
NOTE: AFTER THE SUMMARY PAGE HAS BEEN COMPLETED, PLEASE DISCARD THE YOU HAVE NO REPORTABLE INTERESTS.	HOSE SCHEDULE	S ON WHICH
VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed the my knowledge the information contained herein and in the attached schedules is true		
I certify under penalty of perjury under the laws of the State of California that the fo	regoing is true a	and correct.
Executed on July 26, 19 90, at GARE SIGNATURE Commonth, day) SIGNATURE Common William	City and state	ous Calif
	Form	2 (12/89)

NAME J. Tilman William

Schedule A -- Investments (Which Are <u>Not</u> Held By A Business Entity Or Trust)

(SEE PAGES 14 & 15 OF THE INFORMATION MANUAL FOR INSTRUCTIONS AND EXAMPLES)

		VALUE
NAME OF BUSINESS ENTITY SATELLITIS FINANCIAL (J.	Tilman Williams	\$1,000-\$10,000 \$10,001-\$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PART NERSHIP INTEREST, VD	If Acquired Or Disposed During The Reporting Period You Must Indicate	Over \$100,000 Ownership Interest
Office - GARDEN GROVE, GENERAL DESCRIPTION OF BUSINESS ACTIVITY REAL ESTATE - INSURANCE ENCOMIE TAY	Month, Day And Year: Date Acquired: 7-1-6/ Date Disposed:	Less than 10% 10% or greater*
VIVIAIS INF		VALUE
NAME OF BUSINESS ENTITY		\$1,000-\$10,000 \$10,001-\$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period You Must Indicate	Over \$100,000
	Month, Day And Year:	Ownership Interest
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	Date Acquired: Date Disposed:	Less than 10% 10% or greater*
		VALUE
NAME OF BUSINESS ENTITY		\$1,000-\$10,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Over \$100,000 Ownership Interest
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	Date Disposed:	Less than 10% 10% or greater*
		VALUE
NAME OF BUSINESS ENTITY		\$1,000-\$10,000 \$10,001-\$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period You Must Indicate	Over \$100,000
	Month, Day And Year:	Ownership Interest
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	Date Acquired: Date Disposed:	Less than 10% 10% or greater*
NOTE: YOU MAY BE REQUIRED TO REPORT ON SCHEDULE D AN MORE) RECEIVED BY YOU OR YOUR SPOUSE FROM ANY BU	VY SALARY, COMMISSION, DISTRIBUTION SINESS ENTITY LISTED ON SCHEDULE A.	ON OR OTHER INCOME (\$250 OR
* If you have checked this box, you must report or investments held by the business entity. In addition, source was \$10,000 or more, you may be required to re	if your pro rata share of the igeport the name of that source on	gross income from any one Schedule H-2.

NAME J. Tilman Williams

Schedule B -- Interests In Real Property

(Which Are Not Held By A Business Entity Or Trust)

(SEE PAGES 16 AND 17 OF THE INFORMATION MANUAL FOR INSTRUCTIONS AND EXAMPLES)

STREET ADDRESS OR PRECISE LOCATION OF PROPERTY	CITY		
12291 HAR box BL	G	ARDEN GROVE	FAIR \$1,000-\$10,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD,			
OWNER			VALUE
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: Date Disposed:	1	If Rental Property, Ownership Interest Is	Less than 10% 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPETY	CITY		
12311 HARBOR BL		ARDEN GROVE	FAIR \$1,000-\$10,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD,	DEED OF TRU	JST	MARKET \$10,001-\$100,000
OWNER			VALUE
If Acquired Or Disposed During The		If Rental Property,	Less than 10%
Reporting Period You Must Indicate Month, Day And Year: Date Acquired: Date Disposed:		Ownership Interest Is	10% or greater*
			<u> </u>
CTACCT ADDRESS OF PRESSEL ACATION OF THE	Character and the second		
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY	CITY		
_ / /		ARDEN GROVE	
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY 123/2 Thachiery DR NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD.	G	,	MARKET \$10,001-\$100,000
12312 THACHERY DR	G	,	
12312 Thachiery DR NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD. OWNER If Acquired Or Disposed During The	G	JST	MARKET \$10,001-\$100,000 VALUE Over\$100,000
12312 Thachiery DR NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD. OWNER If Acquired Or Disposed During The Reporting Period You Must Indicate Date Acquired:	G	,	MARKET \$10,001-\$100,000 VALUE Over \$100,000 Less than 10%
12312 ThA CHIERY DR NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD. OWNER If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Disposed:	G,	If Rental Property,	MARKET \$10,001-\$100,000 VALUE Over\$100,000
12312 Thachiery DR NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD. OWNER If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: Date Disposed: STREET ADDRESS OR PRECISE LOCATION OF PROPERTY	DEED OF TRU	If Rental Property, Ownership Interest Is	MARKET \$10,001-\$100,000 VALUE Over \$100,000 Less than 10%
12312 Thachiery DR NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD. OWNER If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Disposed: STREET ADDRESS OR PRECISE LOCATION OF PROPERTY 12292 Thachiery DR	CITY	If Rental Property, Ownership Interest Is	MARKET \$10,001-\$100,000 VALUE Over \$100,000 Less than 10%
12312 Thachiery DR NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD. OWNER If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Disposed: STREET ADDRESS OR PRECISE LOCATION OF PROPERTY 12292 Thachiery DR	CITY	If Rental Property, Ownership Interest Is	MARKET \$10,001-\$100,000 VALUE Over \$100,000 Less than 10% 10% or greater* FAIR \$1,000-\$10,000
12312 Thachiery DR NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD. OWNER If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: Date Disposed: STREET ADDRESS OR PRECISE LOCATION OF PROPERTY	CITY	If Rental Property, Ownership Interest Is	MARKET \$10,001-\$100,000 VALUE Over \$100,000 Less than 10% 10% or greater* FAIR \$1,000-\$10,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD. OWNER If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Disposed: STREET ADDRESS OR PRECISE LOCATION OF PROPERTY 12292 Thachemy DR NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, I	CITY	If Rental Property, Ownership Interest Is ANGEN GROVE UST	MARKET \$10,001-\$100,000 VALUE Over \$100,000 Less than 10% 10% or greater* FAIR \$1,000-\$10,000 MARKET \$10,001-\$100,000 VALUE Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD. OWNER If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: Date Disposed: STREET ADDRESS OR PRECISE LOCATION OF PROPERTY 12292 Thachemy DR NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, I	CITY	If Rental Property, Ownership Interest Is	MARKET \$10,001-\$100,000 VALUE Over \$100,000 Less than 10% 10% or greater* FAIR \$1,000-\$10,000 MARKET \$10,001-\$100,000

NOTE: You may be required to report on Schedule D Income (\$250 or more) received by you or your spouse from rental property listed on Schedule B.

^{*}If you have a 10% or greater interest in a rental property, you may have additional reporting requirements on Schedule H-3.

If additional space is needed, check box and attach an additional Schedule B.

NAME J. Tiluga Williams

Schedule B -- Interests In Real Property (Which Are Not Held By A Business Entity Or Trust) (SEE PAGES 11 AND 12 OF THE INFORMATION MANUAL FOR INSTRUCTIONS AND EXAMPLES)

11942-52 G NATURE OF INTEREST, E.G., OPTION, ON OWNER	ARCHEN GRAVE BL	•	ARDEN GROVIE ST	FAIR \$1,000-\$10,000 MARKET \$10,001-\$100,000 VALUE Over \$100,000
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: Date Disposed:		If Rental Property, Ownership Interest Is	Less than 10% 10% or greater*
STREET ADDRESS OR PRECISE LOCATION NATURE OF INTEREST, E.G., OPTION, ON		CITY	ST	FAIR \$1,000-\$10,000 MARKET \$10,001-\$100,000 VALUE Over\$100,000
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: Date Disposed:		If Rental Property, Ownership Interest Is	Less than 10% 10% or greater*
STREET ADDRESS OR PRECISE LOCATION NATURE OF INTEREST, E.G., OPTION, OV		OFTRU	ST	FAIR \$1,000-\$10,000 MARKET \$10,001-\$100,000 VALUE Over \$100,000
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired:Date Disposed:		If Rental Property. Ownership Interest is	Less than 10% 10% or greater*
STREET ADDRESS OR PRECISE LOCATION NATURE OF INTEREST, E.G., OPTION, OV		CITY OF TRUS	; T	FAIR \$1,000-\$10,000 MARKET \$10,001-\$100,000 VALUE Over\$100,000
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired:		If Rental Property, Ownership Interest Is	Less than 10% 10% or greater*
NOTE: You may be required to re B received by you or your spouse *If you have a 10% or greater on Schedule H-3.	•			
☐ If additional	space is needed, check	box an	d attach an additional S	chedule B.

NAME Tilugo William

Schedule C-1 -- Interests In Real Property Held By A Business Entity Or Trust

(SEE PAGES 18 AND 19 OF THE INFORMATION MANUAL FOR INSTRUCTIONS AND EXAMPLES)

INTERESTS IN REAL PROPERTY HELD BY	(Name Of Business Entity Or T	NANC rust Holding	The Real Property)
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY 12291 HAR BUR B NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHO Owner - Real Estyte - Interest - It Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	CITY AR OBN GROUB OLD, DEED OF TRUST Date Acquired: Date Disposed:	FAIR MARKET VALUE	\$1,000-\$10,000 \$10,001-\$100,000 Over\$100,000
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHO If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	DLD, DEED OF TRUST Date Acquired: Date Disposed:	FAIR MARKET VALUE	\$1,000-\$10,000 \$10,001-\$100,000 Over \$100,000
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHO If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	DLD, DEED OF TRUST Date Acquired: Date Disposed:	FAIR MARKET VALUE	\$1,000-\$10,000 \$10,001-\$100,000 Over\$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHO If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	OLD, DEED OF TRUST Date Acquired: Date Disposed:	FAIR MARKET VALUE	\$1,000-\$10,000 \$10,001-\$100,000 Over \$100,000
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHO If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	OLD, DEED OF TRUST Date Acquired: Date Disposed:	FAIR MARKET VALUE	\$1,000-\$10,000 \$10,001-\$100,000 Over \$100,000
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHO If Acquired Or Disposed During The Reporting Period. You Must Indicate Month, Day And Year:	DLD, DEED OF TRUST Date Acquired: Date Disposed:	FAIR MARKET VALUE	\$1,000-\$10,000 \$10,001-\$100,000 Over \$100,000

If additional space is needed, check box and attach an additional Schedule C-1.

NAMEJ. Tilugo William

Schedule D -- Income (Other Than Loans, Gifts And Honoraria)

(SEE PAGES 20 AND 21 OF THE INFORMATION MANUAL FOR INSTRUCITONS AND EXAMPLES)

IDENTIFY EACH SOURCE OF INCOME:	GROSS INCOME RECEIVED:
ADDRESS 123 N HAR BOR B GARAGE GIVEN BUSINESS ACTIVITY, IF ANY REAL PROPERTY DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED REAL PROPERTY	\$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000
ADDRESS 12292 THACKISTY OR GARDEN GROWN BUSINESS ACTIVITY, IF ANY DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED REAL TO SERVICE OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	\$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000
ADDRESS 12312 TLACKBRY DR GARMAN GROVE BUSINESS ACTIVITY, IF ANY CONSIDERATION FOR WHICH INCOME WAS RECEIVED REALY	\$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000
NAME, BOISA RAMINTOR - PANCHOS RAST ADDRESS 1942-52 GARDEN GROVE BL; GROVE BUSINESS ACTIVITY, IF ANY DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	\$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000

If additional space is needed, check box and attach an additional Schedule D.



