

JAN 23 1 22 PM '91



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

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

PAGE 1 OF 1

Statement covers period 10/21/90 through 12-31-90

FORM 490
1990

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED:

- PRE-ELECTION STATEMENT
 SEMI-ANNUAL STATEMENT
 TERMINATION STATEMENT
 Attach a completed Form 415 to this statement.
- SUPPLEMENTAL PRE-ELECTION STATEMENT (If filing a Supplemental Pre-Election Statement, attach a completed Form 495 to this statement.)

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE)
NOV 6 1990

A FOR OFFICIAL USE ONLY

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER: J. Tilman Williams OFFICE SOUGHT OR HELD: (Include location and district number if applicable) MAYOR

RESIDENTIAL OR BUSINESS ADDRESS: NO. AND STREET CITY STATE ZIP CODE AREA CODE/DAY TIME PHONE NUMBER
1124 Chapman Av Garden Grove Ca 92640 (714) 750-4333

II CONTROLLED COMMITTEE INCLUDED IN THIS REPORT (See definition on reverse.)

NAME OF COMMITTEE: FRIENDS of J. Tilman Williams I. D. NUMBER 902067

ADDRESS OF COMMITTEE: NO. AND STREET CITY STATE ZIP CODE AREA CODE/DAY TIME PHONE NUMBER
12291 Harbor Bl Garden Grove Cal 92640 (714) 750-4333

NAME OF TREASURER:
CARY D. ARNOLD

PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE/DAY TIME PHONE NUMBER
300 PLAZA ALICANTIA Ste 310 GARDEN GROVE Ca 92640 (714) 740-1988

III 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.

FRIEND OF COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	CONTROLLED COMMITTEE?	
			YES	NO
<u>J. Tilman Williams 880182</u>	<u>AS ABOVE</u>	<u>Cary Arnold</u>	<u>X</u>	

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

EXECUTED ON JAN 15 AT GARDEN GROVE, CAL BY J. Tilman Williams
 (DATE) (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.

EXECUTED ON JAN 15 AT GARDEN GROVE, CAL BY Cary Arnold
 (DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)

**SUMMARY PAGE
FORM 490**

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 10/21/90 THROUGH 12/31-90
I.D. NUMBER
902 067

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:
Friends of J. Tilman Williams

	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	\$ <u>5681.</u>	\$ <u>3020.</u> SCHEDULE A, LINE 3	\$ <u>8701.</u>
2. Loans received	<u>6000.</u>	<u>< 2000 ></u> SCHEDULE B, LINE 7	<u>4,000.</u>
3. SUBTOTAL CASH RECEIPTS	\$ <u>11681</u> LINES 1 + 2	\$ <u>1020</u> LINES 1 + 2	\$ <u>12,701.</u> LINES 1 + 2
4. Non-monetary contributions	<u>580</u>	<u>0</u> SCHEDULE C, LINE 3	<u>580.</u> LINES 1 + 2
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES	<u>12261</u> LINES 3 + 4	<u>1020</u> LINES 3 + 4	<u>13,281</u> LINES 3 + 4
6. Enforceable Promises (Except loan guarantees, see Line 18 below)	<u>0</u>	<u>0</u> SCHEDULE D, LINE 7	<u>0</u> LINES 3 + 4
7. TOTAL CONTRIBUTIONS	\$ <u>12261</u> LINES 5 + 6	\$ <u>1020.</u> LINES 5 + 6	\$ <u>13,281</u> LINES 5 + 6
8. Payments	\$ <u>10,390.74</u>	\$ <u>1824.88</u> SCHEDULE E, LINE 5	\$ <u>12,215.62</u> LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B)
9. Loans Made	<u>0</u>	<u>0</u> SCHEDULE EE, LINE 7	<u>0</u> LINES 5 + 6
10. SUBTOTAL	<u>10,390.74</u> LINES 8 + 9	<u>1824.88</u> LINES 8 + 9	<u>12,215.62</u> LINES 8 + 9
11. Accrued expenses (unpaid bills)	<u>0</u>	<u>0</u> SCHEDULE F, LINE 5	<u>0</u> LINES 8 + 9
12. TOTAL EXPENDITURES	\$ <u>10,390.74</u> LINES 10 + 11	\$ <u>1824.88</u> LINES 10 + 11	\$ <u>12,215.62</u> 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 Summary Page, Line 17, from previous statement filed.)	\$ <u>1390.26</u>
14. Cash receipts this period (Line 3, Column B above)	<u>1020.</u>
15. Miscellaneous increases to cash (Schedule G, Line 4)	<u>182.05</u>
16. Cash payments this period (Line 10, Column B above)	<u>1824.88</u>
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.)	\$ <u>767.43</u>
18. Amount of loan guarantees received (Schedule B, Part I, Column (b)).	\$ <u>0</u> ENDING CASH ON HAND SHOULD NOT BE A NEGATIVE AMOUNT
19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse	\$ <u>0</u>
20. Outstanding debts (Line 2 + Line 11 of Column C above)	\$ <u>4,000</u>