Schedule H

(SEE PAGES 27 THROUGH 29 OF THE INFORMATION MANUAL FOR INSTRUCTIONS AND EXAMPLES) Schedule H-1

Commission Income Received	d By Brokers, Agents And Salespersons
NAME OF BUSINESS ENTITY	
NAMES OF SOURCES OF INCOME	
S	Schedule H-2
Income And Loans	To A Business Entity Or Trust
NAME OF BUSINESS ENTITY OR TRUST	ADDRESS OF BUSINESS ENTITY OR TRUST
ACTIVITY OF BUSINESS ENTITY	
NAMES OF SOURCES OF INCOME AND LOANS TO THE BUSINESS EN OR TRUST	TITY
,	
	hedule H-3
	om Rental Property
receipes from any one reliter was \$10,000 or more.	ade rent payments, provided that your pro rata share of such
ADDRESS OF RENTAL PROPERTY 12311 HARBOR BL NAMES OF RENTERS BANT ALLEN	GARDEN GROVIE
NAMES OF RENTERS BART Allen	
ADDRESS OF RENTAL PROPERTY	
	CITY
NAMES OF RENTERS	

If additional space is needed, check box and attach additional schedules.



AMENDMENT TO CAMPAIGN DISCLOSURE STATEMENT 15

3 16 PM '90

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: This form is not used to amend a Statement of Organization (Form 410). To amend a Statement of Organization, use the Form 410.

E011008811	Organization, use the Form 410.	
FOR	M 405 (Type or Print in Joh)	
	(Type or Print in Ink)	FAR APPLEIAL LIES ANNO
1 '	The information required in Service Land	FOR OFFICIAL USE ONLY
1.	The information required in Section I must correspond to the information provided on the campaign statement.	
NAME O	F FILER: (See important information on reverse.)	I.D. NO. (IF APPLICABLE):
FRI	ENDS of J. Tilman Williams	90200
MAILING	ADDRESS OF FILER: NO. AND STREET CITY STATE ZIP CODE	AREA CODE/PHONE NUMBER
112	:41 Chapman Ave GARden Grove Cal gray (14750-4337
NAME O	F TREASURER IF RECIPIENT COMMITTEE:	11/100 4001
CA	ry D. ARuld	
PERMAI	NENT ADDRESS OF TREASURER (IF APPLICABLE): NO. AND STREET CITY STATE ZIP CODE	AREA CODE/PHONE NUMBER
300	Plaza Alicante Suite 310 CARder Granue La 92641	(2111) 7th 1GR
	11 17 17 17 17 17 18 18 Offigure Confusion 100 40	(14) 190-1700
11.	The following information amends campaign disclosure statement, Form No. 490	, Executed on
	10-2-90 for the period $7-1-90$ through $9-3$	
	(MO., DAY, YR.)	
III. 1	The amended information affects items on the:	
	Cover Page Allocation Page	Summary Page
		Julillary Page
•	Schedule(s) Part(s) Part(s)	
IV. [Describe the changes below. Include in detail all information you wish to become a part of	of your official campaign
S	tatement. Also attach a cover page, summary page or appropriate schedule if needed fo	r clarification.
	•	
	*	
	•	
Include	additional information on appropriately labeled continuation sheets. (Number of pages attached	
	VERIFICATION	/
I HAV	F USED ALL REASONABLE DUIGENCE IN DECAMAN THE ATTEMPT	
	E USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT. I HAVE REVIEWED THE STATEM /LEDGE THE INFORMATION CONTAINED HEREIN AND IN THE ATTACHED SCHEDULES IS TRUE AND COMP	
I CERT	TIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGO	ING IS TRUE AND CORRECT.
EXEC	(DATE)	Williams
	A CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT WHO CONTROLS A COMMITTEE MUS	R FILER) T ALSO VERIFY THIS
	I HAVE USED ALL REASONABLE DUIGENCE AND TO THE SECOND	
_	I HAVE USED ALL REASONABLE DILIGENCE, AND TO THE BEST OF MY KNOWLEDGE, THE TREASURER I DILIGENCE IN PREPARING THIS STATEMENT. I HAVE REVIEWED THE STATEMENT AND TO THE BEST OF INFORMATION CONTAINED HEREIN AND IN THE ATTACHED SCHEDULES IS TRUE AND COMPLETE.	HAS USED ALL REASONABLE F MY KNOWLEDGE THE
C	The state of the s	
D	I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE F.	OREGOING IS TRUE AND
	EXECUTED ONATBY	9
E	EXECUTED ON	ER/PROPONENT/RESPONSIBLE OFFICER)
	(DATE) (CITY AND STATE) (SIGNATURE OF CANDIDATE/OFFICE	HOLDER/PROPONENT)
F	EXECUTED ONATBY	
	(DATE) (CITY AND STATE) (SIGNATURE OF CANDIDATE/OFFICE	HOLDER/PROPONENT)

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.

AMENDMENT

SCHEDULE C NON-MONETARY CONTRIBUTIONS RECEIVED FORM 490

PAGE ____OF__

STATEMENT	COVERS	PERIOD

(Amounts May Be Rounded To Whole Dollars)

FROM THROUGH

		ts iviay be Rounged To	vviiole Dollars)	7-1-90	9-30-9
PMA	candidate or officeholder and contract of T, Tilma			1.D. NUMBER 902 00	67
DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER LD NUMBER OR, IF NO 1D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	OCCUPATION EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE RECEIVED	CUMU- LATIVE AMOUNT
10/90	GARDEN GROUB "GET O'L OUT" COMMITTER	Occupation: Employer:	SIENS	580	CALENDAR YEAR FISCAL YEAR: \$
		Occupation:			CALENDAR YEAR
		Employer:			FISCAL YEAR:
		Occupation:		and reproduced the state of the	CALENDAR YEAR
		Employer:			FISCAL YEAR:
**************************************		Occupation:			CALENDAR YEAR
		Employer:			FISCAL YEAR:
	-	Occupation:			CALENDAR YEAR
•		Employer:			FISCAL YEAR:
		Occupation:			CALENDAR YEAR:
		Employer:			FISCAL YEAR:
		Occupation:			CALENDAR YEAR \$
	*	Employer:			FISCAL YEAR: \$
			SUBTOTAL	s 580	
2. NO	ON-MONETARY CONTRIBUTIONS OF THE PROPERTY CONTRIBUTIONS UPPRIZED IN THE PROPERTY CONTRIBUTIONS UPPRIZED UPPRIZED IN THE PROPERTY CONTRIBUTIONS UPPRIZED UPPRIZED UPPRIZED UPPR	NDER \$100 RECEIVED THIS P	PERIOD (Not	s 5	90, O

AMENDMENT

SUMMARY PAGE FORM 490

PAGE	OF
STATEMENT C	OVERS PERIC
FROM	THROUGH

(Amounts May Be Rounded To Whole Dollars) 7-1.90 NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: I.D. NUMBER TILMAN COLUMN B
Total this period from attached schedules COLUMN A Cumulative total from previous period* COLUMN C Cumulative to date **CONTRIBUTIONS RECEIVED** (Columns A + B) 2945 1. Monetary contributions..... SCHEDULE A, LINE 3 000 2. Loans received..... SCHEDULE B. LINE 7 945 LINES 1 + 2 LINES 1 + 2 SCHEDULE C, LINE 3 5. TOTAL CONTRIBUTIONS WITHOUT LINES 3 + 4 6. Enforceable Promises (Except loan SCHEDULE D, LINE 7 7. TOTAL CONTRIBUTIONS..... LINES 5 + 6 LINES 5 + 6 (SHOULD EQUAL LINE 7. **EXPENDITURES MADE** SCHEDULE E. LINE 5 SCHEDULE EE, LINE 7 50,74 10. SUBTOTAL.... LINES 8 + 9 LINES 8 SCHEDULE F, LINE S 150,74 12. TOTAL EXPENDITURES LINES 10 + 11 (SHOULD EQUAL LINE 12, COLUMNS A + B) *IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE BLANK EXCEPT FOR LINES 2, 6, 9 AND 11 (if applicable). STATEMENT OF CHANGES IN FINANCIAL CONDITION 13. Cash on hand at the beginning of this period. (Enter amount from 15. Miscellaneous increases to cash (Schedule G. Line 4) 16. Cash payments this period (Line 10, Column B above) 17. Cash on hand at end of reporting period (Lines 13 + 14 + 15 - 16 above) (If this is a Termination Statement, Line 17 must be Zero.)..... ENDING CASH ON HAND SHOW NOT BE A NEGATIVE AMOUNT 18. Amount of loan guarantees received (Schedule B, Part I, Column (b))..... 19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse 20. Outstanding debts (Line 2 + Line 11 of Column C above).....

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

	1/1 THRU 6/30	//I TO DATE
21. CONTRIBUTIONS RECEIVED:		
22. EXPENDITURES MADE:		V-10-11-11-11-11-11-11-11-11-11-11-11-11-
		l



Form 410 1990 FILE AN ORIGINAL AND ONE COPY OF THIS FORM WITH:

Secretary of State Political Reform Division P.O. Box 1467 Sacramento, CA 95812-1467 AND, IF APPLICABLE, FILE ONE COPY OF THIS FORM WITH:

The city or county filing officer, if any, with whom the committee must file its 7 original campaign disclosure statements.

3 42 PH '90

RECEIVED CITY OF GAPDEN GREVE CITY CLERKS OFFICE

STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)

	IF AMENDMENT	(Government Code Sect	ions 84101-84103)		
	ENTER I.D. NUMBER	(Type or Print	in Ink)	•	
FULL NAME OF COMMIT		Tilma N V	Villian	Ж.С.	
STREET ADDRESS OF CO	<u> </u>		STA STA	TE ZIP CODE	COUNTY:
12291 H	ARBOR BL	VD GARD	EN GROVE	CAlif	92640
MAILING ADDRESS (IF D		D STREET (OR P.O. BOX)	6	STATE	ZIP CODE
DATE QUALIFIED AS CO	MMITTEE (MO., DAY, YR.):	AREA CODE	PHONE NUMBER	A FOR OFFICIAL USE ONLY	B FOR OFFICIAL USE ONLY
I TREASURER AN	D OTHER PRINCIPAL	OFFICERS	9		
POSITION	NA	ME	MAILING ADD	RESS, IF DIFFERENT THAN ABO	VE (AREA DAY TIME CODE) PHONE NO.
TREASURER	CARY AI	rold			
	•	~			
Attach additional inform	nation on appropriately la	beled continuation sheets.			
YES (Con IF THIS COMMIT ELECTIVE OFFICE IF THIS IS A BALL LISTED. IF THIS COMMIT IF THIS COMMIT	TEE IS CONTROLLED BY AN E SOUGHT OR HELD AND DOT MEASURE COMMITTEE TEE IS CONTROLLED BY A STEE ACTS JOINTLY WITH A LLED COMMITTEE.	NO I OFFICEHOLDER OR A CAN ISTRICT NUMBER, IF ANY, N CONTROLLED BY MORE TH TATE MEASURE PROPONEI ANOTHER CONTROLLED CO	DIDATE, THE NAN UST BE LISTED. AN ONE CANDIDA	ATE, THE NAME OF EACH CONT	DIDATE OR OFFICEHOLDER, THE

BELOW AND COMMITTEE committee i complete th	D ENTER THE DATE C E. YOU MUST COMPL s not a broad based c is section.)	ON OR BEFORE WHICH ETE THIS SECTION <u>BEI</u> ommittee, or does not	1 THE COMMI ORE MAKING wish to make	TTEE QUALIFIED AS A B CONTRIBUTIONS OVER 1 contributions in excess o	rse), AND YOU WISH TO U MUST CHECK THE BOX ROAD BASED POLITICAL THE \$2,500 LIMIT. (If the f the \$2,500 limit, do not had committee on or before
		(month) (d	ay)	(year)	
Attach additional info	ormation on appropriately	labeled continuation sheet	5.		
	YOU	MUST COMPLETE TH	IE VERIFICATION	ON ON PAGE 2	

NAME OF COMMITTEE FRIENCES OF	J,	Ter	My WILLIAMS
the name of a sponsored committee.)	efer to th	ne instru	ctions on the reverse side for definitions and rules regarding
NO YES (Provide name and address of spot address of each sponsor on an appropri	nsor. If t iately lab	he comr seled att	nittee has more than one sponsor, provide the name and cachment.)
Name of Sponsor:			
V IF PRIMARILY FORMED TO SUPPORT OR CANDIDATES OR MEASURES SUPPORTED			C CANDIDATES OR MEASURES, LIST SPECIFIC
CANDIDATE'S NAME/MEASURE'S FULL TITLE INCLUDING BALLOT NUMBER OR LETTER	SUPPORT	OPPOSE	OFFICE SOUGHT OR HELD BY CANDIDATE OR MEASURE'S JURISDICTION (Include district number, city or county, as applicable.)
	labala	dentis	unities choots
VI COMMITTEE'S PRINCIPAL ACTIVITY IF NOT CHECK BOX TO INDICATE THE COMMITTEE'S LEVEL COMMITTEE	SUPPOR	TING OF	OPPOSING SPECIFIC CANDIDATES OR MEASURES PLEASE
	and the second of the second of		
	en e		
Attach additional information on appropriately VII YOU MUST SPECIFY WHAT DISPOSITION V			F SURPLUS FUNDS IN THE EVENT OF TERMINATION.
REPTY debts of	AN	y	
	. V	ERIFICA'	TION
I HAVE USED ALL REASONABLE DILIGENCE IN PREPARING TINFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE		MENT. I H	AVE REVIEWED THE STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE
EXECUTED ON A 6. 7. 1991 AT GA PUEN (TROS (DATE) (CITY AND STATE)	OF THE STA	TE OF CAL	(SIGNATURE OF TREASURER)
EXECUTED ON AUG 3 1990 AT GARDEN GRE (DATE) AT GARDEN GREEN	ruz, C4	BY	(SIGNATURE OF CONTROLLING CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT)
EXECUTED ONAT	E)	BY	(SIGNATURE OF CONTROLLING CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT)
' (DATE) (CITY AND STATE	:)		(SIGNATURE OF CONTROLLING CANDIDATE OFFICEHOLDER OR STATE MEASURE PROPONENT)

CAMPAIGN BANK ACCUUNT FPPC Form 502 OFFICE USE ONLY 1989 - 1 Check One: Initial Amendment Type or Print Middle First **FULL NAME** LMAN LL IAMS OF CANDIDATE: 10 11241 CHAPMAN Daytime Phone (714) 750-4333 ADDRESS: GARDEN GROVE, Cal 92640 534-3552 Date Of Election SPECIFIC OFFICE VOV 6, 1990 SOUGHT: 4YOR **ACCOUNT INFORMATION** ACCOUNT NO **FINANCIAL** INSTITUTION: MERICAN GARDEN GROVE **Business Phone** DATE OPENED: SARdEN GROVE, CA14 92643 (714) ADDRESS: 534-8690 1990 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. CANDIDATE'S SIGNATURE CANDIDATE INTENTION allagammu. FPPC Form 501 OFFICE USE ONLY ☐ Termination Amendment Check One: 1989 - 1 Type or Print Middle **FULL NAME** ILMAN OF CANDIDATE: 11241 CHAPMAN Daytime Phone ADDRESS: (7/4)GARDEN GROVE, CA 750-4-333 SPECIFIC OFFICE SOUGHT Date Of Election District # **SPECIFIC** 980 VOV 6, OFFICE: Specify Jurisdiction and Location **PUBLIC** AGENCY NAME AND State KDEN GROVE **JURISDICTION** LOCATION: I certify under penalty of perjury under the laws of the State Executed on of California that the foregoing is true and correct.

CANDIDATE'S SIGNATURE

68 50576

CITY AND STATE

JAN 29 1 4	CANDIDATE, OFFICEHO	LDER AND CONTROLLED CONSTATEMENT LONG FORM	MMITTEE			
	(Government Code Sections 84200-84216.5) (Type or Print in Ink) PAGE OF					
	Statement covers per					
14 ingood	CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED:					
FORM 490	PRE-ELECTION STATEM	- JOIT ELIVIE	NTAL PRE-ELECTION			
1990	☐ TERMINATION STATEM	IENT Pre-Election	T (If filing a Supplemental n Statement, attach a			
	Attach a completed For statement.	rm 415 to this completed	Form 495 to this statement.)			
DATE OF ELECTION (MO., DA	Y, YR.) (IF APPLICABLE)			A FOR OFFICE	AL USE ONLY	
I CANDIDATE/O	FFICEHOLDER INCLUDED	IN THIS CONSOLIDATED REP	PORT	-		
NAME OF CANDIDATE	OFFICEHOLDER:	OFFICE	SOUGHT OR HELD: (Include to	cation and district num	ber if applicab	ie)
DOHAL TI		IAMS COU	MEILMAN			
RESIDENTIAL OR BUSIN	NESS ADDRESS: NO. AND STR			AREA CODE/DAY TIME	PHONE NUMB	IER IOO 12
1/299 6	HAPMAN M		OUE, CA - 9264	0 (7/47	280-9	1333
CONTROLLED	COMMITTEE INCLUDED I	N THIS REPORT (See definition	n on reverse.)			
NAME OF COMMITTEE	TI TI	1. 11/1/1/2		I. D. NUMBER	107)
ADDRESS OF COMMIT	ITEE: NO. AND STREET	CTY CTY	7	800	182	
12291 6	GARBOR BI	(SARDE 1 (SR. N.F.	STATE ZIP CODE	(-7/4/-75	V TIME PHONE	NUMBER
NAME OF TREASURER	B:	Still Story	Company of the second	. (111)12	0 95	
-CARY	D. ARNOL	P				
PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE/DAY TIME PHONE NUMBER						
					1020	
300 PL	AZA ALILA	NITE AJIO GARDEN	SRUE CA. 926;	6 (7/4)7	740-19	288
BY YOU AND	AZA ALILA MITTEES: LIST ANY OTHER DANY COMMITTEES PRIN DUR CANDIDACY.	NTE IJIO GARUSA R COMMITTEES NOT INCLUDE MARILY FORMED TO RECEIVE	D IN THIS STATEMEN	T WHICH ARE	CONTRO	OLLED S ON
BY YOU AND	ANY COMMITTEES PRIN	NTE AGIO GARDAN R COMMITTEES NOT INCLUDE MARILY FORMED TO RECEIVE	D IN THIS STATEMEN	T WHICH ARE	CONTRO	S ON
BEHALF OF YO	ANY COMMITTEES PRIN	COMMITTEE ADDRESS	ED IN THIS STATEMEN CONTRIBUTIONS OR	T WHICH ARE MAKE EXPE	NDITURE	S ON
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COMMITTEE NA	ME AND I.D. NUMBER 902067 TILLMAN WILLIAMS	COMMITTEE ADDRESS	ED IN THIS STATEMEN CONTRIBUTIONS OR	MAKE EXPE	CONTRO	DLLED
COMMITTEE NA	ME AND I.D. NUMBER	COMMITTEE ADDRESS AS AROXE Jed continuation sheets.	ED IN THIS STATEMEN CONTRIBUTIONS OR	MAKE EXPE	CONTRO	DLLED
COMMITTEE NA	ME AND I.D. NUMBER 902067 TILLMAN WILLIAMS	COMMITTEE ADDRESS	ED IN THIS STATEMEN CONTRIBUTIONS OR	MAKE EXPE	CONTRO	DLLED
COMMITTEE NA Attach additional inf CANDIDATE OR CI I HAVE USED AL PREPARING THIS AND IN THE AT	ME AND I.D. NUMBER 902067 TILLMAN WILLIAMS Formation on appropriately labe DEFICEHOLDER: 1 REASONABLE DILIGENCE AND STATEMENT. I HAVE REVIEWEI	COMMITTEE ADDRESS AS ABOVE Jed continuation sheets. VERIFICATION TO THE BEST OF MY KNOWLEDGE OTHE STATEMENT AND TO THE BEST AND COMPLETE. I CERTIFY UNDER	E THE TREASURER HAS USE	EASURER ARAJOLO DALL REASONAL	CONTRO COMMITYES	DLLED ITEE? NO
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					PA	AGE	OF _/
		SUMMARY	PAGE				T COVERS PERIC
FORM 490						FROM	THROUGH
	(Amounts I	May Be Rounded	To Whole Dollars)	2-	1-90	12-31-90
NAME	OF CANDIDATE OR OFFICEHOLDER AND COIPE $F = F = F = F = F = F = F = F = F = F $			S	1.0	D. NUMBER 480/8	'2
CON	TRIBUTIONS RECEIVED	fr	COLUMN A Cumulative total om previous period*	Total this o	JWN B	Cumula	LUMN C
1.	Monetary contributions			\$	schedules	\$	nns A + B)
2	Loans received		32,760	SCHEDULE SCHEDULE		_32	760
3	SUBTOTAL CASH RECEIPTS	····· <u>\$</u>	32,760	<u>\$</u>	5.1 + 2	s 32	7,760
4	Non-monetary contributions		0		0	LI	NES 1 + 2
5.	TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES		32,760	SCHEDULE	C, LINE 3	31	7.760
6	. Enforceable Promises (Except loa guarantees, see Line 18 below)		LINES 3 + 4	LINES	53 + 4	LIF	VES 3 + 4
7.	TOTAL CONTRIBUTIONS	<u>\$</u>	32,760 LINES 5+6	<u>\$</u>	0		760
EXP	ENDITURES MADE	_				(SHOULD 6	EQUAL LINE 7,
8.	Payments	<u>\$</u>		SCHEDUL	E E, LINE S	<u> </u>	
9.	Loans Made		1940 Mill 1980 All II de le	SCHEDUL	É EE, LINE 7		NATA CONTRACTOR OF THE PROPERTY OF THE PROPERT
10.	SUBTOTAL		LINES 8 + 9	LINES	8 + 9	LIN	ES 8 + '9
11.	Accrued expenses (unpaid bills)			SCHEDU	LE F, LINE S		
12.	TOTAL EXPENDITURES	<u>\$</u>	U LINES 10 + 11	: \$	10 + 11		ES 10 + 11 DEQUAL LINE 12,
	*IF THIS IS THE FIRST REPO		HE CALENDAR YEA 2, 6, 9 AND 11 (if a	•	IOULD BE BLAN	IK COLU	(8 + A 2MML
	STATEMEN	NT OF CHANG	ES IN FINANCIA	L CONDITION		<i>pianariaramanni</i>	
13.	Cash on hand at the beginning of t Summary Page, Line 17, from prev			. \$			
14.	Cash receipts this period (Line 3, Co	lumn B above) .		windown book by the process of the contract of			
15.	Miscellaneous increases to cash (Sc	hedule G, Line 4)		J. (2000) Philipping Commission of the Commissio		
16.	Cash payments this period (Line 10	, Column B abov	e)				
17.	Cash on hand at end of reporting p (If this is a Termination Statement,						DIVIDHAND SHOULD
18.	Amount of loan guarantees receive	ed (Schedule B,	Part I, Column (b)			NOT BE A NEG	SATIVE AMOUNT
19.	Cash equivalents (other assets held Important: See instructions on rev	including outsta	anding loans mad	to others).	· · · · · · · · · · · · · · · · · · ·	\$	
20.	Outstanding debts (Line 2 + Line 1	1 of Column C al	oove)	• • • • • • • • • • • • • • • • • • • •		<u>s 32</u>	760
	SUMMARY FOR CANDIDATES	IN BOTH A JU	NE AND NOVE	MBER ELECTION)N (See Instru	ctions on I	Reverse)
		1/1 THRU 6/30	7/1 TO DAT				
	21. CONTRIBUTIONS RECEIVED:		Λ	Δ			