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

	1/1 THRU 6/30	7/1 TO DATE
21. CONTRIBUTIONS RECEIVED:	<u>0</u>	<u>13,281.</u>
22. EXPENDITURES MADE:	<u>0</u>	<u>12,215.62</u>

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

PAGE 1 OF 2

STATEMENT COVERS PERIOD
FROM 10/21/90 THROUGH 12-31-90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:
FRIENDS of J. Tolan Williams

I.D. NUMBER
902067

DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(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)</small>	OCCUPATION		AMOUNT	
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>		RECEIVED THIS PERIOD	CUMULATIVE TO DATE
10/23/90	ELEANOR ROOSEVELT Club 1038 N. TUSTIN AV #251 ORANGE, Cal 92667	Occupation: <u>Demo Club</u>		100.	CALENDAR YEAR: \$
		Employer:			FISCAL YEAR: \$
10/25/90	MHET- PAC #82-0165 BOX 17666 ANAHEIM, CA 92817	Occupation: <u>Moh's Home Assoc</u>		400.	CALENDAR YEAR: \$
		Employer:			FISCAL YEAR: \$
10/30/90	OLIVER V. INGE 839 Rancho Cir Fullerton, Cal 92635	Occupation: <u>Investor</u>		100.	CALENDAR YEAR: \$
		Employer: <u>Self</u>			FISCAL YEAR: \$
11/1/90	ECCO ID#822380 1700 E. GARRY Ste 108 SANTA ANA, Cal 92705	Occupation: <u>PAC</u>		200.	CALENDAR YEAR: \$
		Employer:			FISCAL YEAR: \$
11/5/90	CHOL SUN PAK 5210 VIA BRUMOSA YORBA LINDA, Cal	Occupation: <u>Investor</u>		100.	CALENDAR YEAR: \$
		Employer: <u>Self</u>			FISCAL YEAR: \$
11/5/90	TAE Woon Kim 4447 PEPPER CREEK ANAHEIM, CA 92807	Occupation: <u>Investor</u>		100.	CALENDAR YEAR: \$
		Employer: <u>Self</u>			FISCAL YEAR: \$
11/5/90	SAJA REALTY 24956 SINGINGWOODS DR LAKE FOREST, Ca 92630	Occupation: <u>Real Estate</u>		100	CALENDAR YEAR: \$
		Employer: <u>Self</u>			FISCAL YEAR: \$
SUBTOTAL				\$ 1100	

SUMMARY

- AMOUNT RECEIVED THIS PERIOD -- CONTRIBUTIONS OF \$100 OR MORE
(Include all Schedule A subtotals) \$ 1700
- AMOUNT RECEIVED THIS PERIOD -- CONTRIBUTIONS OF LESS THAN \$100 (Not itemized) 1320
- TOTAL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD
(Line 1 + Line 2) Enter here and on Line 1, Column B of Summary Page..... \$ 3020

**SCHEDULE A
MONETARY CONTRIBUTIONS RECEIVED
(CONTINUATION SHEET)
FORM 490**

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 10/24/90 THROUGH 12-31-90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: Friends of J. Thomas Williams I.D. NUMBER 902067

DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(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)</small>	OCCUPATION		AMOUNT	
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>		RECEIVED THIS PERIOD	CUMULATIVE TO DATE
11/5/90	WESTERN M-H ASSOC 1127 11th St 300 Sacramento, CA 95814	Occupation: <u>PAC</u>		400	CALENDAR YEAR: \$
		Employer:			FISCAL YEAR: \$
11/29/90	DOROTHY DOAN 1920 E. WARNER St 3A SANTA ANA, CA 92705	Occupation: <u>Investor</u>		200	CALENDAR YEAR: \$
		Employer: <u>Self</u>			FISCAL YEAR: \$
11/29/90	J. Thomas Williams LOAN REPAYMENT PARTIAL	Occupation:		2000	CALENDAR YEAR: \$ 0
		Employer:			FISCAL YEAR: \$ 2,000
		Occupation:			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 \$600⁰⁰

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

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
10/21/90	12/31/90
I.D. NUMBER	
902067	

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE
FRIENDS of J. Tilman Williams

PART 2: LOAN REPAYMENTS MADE, LOANS FORGIVEN, AND LOANS PAID BY A THIRD PARTY

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INT. RATE (IF CHANGED)	CHECK IF APPLICABLE		AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL (DO NOT INCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
				FORGIVEN*	REPAID BY THIRD PARTY*			
11/29/90	10/1/90	J. Tilman Williams	0			2,000.	3,000.	0

***IMPORTANT:** IF ANY PART OF A LOAN IS FORGIVEN OR REPAYED BY A THIRD PARTY, ITEMIZE ON SCHEDULE A THE PERSON FORGIVING THE LOAN OR THE THIRD PARTY MAKING THE PAYMENT AND THE AMOUNT FORGIVEN OR PAID WITH A NOTATION THAT IT IS A FORGIVEN LOAN, OR THIRD PARTY REPAYMENT OF LOAN.

(c)
\$ 3,000.

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) \$ 0
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**SCHEDULE E
PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE** PAGE 1 OF 2
FORM 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
10/24/90	12-31-90
I.D. NUMBER	
902067	

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:
Friends of J. Truman 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.

- | | |
|---|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER COMMITTEES | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |
| "I" - INDEPENDENT EXPENDITURES | "F" - FUNDRAISING EVENTS |
| "L" - LITERATURE | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "B" - BROADCAST ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED. SEE BACK OF SCHEDULE E CONTINUATION SHEET.) |
| "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| "O" - OUTSIDE ADVERTISING | |

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
REGISTER	N	Advertising	990.
CASH	S	WALKERS	300.
JET PRINTERS	L	PRINTING	384.63
Pacific Admail	L	PRINTING/MAILING	82.88
SUBTOTAL			\$1,757.51

SUMMARY

1. PAYMENTS OF \$100 OR MORE MADE THIS PERIOD (Include all Schedule E subtotals)	\$ 1,824.88
2. PAYMENTS UNDER \$100 THIS PERIOD (Not itemized)	—
3. TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS (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 Summary Page	\$ 1,824.88

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

PAGE 2 OF 2

FORM 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
10/21/90	12/31/90
I.D. NUMBER	
902 067	

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:
Friends of J. Tilman Williams

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 | "O" -- OUTSIDE ADVERTISING |
| "I" -- INDEPENDENT EXPENDITURES | "F" -- FUNDRAISING EVENTS |
| "L" -- LITERATURE | "G" -- GENERAL OPERATIONS AND OVERHEAD |
| "B" -- BROADCAST ADVERTISING | "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED. SEE REVERSE.) |
| "N" -- NEWSPAPER AND PERIODICAL 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.