22. EXPENDITURES MADE:

CANDIDATE, OFFICEHOLDER AND CONTROLLED COMMITTE CAMPAIGN STATEMENT -- LONG FORM



(Government Code Sections 84200-84216.5) (Type or Print in Ink)

Statement covers period 1/1/90 hrough 6/30/90

JUL 30	3 23 PM '90 PAGE 1 OF 1
MENT BEING FILED: -ELECTION g a Supplemental ent, attach a t o this statement.)	
	FOR OFFICIAL USE ONLY

FORM 490 1990	CHECK ONE OF THE FOLL PRE-ELECTION STA SEMI-ANNUAL STA TERMINATION STA Attach a completed statement.	TEMENT TEMENT TEMENT		HE TYPE OF STATE UPPLEMENTAL PF TATEMENT (If fili) re-Election Staten ompleted Form 4S	RE-ELECTION ng a Supplement:	al	
DATE OF ELECTION (MO., DAY,	YR.) (IF APPLICABLE)						FOR OFFICIAL USE ONLY
I CANDIDATE/OF	ICEHOLDER INCLUDE	D IN THE CO.	1001100			A	The second of the f
NAME OF CANDIDATE	FFICEHOLDER:	D IN THIS CON	SOUDA				
J. TILMAN WI	ILLIAMS			COUNCIL.	ORHELD: (Include MAN	e location and	I district number if applicable)
11241 CHAPMA		STREET RDEN GROVE	city E,	STATE	21P CODE 92640	AREA COO (714)	750-4333
II CONTROLLED C	OMMITTEE INCLUDED	IN THIS REPOR	T /Soo d	o di mini m			100 1000
MAME OF COMMITTEE:			11 (366.0)	elinition on rev	verse.)		
FRIENDSOF J.	TILMAN WILL	AMS					UMBER
ADDRESS OF COMMITTE			drein /			880	182
12291 HARROR		M ODOTTE	CITY	STATE	ZIP CODE	ARE	A CODE/DAY TIME PHONE NUMBE

CARY D. ARNOLD

NAME OF TREASURER:

PERMANENT ADDRESS OF TREASURER: NO. AND STREET

12291 HARBOR BLVD., GARDEN GROVE,

CA

ZIP CODE

AREA CODE/DAY TIME PHONE NUMBER

(714) 750-4333

300 PLAZA ALICANTE, SUITE 310, GARDEN GROVE, CA 92640 (714) 740-1988

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

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	CONTR	OLLED HTTEE?
				NO
Attach additional information on appropriately labele	ed continuation sheets.			

VERIFICATION

CANDIDATE OR OFFICEHOLDER:

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 PERSURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

(DATE)	GARden GROVE EST &	BY	(SIGNATURE OF CAMPIDATE	
			(SIGNATURE OF CANDIDATE	OR OFFICEHOLDER)

TREASURER (if applicable):

I HAVE USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF

22.0		MIC 314	IE OF CALIFO	RNIA THAT THE E.	DECOME	Id Davis
EXECUTED ON 7-27-90	1 (3ARDE)	(Drule	01	10	OKEGOING	IS TRUE AND CORRECT.

(DATE) (OTY AND STATE)

Ulmory (SIGNATURE OF TREASURER)

					PAGE_1	_ OF <u>1</u>
		SUMMARY PA	GE		STATEMENT	
	(Amounts M	FORM 490 ay Be Rounded To	NA/hala Dallara		FROM	THROU
614665					1/01/90	06/30
NAME	OF CANDIDATE OR OFFICEHOLDER AND CONT FRIENDS OF J. TILMAN I	ROLLED COMMITTEE VILLIAMS	:		1.D. NUMBER 880182	
CO1	ITDIDI ITIANIC DECENTO		COLUMN A		1	***************************************
LUN	ITRIBUTIONS RECEIVED	Cu from	mulative total previous period*	COLUMN B Total this period from attached schedules	Cumulati	JMN C ive to date is A + 8)
1.	Monetary contributions	<u>\$</u>	0	\$ 0	\$	0
2	Loans received	3	2,760	SCHEDULE A, LINE 3	32,7	60
	SUBTOTAL CASH RECEIPTS	-		SCHEDULE B, LINE 7		
		4	2, 160 INES 1 + 2	\$ 0	\$ 32,7	
4.	Non-monetary contributions	• • • • • • • • • • • • • • • • • • • •	0	<u> </u>	LINE	51 + 2
5.	TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES	2	2 760	SCHEDULE C, LINE 3		
		P-5111	2,760	0	32,7	60 ———
6.	Enforceable Promises (Except loan guarantees, see Line 18 below)		0	LINES 3 + 4	LINE:	S 3 + 4
~			2.760	SCHEDULE D, LINE 7	227	<u>0</u>
	TOTAL CONTRIBUTIONS	The second secon	NES 5 + 6	LINES 5 + 6	\$ 32,7	
EXP	ENDITURES MADE	•		•	(SHOULD EQ	UAL LINE 7, SA + B)
8.	Payments			SCHEDULE E, LINE 5	>	
9.	Loans Made	* * * * * * *				
10.	SUBTOTAL			SCHEDULE EE, LINE 7		
			INES 8 + 9	LINES 8 + 9	LINES	8 + '9
11.	Accrued expenses (unpaid bills)	* * * * * *	Medical and separate property and the separate s	SCHEDULE F, LINE S		
12.	TOTAL EXPENDITURES	-	0	<u>\$ 0</u>	\$	0
			INES 10 + 11	LINES 10 + 11	(SHOULD EC	10 + 11 QUAL LINE 12,
	*IF THIS IS THE FIRST REPOR	FILED FOR THE C	ALENDAR YEAR, CO , 9 AND 11 (if applic	DLUMN A SHOULD BE BL	ANK	NS A + B)
			IN FINANCIAL CO	NOITION		
	Cash on hand at the beginning of this Summary Page, Line 17, from previous	us statement filed	.)	\$		
14.	Cash receipts this period (Line 3, Colu					
15.	Miscellaneous increases to cash (Sche					
16.	Cash payments this period (Line 10, C					
17.	Cash on hand at end of reporting per (If this is a Termination Statement, Li	ne 17 must be Zer	o.)	• • • • • • • • • • • • • • • • • • • •	\$ ENDING CASH ON F	IANO SHOW O
18.	Amount of loan guarantees received	(Schedule B, Pari	: I, Column (b))		NOT BE A NEGATI	VE AMOUNT
19.	Cash equivalents (other assets held in Important: See instructions on reverse	cludina outstandi	no loans made to o	therel	\$	
20.	Outstanding debts (Line 2 + Line 11 c	f Column C above)	******	\$ 32.70	60
S	UMMARY FOR CANDIDATES IN	BOTH A JUNE	AND NOVEMBE	R ELECTION (See Inst	tructions on Par	Vera!
		1/1 THRU 6/30	7/1 TO DATE		a sections on Ke	ve(26)
	21. CONTRIBUTIONS RECEIVED:	0				

22. EXPENDITURES MADE:

Date Received by FPPC

FORM 721

STATEMENT OF ECONOMIC INTERESTS 2

Statement must be date stamped when received by filing official

IMPORTANT:

A Public Document 1989/90

PLEASE TYPE OR PRINT IN INK

TELEPHONE NUMBER NAME . MAILING ADDRESS 11241 STREET OFFICE HELD OR SOUGHT (Check One): ☐ STATE OF CALIFORNIA OFFICE: COURT: __ ☐ JUDICIAL BRANCH **COUNTY:** COURT COMMISSIONER **CHECK ONE:** JUDGE COUNTY OFFICE: GAR DEN GRAVE COUNCIL ☑ CITY OFFICE: SCHEDULES TO BE COMPLETED TYPE OF STATEMENT (Check the Appropriate Box(es)): ASSUMING OFFICE STATEMENT Complete Schedules A, B, C-1 and C-2 disclosing investments and interests in real property held on the date of assuming office. In addition, on Schedules D, E, F, G and H-1 through H-3, report income received during the 12 months prior to the (For Newly-Elected and Newly-Appointed Officials ONLY)* ☐ ELECTED OFFICIAL (Other than elected state officers assuming office in December or January). File no later than 30 days after assuming office. date you assumed office. Date Assumed Office _____ Complete Schedules A, B, C-1 and C-2 disclosing investments and interests in real property held on APPOINTED OFFICIAL Not subject to confirmation by the State Senate or the Commission on Judicial Appointments. the date of assuming office. In addition, on Schedules D, E, F, G and H-1 through H-3, report income received during the 12 months prior to the date you assumed office. File no later than 10 days after assuming office. Date Assumed Office ____ Complete Schedules A, B, C-1 and C-2 disclosing ☐ APPOINTED OFFICIAL Subject to confirmation by the State investments and interests in real property held on Senate or the Commission on Judicial Appointments. File no the date of filing. In addition, on Schedules D, E, F, G and H-1 through H-3, report income received later than 10 days after appointment or nomination. during the 12 months prior to the date you assumed office. **Date Appointed** M ANNUAL STATEMENT Complete all schedules disclosing investments State officials and all judges and court commissioners file and interests in real property held and income received at any time during the period covered between January 1 and March 1. City and county officials file between January 1 and April 1. by the statement. PERIOD COVERED: Disclose all reportable interests held or received during the period from January 1, 1989 through December 31, 1989. LEAVING OFFICE STATEMENT Complete all schedules disclosing investments File no later than 30 days after leaving office. The period and interests in real property held and income received at any time during the period covered by covered is January 1, 19, through the date of leaving office which was: the statement. CANDIDATE STATEMENT Complete Schedules A, B, C-1 and C-2 disclosing File no later than the final filing date for your declaration of investments and interests in real property held on candidacy. the date of filing.

^{*}INCUMBENT OFFICEHOLDERS WHO ARE RE-ELECTED OR RE-APPOINTED WITHOUT A BREAK IN SERVICE SHOULD NOT COMPLETE AN ASSUMING OFFICE STATEMENT.

NAME J. Tilusa V	Villains
------------------	----------

Form 2 (12/89)

The Following Summary Must Be Completed By All Filers

DO NOT COMPLETE THIS SUMMARY PAGE UNTIL YOU HAVE CAREFULLY REVIEWED ALL SCHEDULES AND THE INSTRUCTIONS FOR EACH SCHEDULE.