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
<u>Orange County Registrar of Voters</u>	<u>I</u>	<u>Indebted</u>	<u>30.71</u>
<u>County of Orange</u>	<u>#</u>	<u>maps</u>	<u>36.66</u>
		SUBTOTAL	\$ 67.37

**SCHEDULE G
MISCELLANEOUS INCREASES TO CASH
FORM 490**

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
10-21-90	12-31-90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: <i>Friends of J. Tilman Williams</i>	I.D. NUMBER <i>902067</i>
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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	AMOUNT OF INCREASE TO CASH
<i>12/12/90</i>	<i>City of Harder Grove</i>		<i>182.05</i>
SUBTOTAL			\$

SUMMARY

- | | |
|--|-------------------------|
| 1. INCREASES TO CASH OF \$100 OR MORE THIS PERIOD | \$ <u><i>182.05</i></u> |
| 2. INCREASES TO CASH UNDER \$100 THIS PERIOD (Not itemized) | _____ |
| 3. TOTAL OF ALL INTEREST RECEIVED THIS PERIOD ON LOANS MADE TO OTHERS
(Schedule EE, Part 2 (b)) | _____ |
| 4. TOTAL MISCELLANEOUS INCREASES TO CASH THIS PERIOD
(Line 1 + 2 + 3) Enter here and on Line 15 of Summary Page | \$ <u><i>182.05</i></u> |

Date Received by FPPC

FORM 721

STATEMENT OF ECONOMIC INTERESTS

A Public Document

1990/91

PLEASE TYPE OR PRINT IN INK

CITY OF GARDEN GROVE
STATEMENT MUST BE DATE
STAMPED WHEN RECEIVED BY
FILING OFFICIAL
MAR 25 10 14 AM '91

NAME J. Tilman Williams

TELEPHONE NUMBER
(714) 750-4333

MAILING ADDRESS
11241 Chapman Ave Garden Grove 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 GROVE

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.

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 _____
mo. day yr.

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 _____
mo. day yr.

ANNUAL STATEMENT

State officers and all judges and court commissioners file between January 1 and March 1. State and local officials and employees who manage public investments, and city and county officials file between January 1 and April 1.

PERIOD COVERED: Disclose all reportable interests held or received during the period from January 1, 1990 through December 31, 1990.

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:

_____ 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 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.

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.

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.

Complete all schedules disclosing investments and interests in real property held and income received at any time during the period covered by the statement.

Complete all schedules disclosing investments and interests in real property held and income received at any time during the period covered by the statement.

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.

NAME J. Tilman Williams

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 COMPLETED AND ATTACHED	NO REPORTABLE INTERESTS
Schedule A - INVESTMENTS (Which Are <u>Not</u> Held Through A Business Entity Or Trust)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule B - INTERESTS IN REAL PROPERTY (Which Are <u>Not</u> Held Through A Business Entity Or Trust)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule C-1 - INTERESTS IN REAL PROPERTY HELD BY A BUSINESS ENTITY OR TRUST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule C-2 - INVESTMENTS HELD BY A BUSINESS ENTITY OR TRUST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule D - INCOME (Other Than Loans, Gifts And Honoraria)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule E - LOANS (Received Or Outstanding During The Reporting Period)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule F - GIFTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule G - HONORARIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule H - COMMISSION INCOME, INCOME AND LOANS TO BUSINESS ENTITIES OR TRUSTS AND INCOME FROM RENTAL PROPERTY	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NOTE: AFTER THE SUMMARY PAGE HAS BEEN COMPLETED, PLEASE DISCARD THOSE SCHEDULES ON WHICH YOU HAVE NO REPORTABLE INTERESTS.

VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on MARCH 24, 19 91, at GARDEN GROVE, Calif
(month, day) (year) (city and state)
SIGNATURE J. Tilman Williams

NAME J. Tilman Williams

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 <i>Satellite Financial (SOLE OWNER J. Tilman Williams)</i>		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST <i>Office (12291 Harbor Blvd) Garden Grove</i>	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: <u>7-1-61</u> Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input checked="" type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <i>REAL ESTATE - INSURANCE INCOME TAX</i>		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		

NOTE: YOU MAY BE REQUIRED TO REPORT ON SCHEDULE D ANY SALARY, COMMISSION, DISTRIBUTION OR OTHER INCOME (\$250 OR MORE) RECEIVED BY YOU OR YOUR SPOUSE FROM ANY BUSINESS ENTITY LISTED ON SCHEDULE A.

* If you have checked this box, you must report on Schedules C-1 and C-2 any interests in real property and investments held by the business entity. In addition, if your pro rata share of the gross income from any one source was \$10,000 or more, you may be required to report the name of that source on Schedule H-2.

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

STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <i>12291 HARBOR BL</i>		CITY <i>GARDEN GROVE</i>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <i>OWNER</i>			
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	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <i>12311 HARBOR BL</i>		CITY <i>GARDEN GROVE</i>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <i>OWNER</i>			
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	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <i>12312 THACKERY DR</i>		CITY <i>GARDEN GROVE</i>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <i>OWNER</i>			
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	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <i>12292 THACKERY DR</i>		CITY <i>GARDEN GROVE</i>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <i>OWNER</i>			
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	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 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.

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 <i>11942-52 GARDEN GROVE BL</i>		CITY <i>GARDEN GROVE</i>	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <i>OWNER</i>			
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	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 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 J. Tilman Williams

**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: State Note Financial
(Name Of Business Entity Or Trust Holding The Real Property)*

STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <u>12291 Harbor BL</u>		CITY <u>GARDEN GROVE</u>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <u>OWNER - Real Estate Insurance Income Tax</u>			
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	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: _____		Date Acquired: _____ Date Disposed: _____	

*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. TERRY WILLIAMS

**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:

NAME OF THE SOURCE OF INCOME <u>SALEM M. GEORGE JR</u>	<input type="checkbox"/> \$250 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS <u>12311 HARBOR BL GARDEN GROVE</u>	
NATURE OF BUSINESS ACTIVITY, IF ANY <u>RENTAL</u>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <u>RENTS</u>	
NAME OF THE SOURCE OF INCOME <u>BART ALLEN</u>	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> Over \$10,000
ADDRESS <u>12292 THACKERY DR GARDEN GROVE</u>	
NATURE OF BUSINESS ACTIVITY, IF ANY <u>RENTAL - RESIDENTIAL</u>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <u>RENTS</u>	
NAME OF THE SOURCE OF INCOME <u>BART ALLEN</u>	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> Over \$10,000
ADDRESS <u>12312 THACKERY DR GARDEN GROVE</u>	
NATURE OF BUSINESS ACTIVITY, IF ANY <u>RESIDENTIAL</u>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <u>RENTS</u>	
NAME OF THE SOURCE OF INCOME <u>BOLSA RADIATOR - PANCHAS REST</u>	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> Over \$10,000
ADDRESS <u>11942-52 GARDEN GROVE BL. GROVE</u>	
NATURE OF BUSINESS ACTIVITY, IF ANY <u>BUSINESS - COMMERCIAL</u>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <u>RENTS</u>	

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

NAM J. Thomas Williams

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 <u>Satellite Financial</u>	
NAMES OF SOURCES OF INCOME	<u>Investment</u>
<u>Insurance -</u>	
<u>Property Management</u>	

Schedule H-2

Income And Loans To A Business Entity Or Trust

NAME OF BUSINESS ENTITY OR TRUST	ADDRESS OF BUSINESS ENTITY OR TRUST
NATURE OF BUSINESS	
NAMES OF SOURCES OF INCOME AND LOANS TO THE BUSINESS ENTITY OR TRUST	

Schedule H-3

Income From Rental Property

You must disclose the name(s) of any renter(s) who made rent payments, provided that your pro rata share of such receipts from any one renter was \$10,000 or more.

ADDRESS OF RENTAL PROPERTY <u>SEE Schedule "D"</u>	CITY
NAMES OF RENTERS	
ADDRESS OF RENTAL PROPERTY	CITY
NAMES OF RENTERS	

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

RECEIVED
CITY OF GARDEN GROVE
CITY CLERKS OFFICE
OCT 25 2 56 PM '90



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

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

PAGE ____ OF ____

Statement covers period 10/1/90 through 10-20-90

FORM 490
1990

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED:

- PRE-ELECTION STATEMENT
- SEMI-ANNUAL STATEMENT
- TERMINATION STATEMENT
Attach a completed Form 415 to this statement.
- SUPPLEMENTAL PRE-ELECTION STATEMENT (If filing a Supplemental Pre-Election Statement, attach a completed Form 495 to this statement.)