Schedule A - INVESTMENTS	SCHEDULE COI AND ATTAI	MPLETED CHED	NO REPORTABLE INTERESTS
(Which Are <u>Not</u> Held Through A Business Entity Or Tr	ust)		
Schedule B - INTERESTS IN REAL PROPERTY			
(Which Are <u>Not</u> Held Through A Business Entity Or Tro	ust)		
Schedule C-1 - INTERESTS IN REAL PROPERTY HELD BY A BUSINES ENTITY OR TRUST	s [
Schedule C-2 - INVESTMENTS HELD BY A BUSINESS ENTITY OR TRUST			
Schedule D - INCOME (Other Than Loans, Gifts And Honoraria)			
Schedule E - LOANS (Received Or Outstanding During The Reporting Peri	od) [
Schedule F - GIFTS			
Schedule G - HONORARIA			
Schedule H - COMMISSION INCOME, INCOME AND LOANS TO BUS ENTITIES OR TRUSTS AND INCOME FROM RENTAL PR	SINESS ROPERTY		
NOTE: AFTER THE SUMMARY PAGE HAS BEEN COMPLETED, PLEASE DISCAR YOU HAVE NO REPORTABLE INTERESTS.	RD THOSE SC	HEDULE:	S ON WHICH
VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed my knowledge the information contained herein and in the attached schedules in			
I certify under penalty of perjury under the laws of the State of California that the	ne foregoing	is true a	nd correct.
Executed on F & bruary 14, 1990, 19 90 (month, day) (signar), at GASIGNATURE SIGNATURE	K den (ci	ty and state	ene Cal

NAME J. Tilrage William

Schedule A -- Investments (Which Are Not Held By A Business Entity Or Trust)

(SEE PAGES 14 & 15 OF THE INFORMATION MANUAL FOR INSTRUCTIONS AND EXAMPLES)

NAME OF BUSINESS ENTITY	SOLE OWNER	VALUE
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARINERSHIP INTEREST LVD Office GARDEN GROVE GENERAL DESCRIPTION OF BUSINESS ACTIVITY REAL ESTATE - ENSURFACE ENCOME TAX	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: 7-1-6/ Date Disposed:	\$1,000-\$10,000 \$10,001-\$100,000 Over \$100,000 Ownership Interest Less than 10% \$10% or greater*
NAME OF BUSINESS ENTITY		VALUE \$1,000-\$10,000
NATURE OF INVESTMENT, e.g., COMMON STOCK, PARTNERSHIP INTEREST GENERAL DESCRIPTION OF BUSINESS ACTIVITY	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	\$10,001-\$100,000 Over \$100,000 Ownership Interest
	Date Acquired: Date Disposed:	Less than 10% 10% or greater*
NAME OF BUSINESS ENTITY		VALUE \$1,000-\$10,000
NATURE OF INVESTMENT, E.G. COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	\$10,001-\$100,000 Over \$100,000 Ownership Interest
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	Date Acquired: Date Disposed:	Less than 10% 10% or greater*
NAME OF BUSINESS ENTITY		VALUE \$1,000-\$10,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	\$10,001-\$100,000 Over \$100,000 Ownership Interest
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	Date Acquired:	Less than 10% 10% or greater*
* If you have checked this box, you must report or investments held by the business entity. In addition, source was \$10,000 or more, you may be required to re	on Schedules C-1 and C-2 any int if your pro rata share of the growth the name of that source on S	erests in real property and gross income from any one schedule H-2.
If additional space is needed, check	k box and attach an additional Sci	riedule A.

Schedule B -- Interests In Real Property (Which Are Not Held By A Business Entity Or Trust)

(SEE PAGES 16 AND 17 OF THE INFORMATION MANUAL FOR INSTRUCTIONS AND EXAMPLES)

CYPECT ADDRESS OF PRESIDE A CATION			
STREET ADDRESS OR PRECISE LOCATION		CITY	
12291 HARBOR BL	•	GARDEN GROVE	
NATURE OF INTEREST, E.G., OPTION, OW	/NERSHIP, LEASEHOLD, DEED (OF TRUST	MARKET \$10,001-\$100,000 VALUE \$ Over \$100,000
OWNER			VALUE 12, OVER \$100,000
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: Date Disposed:	If Rental Property, Ownership Interest Is	Less than 10% 10% or greater*
STREET ADDRESS OR PRECISE LOCATION 12311 HAR BOR BL	OF PROPERTY	CITY GARDEN GROVE	FAIR \$1,000-\$10,000
NATURE OF INTEREST, E.G., OPTION, OWN	/NERSHIP, LEASEHOLD, DEED (DF TRUST	MARKET \$10,001-\$100,000 VALUE Over \$100,000
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired:	If Rental Property, Ownership Interest Is	Less than 10% 10% or greater*
STREET ADDRESS OR PRECISE LOCATION 12312 Thacker		GARLEN GREVE	FAIR \$1,000-\$10,000
STREET ADDRESS OR PRECISE LOCATION 12312 Thacker NATURE OF INTEREST, E.G., OPTION, OW	y DR	GARLEN GREVE	FAIR \$1,000-\$10,000 MARKET \$10,001-\$100,000 VALUE Over \$100,000
STREET ADDRESS OR PRECISE LOCATION 12312 Thacker	y DR	GARLEN GROVE DE TRUST	MARKET \$10,001-\$100,000
STREET ADDRESS OR PRECISE LOCATION 12312 Thacker NATURE OF INTEREST, E.G., OPTION, OW OWNER If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: STREET ADDRESS OR PRECISE LOCATION	DR VNERSHIP, LEASEHOLD, DEED O Date Acquired: Date Disposed: OF PROPERTY	OF TRUST If Rental Property, Ownership Interest is	MARKET \$10,001-\$100,000 VALUE Over \$100,000
STREET ADDRESS OR PRECISE LOCATION 12312 Thacker NATURE OF INTEREST, E.G., OPTION, OW OWBR If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	DR VNERSHIP, LEASEHOLD, DEED O Date Acquired: Date Disposed: OF PROPERTY	OF TRUST If Rental Property, Ownership Interest is	MARKET \$10,001-\$100,000 VALUE Over \$100,000 Less than 10% 10% or greater* FAIR \$1,000-\$10,000
STREET ADDRESS OR PRECISE LOCATION 12312 Thacker NATURE OF INTEREST, E.G., OPTION, OW OWNER If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: STREET ADDRESS OR PRECISE LOCATION	DR VNERSHIP, LEASEHOLD, DEED O Date Acquired: Date Disposed: OF PROPERTY DR	OF TRUST If Rental Property, Ownership Interest Is CITY GARDIS O RORE	MARKET \$10,001-\$100,000 VALUE Over \$100,000 Less than 10% 10% or greater*

NOTE: You may be required to report on Schedule D Income (\$250 or more) received by you or your spouse from rental property listed on Schedule B.

^{*}If you have a 10% or greater interest in a rental property, you may have additional reporting requirements on Schedule H-3.

If additional space is needed, check box and attach an additional Schedule B.

NAME Tikes Williams

Schedule B -- Interests in Real Property Continuation Sheet

CITY	CAMOCA	
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY 11942-52 GARDIEN GROUB!	GARDEN	FAIR \$1,000-\$10,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRU		MARKET \$10,001-\$100,000 VALUE Over \$100,000
OWNER		
If Acquired Or Disposed During The Date Acquired: Reporting I eriod You Must Indicate: Date Disposed:	If Rental Property, Ownership Interest is	Less than 10% 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY NATURE OF INTEREST E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRU		FAIR \$1,000-\$10,000 MARKET \$10,001-\$100,000 VALUE Over\$100,000
If Acquired Or Disposed During The Date Acquired: Reporting Period You Must Indicate: Date Disposed:	If Rental Property, Ownership Interest is	Less than 10% 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY CITY NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRU		FAIR \$1,000-\$10,000 MARKET \$10,001-\$100,000 VALUE Over\$100,000
If Acquired Or Disposed During The Date Acquired: Reporting Period You Must Indicate: Date Disposed:	If Rental Property, Ownership Interest is	Less than 10% 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TR		FAIR \$1,000-\$10,000 MARKET \$10,001-\$100,000 VALUE Over \$100,000
If Acquired Or Disposed During The Date Acquired: Reporting Period You Must Indicate: Date Disposed:	If Rental Property, Ownership Interest is	Less than 10% 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TR		FAIR \$1,000-\$10,000 MARKET \$10,001-\$100,000 VALUE Over \$100,000
If Acquired Or Disposed During The Date Acquired: Reporting Period You Must Indicate: Date Disposed:	If Rental Property, Ownership Interest is	Less than 10% 10% or greater*
NOTE: If you are completing an annual or leaving office statemore) from real property listed on Schedule B received by you * If you are completing an annual or leaving office statemore property, you may have additional reporting requirements of	ent and you have a 10%	
If additional space is needed check the		onal Schedule B.

NAT J. Tologo William

Schedule C-1 -- Interests In Real Property Held By A Business Entity Or Trust

(SEE PAGES 18 AND 19 OF THE INFORMATION MANUAL FOR INSTRUCTIONS AND EXAMPLES)

INTERESTS IN REAL PROPERTY HELD BY		tallite ting,	NCIA	·2
	(Nam	ne Of Business Entity Or Trus	t Holding T	he Real Property)
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY 12291 HAR BOR BL NATURE OF INTEREST, E.G., OPTJON, OWNERSHIP, LEASEHO OWNER - WAR STATE - J If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	DLD, DEED OF T MAG Date Acquired Date Disposed	ME TAP	FAIR MARKET VALUE	\$1,000-\$10,000 \$10,001-\$100,000 Over \$100,000
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY		
NATURE OF INTEREST, E.G., OPTION,OWNERSHIP, LEASEHO)LD, DEED OF 1	TRUST	FAIR MARKET VALUE	\$1,000-\$10,000 \$10,001-\$100,000 Over \$100,000
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:		ed:		
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY .		
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHO)LD, DEED OF	TRUST	FAIR MARKET VALUE	\$1,000-\$10,000 \$10,001-\$100,000 Over\$100,000
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquire Date Dispose			
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY		
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHO	OLD, DEED OF	TRUST	FAIR MARKET VALUE	\$1,000-\$10,000 \$10,001-\$100,000 Over\$100,000
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquire Date Dispose	ed:		
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY		
NATURE OF INTEREST, E.G., OPTION,OWNERSHIP, LEASEHO	OLD, DEED OF	TRUST	FAIR MARKET VALUE	\$1,000-\$10,000 \$10,001-\$100,000 Over \$100,000
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquire Date Dispose	ed:		
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY	TO THE STATE OF TH	CITY		
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHO	OLD, DEED OF 1	TRUST	FAIR MARKET VALUE	\$1,000-\$10,000 \$10,001-\$100,000 Over \$100,000
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:		ed:		

If additional space is needed, check box and attach an additional Schedule C-1.

NAME J- Thys William

Schedule D -- Income (Other Than Loans, Gifts And Honoraria)

(SEE PAGES 20 AND 21 OF THE INFORMATION MANUAL FOR INSTRUCITONS AND EXAMPLES)

IDENTIFY EACH SOURCE OF INCOME:	GROSS INCOME RECEIVED:
ADDRESS ADDRESS 12311 HAR BOR B CARRENGROUSE BUSINESS ACTIVITY, IF ANY RENTAL PROPERTY DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED RENTS	\$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000
NAME BART ALEN ADDRESS 12292 HACKERT DR GARDEN BUSINESS ACTIVITY, IF ANY RENTAL DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED RENTS	\$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000
ADDRESS 12312 thackery DR GREVE	\$250 - \$1,000
BUSINESS ACTIVITY, IF ANY RESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED RENTS	\$1,001 - \$10,000 Over \$10,000

If additional space is needed, check box and attach an additional Schedule D.