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE)
NOV 6 - 1990

A FOR OFFICIAL USE ONLY

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER: J. Tilman Williams OFFICE SOUGHT OR HELD: (Include location and district number if applicable) MAYOR

RESIDENTIAL OR BUSINESS ADDRESS: NO. AND STREET CITY STATE ZIP CODE AREA CODE/DAY TIME PHONE NUMBER
11241 CHAPMAN AVE GARDEN GROVE CA 92640 (714) 750-4333

II CONTROLLED COMMITTEE INCLUDED IN THIS REPORT (See definition on reverse.)

NAME OF COMMITTEE: FRIENDS OF J. TILMAN WILLIAMS I. D. NUMBER 902067

ADDRESS OF COMMITTEE: NO. AND STREET CITY STATE ZIP CODE AREA CODE/DAY TIME PHONE NUMBER
12291 HARBOR BL GARDEN GROVE CA 92640 (714) 750-4333

NAME OF TREASURER: CARY D. ARNOLD

PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE/DAY TIME PHONE NUMBER
300 PLAZA ALICANTE Ste 310 GARDEN GROVE CA 92640 (714) 740-1988

III 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	CONTROLLED COMMITTEE?	
			YES	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 PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON 10/25/90 AT GARDEN GROVE, CA BY J. Tilman Williams
(DATE) (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.

EXECUTED ON 10-25-90 AT GARDEN GROVE, CA BY Cary D. Arnold
(DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)

**SUMMARY PAGE
FORM 490**

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM THROUGH

10-1-90 10-20-90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

FRIENDS of J. Tilman Williams

I.D. NUMBER

902067

CONTRIBUTIONS 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.....	\$ 2945	\$ 2736, SCHEDULE A, LINE 3	\$ 5,681
2. Loans received.....	1000	5000, SCHEDULE B, LINE 7	6000,
3. SUBTOTAL CASH RECEIPTS.....	\$ 3945 LINES 1 + 2	\$ 7836, LINES 1 + 2	\$ 11681 LINES 1 + 2
4. Non-monetary contributions.....	580	0, SCHEDULE C, LINE 3	580, LINES 1 + 2
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES.....	4525 LINES 3 + 4	7836, LINES 3 + 4	12,261 LINES 3 + 4
6. Enforceable Promises (Except loan guarantees, see Line 18 below).....	0	0, SCHEDULE D, LINE 7	0, LINES 3 + 4
7. TOTAL CONTRIBUTIONS.....	\$ 4525 LINES 5 + 6	\$ 7836 LINES 5 + 6	\$ 12,261 LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B)

EXPENDITURES MADE

8. Payments.....	\$ 1150.74	\$ 9240, SCHEDULE E, LINE 5	\$ 10,390.74
9. Loans Made.....	0	0, SCHEDULE EE, LINE 7	0
10. SUBTOTAL.....	1150.74 LINES 8 + 9	9240, LINES 8 + 9	10,390.74 LINES 8 + 9
11. Accrued expenses (unpaid bills).....	0	0, SCHEDULE F, LINE 5	0
12. TOTAL EXPENDITURES.....	\$ 1150.74 LINES 10 + 11	\$ 9240 LINES 10 + 11	\$ 10,390.74 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 Summary Page, Line 17, from previous statement filed.).....	\$ 2794.46	
14. Cash receipts this period (Line 3, Column B above).....	7836,	
15. Miscellaneous increases to cash (Schedule G, Line 4).....	0	
16. Cash payments this period (Line 10, Column B above).....	40630.44 9,240	
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.).....		\$ 1390.26
18. Amount of loan guarantees received (Schedule B, Part I, Column (b)).....		ENDING CASH ON HAND SHOULD NOT BE A NEGATIVE AMOUNT
19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse.....		0
20. Outstanding debts (Line 2 + Line 11 of Column C above).....		\$ 6,000.