NAME J. Tilupo William

Schedule H

(SEE PAGES 27 THROUGH 29 OF THE INFORMATION MANUAL FOR INSTRUCTIONS AND EXAMPLES)

Schedule H-1

Commission Income Received By	Brokers, Agents And Salespersons				
NAME OF BUSINESS ENTITY SAFEMUTE FINANCIAL					
NAMES OF SOURCES OF INCOME FUSU PANCK	Investmes to				
parl artita					
Property MANGO EMENT					
Sched	dule H-2				
Income And Loans To A	A Business Entity Or Trust				
NAME OF BUSINESS ENTITY OR TRUST	ADDRESS OF BUSINESS ENTITY OR TRUST				
ACTIVITY OF BUSINESS ENTITY					
NAMES OF SOURCES OF INCOME AND LOANS TO THE BUSINESS ENTITY OR TRUST					
,					
	·				
Schedu	ile H-3				
Income From R	ental Property				
You must disclose the name(s) of any renter(s) who made receipts from any one renter was \$10,000 or more.	nt payments, provided that your pro rata share of such				
ADDRESS OF RENTAL PROPERTY SEE Schedule "D"	CITY				
NAMES OF RENTERS					
ADDRESS OF RENTAL PROPERTY	CITY				
NAMES OF RENTERS					
If additional space is needed, check I	pox and attach additional schedules.				

CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT LONG FORM AND CITY CLERKS CONSOLIDATED CAMPAIGN STATEMENT (Government Code Sections 84200-84217) PAGE / OF / (Type or Print in Ink) Statement covers period July 1,1999 through DEC. 31, CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED PRE-ELECTION STATEMENT ☐ SUPPLEMENTAL PRE-ELECTION **FORM 490** SEMI-ANNUAL STATEMENT STATEMENT (If filing a Supplemental 1989 Pre-Election Statement, you must complete Form 495 and attach it to TERMINATION STATEMENT this statement.) Attach a Form 415 to this Form 490. DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE) FOR OFFICIAL USE ONLY CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT NAME OF CANDIDATE/OFFICEHOLDER: OFFICE SOUGHT OR HELD: (Include location and district number if applicable) ILMAN WILLIAMS RESIDENTIAL OR BUSINESS ADDRESS : ZIP CODE AREA CODE/BUSINESS PHONE NUMBER 2640 CONTROLLED COMMITTEE* INCLUDED IN THIS CONSOLIDATED REPORT NAME OF COMMITTEE: I. D. NUMBER RIGIOS OF STATE ZIP CODE AREA CODE/BUSINESS PHONE NUMBE NAME OF TREASURER: PERMANENT ADDRESS OF TREASURER: NO. AND STREET ZIP CODE 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. OTHER COMMITTEES: LIST ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED STATEMENT WHICH ARE CONTROLLED BY YOU AND ANY COMMITTEES PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY CONTROLLED COMMITTEE NAME AND I.D. NUMBER COMMITTEE? **COMMITTEE ADDRESS** TREASURER YFS NO Attach additional information on appropriately labeled continuation sheets. VERIFICATION CANDIDATE OR OFFICEHOLDER: 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 PERSURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT. EXECUTED ON (CITY AND STATE) (SIGNATURE OF CANDIDATE OR OFFICEHOLDER) TREASURER (if applicable): I HAVE USED ALL REASONABLE DILIGENCE IN PREPARING 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.

16RUE

ISIGNATURE OF TREASURER

ICITY AND STATE)

EXECUTED ON

MATEL

			PAGE / OF /
CAMP	AIGN DISCLOSURE STATEMENT	SUMMARY PAGE	STATEMENT COVERS PERIO
	FORM 490 (Amounts May Be Rounded To Whole	e Dollars)	
AME OF CANDIDATE OR OFFICEHOLDER AND			7-1-89 12-3/-8 1.D. NUMBER
CONTRIBUTIONS RECEIVED	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from	COLUMN C Cumulative to date
1. Monetary contributions		attached schedules	(Columns A + B)
2. Loans received	32,760	SCHEDULE A, LINE 3	32,760
3. SUBTOTAL CASH RECEIPTS	\$ 39,885	SCHEDULE B, LINE 7	\$ 79 886
4. Non-monetary contributions	LINES 1 + 2	LINES 1 + 2	LINES 1 + 2
TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES	DUT DU	SCHEDULE C, LINE 3	
6. Enforceable Promises (Except guarantees, see Line 18 below)	10an LINES 3 + 4	LINES 3 + 4	39 885 LINES 3 + 4
7. TOTAL CONTRIBUTIONS	\$35,885 LINES 5 + 6	\$ CHEDULE D, LINE 7	\$ 39,885
EXPENDITURES MADE		LINES 5 + 6	LINES 5 + 6 (SHOULD EQUAL LINE 7,
8. Payments	\$ 850_	SCHEDULE E, LINE S	\$ COLUMNS 43 B)
9. Loans Made	<u> </u>		
10. SUBTOTAL	UNES 8 + 9	SCHEDULE EE, LINE 7	9,50
11. Accrued expenses (unpaid bills)	<i>O</i>	SCHEDULE F, LINE S	LINES 8 + 9
12. TOTAL EXPENDITURES	\$ & S 2 2	\$ \(\int_{\text{LINES 10 + 11}}\)	\$ 850
*IE TUIC IC TUE EIDCT DE			LINES 10 + 11 (SHOULD EQUAL LINE 12, COLUMNS A + B)
II THIS IS THE FIRST RE	PORT FILED FOR THE CALENDAR YEAR, O EXCEPT FOR LINES 2, 6, 9 AND 11.	COLUMN A SHOULD BE BL	ANK
STATEM	ENT OF CHANGES IN FINANCIAL (CONDITION	And the state of t
13. Cash on hand at the beginning o at end of reporting period " from	of this period. (Enter "Cash on hand on previous statement filed.)	\$ -0-	
	Column B above)		•
	Schedule G, Line 4)	` *	•
	10, Column B above)		•
17. Cash on hand at end of reporting	g period (Lines 13 + 14 + 15 - 16 above) nt, Line 17 must be Zero.)		\$ -O-
18. Amount of loan guarantees rece	eived (Schedule B, Part I, Column (b))		ENDING CASH ON HAND SHOULD NOT BE A NEGATIVE AMOUNT
19. Cash equivalents (other assets he	eld including outstanding loans made to	othors)	\$
20. Outstanding debts (Line 2 + Line	e 11 of Column C above).	• • • • • • • • • • • • • • • • • • • •	\$ 20 0 M
SUMMARY FOR CANDIDATE	ES IN BOTH A JUNE AND NOVEMB	FB PI PARIA	\$ 32,748
The state of the s	1/1 THRU 6/30 7/1 TO DATE	EK ELECTION (See Ins	tructions on Reverse)
21. CONTRIBUTIONS RECEIVED:			
22. EXPENDITURES MADE:		PRAMISSON	

CITY OF GARDEN GROVE CITY OF GARDEN GROVE CITY OF THE COUNTY OF THE COUN ANNUAL REPORT OF OUTSTANDING LOANS RECEIVED FORM 490

PAGEOF	PAGE		OF	
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(Amounts May Be Rounded To Whole Dollars)

STATEMENT	COVERS PERIOD
FROM	THROUGI

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: Ciluan William

I.D. NUMBER

PART 3 -- ANNUAL REPORT OF OUTSTANDING LOANS RECEIVED -- SEE INSTRUCTIONS ON REVERSE BEFORE COMPLETING.

FULL NAME OF THE LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Woody Butterfield	VAR	14,178	13,178	
J. Tilnan William	VAR	19582	19,582	
			ì	
		i		
- -				
		TOTAL	\$31,760	

CANDIDATE

EXECUTED ON JULY 31/1989 AT GARDEN (ROL

(CITY AND STATE)

(SIGNATURE OF TREASURER)

(DATÉ)

ONG FORM



O OFFICEHOLDER CAMPAIGN STATEMENT
AND
CONSOLIDATED CAMPAIGN STATEMENT

	/		1
PAGE_	-	OF	/

	(Govern	ment Code Section (Type or Print)	ins 84200-84217	')	PAGE_	OF	_/_
	Statement covers per			6-30-89			
CALIFORNIA	CHECK ONE OF THE FOLLOW						
	PRE-ELECTION STATEM		SUPPLEMENTA			-	0
FORM 490	SEMI-ANNUAL STATEM		STATEMENT (If	f filing a Supplementa	1	(_6)	77
1989				atement, you must			200
	TERMINATION STATEM Attach a Form 415 to th		this statement.			ω	FR
DATE OF ELECTION (MO., DAY	Y, YR.) (IF APPLICABLE)	<u> </u>		Access to the second se	A FOR OFF	ICIAL USE ONLY	· 0 12
I CANDIDATE/OF	FICEHOLDER INCLUDED	IN THIS CONSO	IDATED REPOR	RT			53
NAME OF CANDIDATE	OFFICEHOLDER:		OFFICE SOL	JGHT OR HELD: (Include	location and district n	umber if applic	able)
T TTIMAN	WILLIAMS						
RESIDENTIAL OR BUSIN		EET CITY	STATE	ZIP CODE	AREA CODE/BUSINES	S PHONE NUMI	HFR
11241 CHA	APMAN AVE. GARDE	N GROVE, C	A. 92640	(714)750-			
II CONTROLLED	COMMITTEE* INCLUDED	IN THIS CONSOL	DATED REPORT				
NAME OF COMMITTEE	:				I. D. NUMBER		
	of J. TILMAN WIL	LIAMS			880182		
ADDRESS OF COMMIT	TEE: NO. AND STREET	CITY	STA	ATE ZIP CODE	AREA CODE/B	USINESS PHONE	ENUMB
	RBOR BLVD. GARDE	N GROVE, C.	A 92640	(714)750-	-4333		
NAME OF TREASURER						* <u></u>	
CARY D. A							
PERMANENT ADDRESS	OF TREASURER: NO. AND STREE	T CITY	STATE	ZIP CODE	AREA CODE/8	USINESS PHONI	E NUMB
300 PLAZA	ALICANTE STE.	310 GARDE	V GROVE, C	A 92640 (7	714)740-1	988	
III OTHER COMM	tee is one which is controlled di aking of expenditures. A cand icant influence on the actions of ITTEES: LIST ANY OTHE LLED BY YOU AND ANY S ON BEHALF OF YOUR C	R COMMITTEES P	NOT INCLUDED	IN THIS CONSOL	IDATED STAT	EMENT W	VHIC
						CONTR	
COMMITTEE NAI	ME AND I.D. NUMBER	COMM	MITTEE ADDRESS	1	REASURER	YES	NO NO
	.,		u 2				
					∨		
Attach additional info	ormation on appropriately labe	led continuation she	ate.				
- According to the control of the co	ormation on appropriately labe			}	107-20	*<	
PREPARING THIS HEREIN AND IN 1	CEHOLDER: L REASONABLE DILIGENCE AND S STATEMENT. I HAVE REVIEV THE ATTACHED SCHEDULES IS T AT THE FOREGOING IS TRUE AND THE LY 31,1989 AT (2)	O TO THE BEST OF M VED THE STATEMEN RUE AND COMPLETE	T AND TO THE BES	ST OF MY KNOWLED	GE THE INFORMA	ATION CON	TAINE
	(DATE)	(CITY AND STATE)	7	SIGNATURE OF CANDID	ATE OR OFFICEHOLDE	R)	
CONTAINED HE	:able): LL REASONABLE DILIGENCE IN REIN AND IN THE ATTACHED SCI R PENALTY OF PERJURY UNDER	HEDULES IS TRUE AN	D COMPLETE.				AATIO