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

	1/1 THRU 6/30	7/1 TO DATE
21. CONTRIBUTIONS RECEIVED:		
22. EXPENDITURES MADE:		

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

PAGE _____ OF _____

STATEMENT COVERS PERIOD
FROM 10-1-90 THROUGH 10-20-90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: FRIENDS of J Tilman Williams I.D. NUMBER 902 067

DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(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)</small>	OCCUPATION		AMOUNT	
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>		RECEIVED THIS PERIOD	CUMULATIVE TO DATE
10/2/90	Nicholas Cottigian 13402 HOOPER ST Westminster, Cal	Occupation: Investor	Employer: Self	50.	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/5/90	Bernice T. Ranford 11762 MORGAN LN GARDEN GROVE, Ca	Occupation: Retired	Employer:	15	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/9/90	MNP Auto, Inc 1519 N. FAIRVIEW Santa Ana, Ca 92706	Occupation: Driving	Employer: Self	250.	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/9/90	ANGELIA L. LIN 12052 G G BL GARDEN GROVE, Ca	Occupation: Motel Operator	Employer: Self	200	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/11/90	JEFFREY A KAPLAN 924 WESTWOOD BL #910 LOS ANGELES, Ca 90024	Occupation: Investor	Employer: Self	99.	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/11/90	CHERYL TRAVIESO-EARHART 10 DELPHIAN IRVINE, Ca 92717	Occupation: Investor	Employer: Self	99.	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/11/90	THOMAS T. TATUM 288 Bellino DR Pacific Palisades, Ca 90272	Occupation: Investor	Employer: Self	99.	CALENDAR YEAR: \$ FISCAL YEAR: \$
SUBTOTAL				\$	

SUMMARY

- AMOUNT RECEIVED THIS PERIOD -- CONTRIBUTIONS OF \$100 OR MORE (Include all Schedule A subtotals) \$ 2,736.
- AMOUNT RECEIVED THIS PERIOD -- CONTRIBUTIONS OF LESS THAN \$100 (Not itemized)..... above record
- 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)

STATEMENT COVERS PERIOD	
FROM	THROUGH
10-1-90	10-20-90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: FRIEND of J. Tilman Williams I.D. NUMBER 902067

DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(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)</small>	OCCUPATION		AMOUNT	
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>		RECEIVED THIS PERIOD	CUMULATIVE TO DATE
10/11/90	TUG ENTERPRISES INC 12625 HARBOR BL GARDEN GROVE, CA	Occupation: <u>Motel Operator</u>	Employer: <u>Self</u>	725	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/11/90	RAMAN PATEL 12812 PALM ST GARDEN GROVE, CA 92640	Occupation: <u>Motel Operator</u>	Employer: <u>Self</u>	200	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/12/90	KYUN CHO-SUN CHO 9132 HELM ST Fountain Valley, 92708	Occupation: <u>Property Owner</u>	Employer: <u>Self</u>	125	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/12/90	CHANG'S Auto Body 8507 Garden Grove Blvd GARDEN GROVE, CA 92644	Occupation: <u>Auto Repair</u>	Employer: <u>Self</u>	100	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/17/90	ALEXANDER HANSEN Co. Inc 3500 Sepulveda Blvd Ste 10010 MANHATTAN Beach, CA 90266	Occupation: <u>Developer</u>	Employer: <u>Self</u>	249	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/18/90	JOHN FRAZAR 9484 Chapman Ave GARDEN GROVE, CA	Occupation: <u>Retired</u>	Employer: <u>---</u>	25	CALENDAR YEAR: \$ FISCAL YEAR: \$
10/18/90	Foundation II 826 N. Broadway Santa Ana, CA	Occupation: <u>Demo Club</u>	Employer:	500	CALENDAR YEAR: \$ FISCAL YEAR: \$
		Occupation:	Employer:		CALENDAR YEAR: \$ FISCAL YEAR: \$
		Occupation:	Employer:		CALENDAR YEAR: \$ FISCAL YEAR: \$
SUBTOTAL				\$ <u>1924</u>	