				PAGE 1 OF 1
	CAMPAIGN DISCLOS	FORM 490		STATEMENT COVERS PERIO FROM THROUGH
	(Amounts Ma	y Be Rounded To Whole	e Dollars)	1-1-89 6-30-89
AME	OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COM FRIENDS OF J TILMAN WI			I.D. NUMBER 880182
CON	TRIBUTIONS RECEIVED	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date (Columns A + B)
1.	Monetary contributions	\$	\$ 7125 SCHEDULE A, LINE 3	\$ 7125
2.	Loans received	39048	(6288)	32760
3.	SUBTOTAL CASH RECEIPTS	\$ 39048	\$ 837	\$ 39885
4.	Non-monetary contributions	LINES 1 + 2	LINES 1 + 2	LINES 1 + 2
5.	TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES	39048	SCHEDULE C, LINE 3	39885
6.	Enforceable Promises (Except Ioan guarantees, see Line 18 below)	LINES 3 + 4	LINES 3 + 4 O SCHEDULE D, LINE 7	1988) LINES 3 + 4
7.	TOTAL CONTRIBUTIONS	\$ 39048 LINES 5 + 6	<u>\$ 837</u>	\$ 39885
EXP	ENDITURES MADE	ė*	LINES 5 + 6	LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B) \$ 850
8.	Payments	¥	SCHEDULE E, LINE 5	**************************************
9.	Loans Made		SCHEDULE EE, LINE 7	0
10.	SUBTOTAL	LINES 8 + 9	850 LINES 8 + 9	850 LINES 8 + 9
11.	Accrued expenses (unpaid bills)		SCHEDULE F, LINE 5	0
12.	TOTAL EXPENDITURES	\$ LINES 10 + 11	\$ 850 LINES 10 + 11	\$ 850 LINES 10 + 11 (SHOULD EQUAL LINE 12,
	*IF THIS IS THE FIRST REPORT FILED FOR EXCEPT	R THE CALENDAR YEAR, FOR LINES 2, 6, 9 AND 1		COLUMNS A + B)
	STATEMENT OF CHA	NGES IN FINANCIAL	. CONDITION	mention and the second
13.	Cash on hand at the beginning of this period. (Eat end of reporting period "from previous state		\$ 13	_
14.	Cash receipts this period (Line 3, Column B abov	e)	837	
15.	Miscellaneous increases to cash (Schedule G, Lin			
16.	Cash payments this period (Line 10, Column B at			_
17.	Cash on hand at end of reporting period (Lines (If this is a Termination Statement, Line 17 mus			\$ O ENDING CASH ON HAND SHOULD
18.	Amount of loan guarantees received (Schedule	e B, Part I, Column (b)).		NOT BE A NEGATIVE AMOUNT
19.	Cash equivalents (other assets held including ou Important: See instructions on reverse			\$
20.	Outstanding debts (Line 2 + Line 11 of Column	C above)		\$ 32748
	SUMMARY FOR CANDIDATES IN BOTH A		IBER ELECTION (See /	nstructions on Reverse)
	1/1 THRU	6/30 7/1 TO DATE		
	21. CONTRIBUTIONS RECEIVED:	ı	ı	

22. EXPENDITURES MADE:

SCHEDULE A MONETARY CONTRIBUTIONS RECEIVED FORM 490

(Amounts May Be Rounded To Whole Dollars)

PAGE 1 OF 4

STATEMENT COVERS PERIOD FROM THROUGH

6-30-89

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

FRIENDS OF J. TILMAN WILLIAMS

I.D. NUMBER 880182

1-1-89

F.	RIENDS OF J. TILMAN WILLIAMS		0001	- 62
DATE	FULL NAME AND ADDRESS OF CONTRIBUTOR	OCCUPATION	AN	IOUNT
DATE REC'D.	(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CUMULATIVE TO DATE
***************************************	M.N.P. AUTOMOTIVE, INC.	Occupation:		CALENDAR YEAR:
4-29-89	2404 W. 17th STREET SANTA ANA, CA	Employer:	250	\$ 250 FISCAL YEAR: \$ 250
	GAN A GMOTTI CH	Occupation: RETIRED		CALENDAR YEAR:
4-29-89	SAM A. SMOTRICH 5371-1A PUNTA ALTA LAGUNA HILLS, CA 92653	Employer:	250	\$ 250 FISCAL YEAR: \$ 250
**************************************	_	Occupation:		CALENDAR YEAR:
5-2-89	F.J. HANSHAW ENTERPRISES 10921 WESTERMINISTER AVE GARDEN GROVE, CA 92643	Employer:	250	\$ 250 FISCAL YEAR: \$ 250
5 0 00	FRED E. COPE 146 12th STREET SEAL BEACH. CA 90740	OccupationFINANCIAL CONSULTANT Employer:	100	CALENDAR YEAR: \$ 100 FISCAL YEAR:
5-2-89	SEAL BEACH, CA 90740	SELF	100	\$ 100
5-4-89	ROBERT D. FILLERMP 12625 HARBOR BLVD. GARDEN GROVE, CA 92640	Occupation: MOTEL OWNER Employer: FIRESIDE MOTEL GARDEN GROVE	250	\$ 250 FISCAL YEAR: \$ 250
5-4-89	WENDY VU (ASANO) 9856 WESTMINISTER AVE. GARDEN GROVE, CA 92644	Occupation: BAR OWNER Employer: REFLECTION GARDEN GROVE	250	CALENDAR YEAR: \$ 250 FISCAL YEAR: \$ 250
5-4-89	NICK CLAYTON 2909 SO. HALLADAY SANTA ANA, CA	Occupation: BUIDING CONTRACTOR Employer: CLAYTON & CLAYTON IRVINE, CA	250	CALENDAR YEAR: \$ 250 FISCAL YEAR: \$ 250
		SUBTOTAL	\$ 1,600	

SUMMARY

1.	(Include all Schedule A subtotals)	\$	6,950
2.	AMOUNT RECEIVED THIS PERIOD CONTRIBUTIONS OF LESS THAN \$100 (Not itemized).	- Carlomana	175
3.	TOTAL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD (Line 1 + Line 2) Enter here and on Line 1, Column B of Summary Page	\$	17,125

SCHEDULE A MONETARY CONTRIBUTIONS RECEIVED (CONTINUATION SHEET) FORM 490

(Amounts May Be Rounded To Whole Dollars)

PAGE 2 OF STATEMENT COVERS PERIOD

FROM THROUGH

1 - 1 - 89

6-30-89

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

FRIENDS OF J. TILMAN WILLIAMS

I.D. NUMBER 880182

DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR	OCCUPATION	AM	IOUNT
REC'D.	(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED,	EMPLOYER -		
	ENTER THE TREASURER'S NAME AND ADDRESS)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CUMULATIVE TO DATE
		Occupation:		CALENDAR YEAR:
	CLIFFORD REIMAN	RETIRED		\$ 250
	95 65th PLACE	Employer:		FISCAL YEAR:
5-16-89	LONG BEACH, CA 90803		250	\$ 250
	T D W DEVELOPMENT CORD	Occupation:	***************************************	CALENDAR YEAR
	I.D.M. DEVELOPMENT CORP. 5150-G PACIFIC COAST HWY			s 250
	LONG BEACH, CA 90804	Employer:		FISCAL YEAR:
	LONG DEACH, CA 90004			l _e
5-16-89			250	250
		Occupation:		CALENDAR YEAR:
	PHILIP L. ANTHONY INC.			\$ 250
	2157 PACIFIC AVE. #203	Employer:		FISCAL YEAR:
5-18-89	COSTA MESA, CA 92627		250	\$ 250
10 0)		Occupation:	230	CALENDAR YEAR:
	CELVIDA DAY MACTI	MOBILE HOME PK OWNER	•	\$ 250
	STANLEY RAY MAGILL 13181 LAMPSON AVE.	Employer:		
	GARDEN GROVE, CA 92640	FAIRELANE M.H.P.		FISCAL YEAR:
5-18-89	GARDEN GROVE, CA 92040	GARDEN GROVE	250	250
		Occupation:		CALENDAR YEAR
	OASIS MOBILE HOME PARK			\$ 250
	12332 CHAPMAN AVE.	Employer:		FISCAL YEAR:
5-18-89	GARDEN GROVE, CA 92640		250	\$ 250
0-10-09		Occupation:	230	250 CALENDAR YEAR
				s
	MHET PAC. #82-0165	Employer:		250
f 10 00	P.O. BOX 17666		250	FISCAL YEAR:
5-18-89	ANAHEIM. CA 92817-7666	Occupation:	230	\$ 500 CALENDAR YEAR
4	EMERALD ISLE M.H. PARK	Occupation.		
	13741 CLINTON STREET	5 - Alexandra		\$ 250
	GARDEN GROVE, CA 92643	Employer:	250	FISCAL YEAR:
5-3-89	,		250	\$ 349
		Occupation:		CALENDAR YEAR
	ROGER W. SCHIVELEY	DENTIST		\$ 100
	9465 GARDEN GROVE BLVD.	Employer:DENTIST		FISCAL YEAR:
5-16-89	GARDEN GROVE, CA 92641	SELF	100	175
		Occupation:		CALENDAR YEAR
				\$
		Employer:		FISCAL YEAR:
				<u> </u>
		SUBTOTAL	\$	
		JUDIUIALI	1 ,850	B. 600 (100 (100 (100 (100 (100 (100 (100

SCHEDULE A MONETARY CONTRIBUTIONS RECEIVED (CONTINUATION SHEET) FORM 490 (Amounts May Be Rounded To Whole Dollars)

PAGE 3 OF 4

STATEMENT COVERS PERIOD FROM

1-1-89

THROUGH 6-30-89

	IDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:		I.D. NUMBER	_
FRIENFDS.	OF J. TILMAN WILLTAMS		88018	2
DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR	OCCUPATION	AMOUNT	
REC'D.	(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	EMPLOYER (IF SELF-EMPLOYED, ENTER	RECEIVED THIS PERIOD	CUMULATIVE TO DATE
	B.I.A. OF SOUTHERN CALIFORNIA	NAME OF BUSINESS) Occupation:		CALENDAR YEAR: \$ 500
1-1-89	1571 BEVERLY BLVD. LOS ANGELES, CA 90026	Employer:	500	FISCAL YEAR: \$ 500
1-1-09	WOODROW BUTTERFIELD	Occupation: BUSINESS OWNER		CALENDAR YEAR: \$ 1,000
	13960 HARBOR BLVD. GARDEN GROVE, CA	Employer: STATUELAND GARDEN GROVE	1,000	FISCAL YEAR: \$
		Occupation:	enteren en e	CALENDAR YEAR: \$
		Employer:		FISCAL YEAR:
		Occupation:		CALENDAR YEAR:
		Employer:		FISCAL YEAR:
districted to the second of th		Occupation:		CALENDAR YEAR:
		Employer:		FISCAL YEAR:
ONUSERIOR		Occupation:		CALENDAR YEAR:
		Employer:		FISCAL YEAR:
		Occupation:		CALENDAR YEAR: \$
		Employer:		FISCAL YEAR: \$
		Occupation:		CALENDAR YEAR.
		Employer:		FISCAL YEAR. \$
SMS		Occupation:		CALENDAR YEAR:
		Employer:		FISCAL YEAR: \$
((1) LOAN FORGIVENESS	SUBTOTAL	\$ -1.500	

SCHEDULE A MONETARY CONTRIBUTIONS RECEIVED (CONTINUATION SHEET) FORM 490

(Amounts May Be Rounded To Whole Dollars)

PAGE 4 OF 4

STATEMENT COVERS PERIOD
FROM | THROUGH

1-1-89

THROUGH 6-30-89

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:
FRIENDS OF J. TILMAN WILLIAMS

1.D. NUMBER 880182

2,000

DATE	FULL NAME AND ADDRESS OF CONTRIBUTOR	OCCUPATION	AN	OUNT
DATE REC'D.	(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED,	EMPLOYER -	4	
	ENTER THE TREASURER'S NAME AND ADDRESS)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CUMULATIVE TO DATE
		Occupation:		CALENDAR YEAR
	AMERICAN NATIONAL PROPERTIES			\$ 250
	BOX 10077	Employer:		FISCAL YEAR:
5-5-89	SANTA ANA, CA 92711		250	\$ 250
		Occupation:		CALENDAR YEAR
	SILVO FLORENTIN	RETIRED		\$ 250
	2419 E. SOUTH STREET	Employer:		FISCAL YEAR:
5-6-89	ANAHEIM, CA 92806		250	\$ 250
		Occupation:	230	CALENDAR YEAR
	THOMAS SMOTRICH	R E INVESTOR		s 250
	13447 DELANO STREET	Employer:		FISCAL YEAR:
5-8-89	VAN NUYS, CA 91401	THOMAS SMOTRICH	250	\$ 250
3-0-09		Occupation:	250	CALENDAR YEAR
		·		•
	DOROTHY DOAN	R.E. DEVEL. Employer:		250
	1920 e. WARNER STE. 3A SANTA ANA, CA 92705	PELICAN PROP.		
5-9-89	SANIA ANA, CA 92705	SANTA ANA, CA	250	300
				CALENDAR YEAR \$ 250
	ANGELA LIU	MOTEL OWNER		
	12052 GARDEN GROVE BLVD.	Employer: RODEWAY INN		FISCAL YEAR:
5-10-89	GARDEN GROVE, CA 92643	GARDEN GROVE, CA	250	250
	MAJID DANESHMAID	Occupation:		CALENDAR YEAR
	312 N. ELM DR.	DOCTOR M.D.		\$ 250
	BEVERLY HILLS, CA 90210	Employer: SELF		FISCAL YEAR:
<u>5-10-89</u>			250	\$ 250
	JOSE SOTO	Occupation:		CALENDAR YEAR
	8582 GARDEN GROVE BLVD.	RESTAURANT OWNER		\$ 500
	GARDEN GROVE, CA 92644	Employer: CASA DE SOTO	500	FISCAL YEAR:
<u>5–13–89 </u>		GARDEN GROVE, CA		300
		Occupation:		CALENDAR YEAR
		Employer:		FISCAL YEAR:
				\$
15-10-11-10-10-10-10-10-10-10-10-10-10-10-		Occupation:		CALENDAR YEAR
				\$
		Employer:		FISCAL YEAR:
				\$
		SUBTOTAL	\$	

SCh_JULE B -- LOANS RECEIVED (PART 1, FORM 490 (Amounts May Be Rounded To Whole Dollars)

PAGE 1 OF STATEMENT COVERS PERIOD

FROM 1-1-89

THROUGH 6-30-89

(May be negative figure)

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: FRIENDS OF J TILMAN WILLTAMS

I.D. NUMBER 880182

	INIBIODO OI O IIIII	12111 17 11 11 11 11 12 1	1110		***************************************		000102	
PARTI	: LOANS RECEIVED					**************************************		
DATE REC'D.	FULL NAME AND ADDRESS OF		OCCUPA1 EMPLOY		INT.	DUE	AMOUNT	CUMU-
	ENTER I.D. NUMBER OR, IF NO I.D. NUMBER H. ENTER THE TREASURER'S NAME AND	AS BEEN ASSIGNED,	(IF SELF-EMPLO NAME OF BI Occupation:	YED, ENTER	RATE	DATE	OFLOAN	LATIVE TO DATE
								\$
			Employer:					FISCAL YEAR \$
	·		Occupation:					CALENDAR YEAR \$
			Employer:					FISCAL YEAR \$
the control of			SUB	TOTAL			(a) \$	
	FULL NAME AND ADDRESS OF G	UARANTOR		occı	JPATION	V.		MOUNT RANTEED
	(IF COMMITTEE, IN ADDITION TO COMMITTEE'S ENTER I.D. NUMBER OR, IF NO I.D. NUMBER H. ENTER THE TREASURER'S NAME AND	AS BEEN ASSIGNED,		(IF SELF-EMF NAME O	LOYER PLOYED, EI F BUSINES!		THIS PERIOD	CUMU- LATIVE TO DATE
		: NAME OF LENDER		Occupation:				CALENDAR YEAR
	-			Employer:			·	FISCAL YEAR \$
		NAME OF LENDER		Occupation:				CALENDAR YEAR \$
				Employer:				FISCAL YEAR \$
			DO NOT	OTAL			(b)	
······································				RY BELOW. ENTER SUMMARY PAGE.	ON LINE 1	8	\$	
		SUMMAR				è		
1.	LOANS OF \$100 OR MORE RECEIVE	D THIS PERIOD) (Part 1 (a))			\$		
2.	LOANS UNDER \$100 RECEIVED THI	S PERIOD (Not	itemized)					
3.	TOTAL LOANS RECEIVED THIS PERI	OD (Line 1 + 2	2)	· · · · · · · · · · · · · · · · · · ·				
4.	LOANS OF \$100 OR MORE REPAID, THIS PERIOD (Part 2, Column (c))	FORGIVEN OR	PAID BY A THIR	D PARTY		• • •	6288	
	LOANS UNDER \$100 REPAID, FORG (not previously itemized) (If forgiv amount on Line 2 of the summary	en or paid by a	a third party, also	o enter				
	TOTAL LOANS REPAID, FORGIVEN (Line 4 + 5)							6288
	NET CHANGE THIS PERIOD (Subtra Enter the difference here and on L			ige				\$ (6288)

SCHEDULE B -- LOANS RECEIVED (PART 2) FORM 490

PAGE C)F	2
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(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD FROM THROUGH

6-30-89

1-1-89 I.D. NUMBER

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

FRIENDS OF J. TILMAN WILLTAMS

880182

raniz. L	OAIS ILLIA	YMENTS MADE, LOANS F	ONGIVER	7				ř
DATE OF REPAY- MENT OR FORGIVE- NESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INT. RATE (IF CHANGED)	CHECK IF A		AMOUNT REPAID OR FORGIVEN ON PRINCIPAL (DO NOT INCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID**
6-30-89	VAR	WOODROW BUTTERFIELD	0	XX		1000	14178	0
6-30-89	VAR	J TILMAN WILLIA	MS O			5288	19582	0
and a second								
				,,,,				
					·			
	·							
		,						
FORGIVING TORGIVEN C	THE LOAN OR OR PAID MUST	RT OF A LOAN IS FORGIVEN OR REP THE THIRD PARTY MAKING THE PAY BE ITEMIZED ON SCHEDULE A, WITI DAN, OR THIRD PARTY REPAYMENT	MENT AND TI	HE AMOUNT	E PERSON UBTOTAL	(c) \$ 6288		0
			ON LINE 3 OF	L INTEREST PAID THE SUMMARY S LY THIS TOTAL TO	ECTION OF SCHE	SO ENTER TOT	AL INTEREST PAID PERIOD	(d) \$ 0

SCHEDULE E PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE FORM 490

(Amounts May Be Rounded To Whole Dollars)

, AGE	·	_ 0,	
S	TATEMENT	COV	ERS PERIOD
	FROM	1	THROUGH
1	-1-89	6-	30-89

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

I.D. NUMBER 880182

FRIENDS of .I. TILMAN WILLIAMS

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 code "T".) Refer to the back of this schedule and the back of the Schedule E Continuation Sheet for detailed explanations of each category.

"L" - LITERATURE

"F" -- FUNDRAISING EVENTS

"B" - BROADCAST ADVERTISING

"G" -- GENERAL OPERATIONS AND OVERHEAD

"N" -- NEWSPAPER AND PERIODICAL ADVERTISING

"T" -- TRAVEL, ACCOMMODATIONS AND MEALS

"O" - OUTSIDE ADVERTISING

"P" — PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

"S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

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 4 of the Summary section, below.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER LD. NUMBER OR, IF NO LD. NUMBER HAS BEEN ASSIGNED, ENTER THE	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TREASURER'S NAME AND ADDRESS)	CODE ON	DESCRIPTION OF FATMENT	
GARDEN GROVE WOMANS CLUB	F		210
ONNOUN GROVE WORRING GLOS			
PRICE CLUB	F		276
PRICE CLUB	F		86
COSTCO	F	•	72
CODIO		<i>⇔</i> 8 8 8 90 € 4 8	
		SUBTOTAL	\$ 644

SUMMARY

1.	PAYMENTS OF \$100 OR MORE MADE THIS PERIOD (Include all Schedule E subtotals)	\$ 850	_
2	PAYMENTS UNDER \$100 THIS PERIOD (Not itemized)		
	TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS		-
	(Schedule B, Part 2, Column (d))	and the control of th	-
	TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Schedule F, Line 4)	COMPRESSOR CONTRACTOR	_
5.	TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line 8, Column B of Summary Page	\$ 850	_

SCHEDULE E PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE (CONTINUATION SHEET)

FORM 490 (Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD FROM THROUGH

OF

_1_89 6_30_89

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:
FRIENDS of J. TILMAN WULLIAMS

1.D. NUMBER 880182

PAGE

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. Refer to the back of this schedule for detailed explanations of each category.

"L" -- LITERATURE

 $\hbox{``B''}-\hbox{BROADCAST} \ \hbox{ADVERTISING}$

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"G" -- GENERAL OPERATIONS AND OVERHEAD

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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.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
RUTH SEMOTAN	F	PROVIDED ENTERTAINMENT AT A FUND RAISER	50
SIR SPEEDY	G		156
	***	SUBTOTAL	\$ 206

CAMPAIGN BANK ACCC'INT FPPC Form 502 OFFICE USE ONLY 1989 - 1 Initial Check One: ___ Amendment Type or Print Middle **FULL NAME** LIAMS OF CANDIDATE: MAN Daytime Phone GARDEN GROVE, CAlif 92640 (714)ADDRESS: 750-4333 Date Of Election SPECIFIC OFFICE COUNCILMAN 88 NOV -SOUGHT: ACCOUNT INFORMATION ACCOUNT NO.: **FINANCIAL** MERICAN **INSTITUTION:** GARDEN GROVE BL Business Phone DATE OPENED: (714)GARDEN GROUB, Eglig 92640 ADDRESS: 534-8690 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on Fub 21, 19

GARDEN GROUPS

BUSED MY PERSONAL CITY AND THE COUNTY an Williams