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

PAGE _____ OF _____

STATEMENT COVERS PERIOD	
FROM	THROUGH
10-1-90	10-20-90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: <i>FRIENDS of J. Thomas Williams</i>	I.D. NUMBER <i>902067</i>
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PART I: LOANS RECEIVED

DATE REC'D.	FULL NAME AND ADDRESS OF LENDER <small>(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)</small>	OCCUPATION	INT. RATE	DUE DATE	AMOUNT OF LOAN	CUMULATIVE TO DATE
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>				
<i>10/1/90</i>	<i>J. Thomas Williams 12291 Harbor Rd Garden Grove, CA</i>	Occupation: <i>Vice Mayor</i>	<i>0</i>	<i>OPEN</i>	<i>5000</i>	CALENDAR YEAR \$
		Employer: <i>City of Garden Grove</i>				FISCAL YEAR \$
		Occupation:				CALENDAR YEAR \$
		Employer:				FISCAL YEAR \$
SUBTOTAL					(a) <i>\$5,000</i>	

FULL NAME AND ADDRESS OF GUARANTOR <small>(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)</small>	OCCUPATION	AMOUNT GUARANTEED	
	EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	THIS PERIOD	CUMULATIVE TO DATE
NAME OF LENDER	Occupation:		CALENDAR YEAR \$
	Employer:		FISCAL YEAR \$
NAME OF LENDER	Occupation:		CALENDAR YEAR \$
	Employer:		FISCAL YEAR \$
SUBTOTAL <small>DO NOT CARRY THIS AMOUNT TO THE SUMMARY BELOW. ENTER ON LINE 18 OF THE SUMMARY PAGE.</small>		(b) \$	

SUMMARY

1. LOANS OF \$100 OR MORE RECEIVED THIS PERIOD (Include all Part 1 (a) subtotals) ...	<i>\$5,000,</i>	
2. LOANS UNDER \$100 RECEIVED THIS PERIOD (Not itemized).....	<i>0</i>	
3. TOTAL LOANS RECEIVED THIS PERIOD (Line 1 + 2).....		<i>5,000,</i>
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).....	<i>0</i>	
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).....	<i>0</i>	
6. TOTAL LOANS REPAID, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Line 4 + 5).....		<i>0</i>
7. NET CHANGE THIS PERIOD (Subtract Line 6 from Line 3) Enter the difference here and on Line 2, Column B of Summary Page.....		<i>\$5,000,</i>

(May be negative figure)

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

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
10-1-90	10-20-90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: <i>Friends of J. Lynn Williams</i>	I.D. NUMBER <i>902067</i>
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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 | "S" – SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |
| "I" – INDEPENDENT EXPENDITURES | "F" – FUNDRAISING EVENTS |
| "L" – LITERATURE | "G" – GENERAL OPERATIONS AND OVERHEAD |
| "B" – BROADCAST ADVERTISING | "T" – TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED. SEE BACK OF SCHEDULE E CONTINUATION SHEET.) |
| "N" – NEWSPAPER AND PERIODICAL ADVERTISING | "P" – PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| "O" – OUTSIDE ADVERTISING | |

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
<i>Pacific Admin'l 11080 Talbert Ave Fountain Valley, CA 92708</i>	<i>O</i>	<i>Brochures MAILER</i>	<i>7,858.58</i>
<i>Voter Guide 291 S. LA CIENEGA BLVD Beverly Hills, CA 90211</i>	<i>L</i>	<i>Voter Guide</i>	<i>1000.</i>
<i>Orange County News 9872 Chapman Ave Ste Garden Grove, CA</i>	<i>N</i>	<i>ADVERTISING</i>	<i>385.</i>
SUBTOTAL			\$ 9243

SUMMARY

1. PAYMENTS OF \$100 OR MORE MADE THIS PERIOD (Include all Schedule E subtotals)	<u>\$ 9243.</u>
2. PAYMENTS UNDER \$100 THIS PERIOD (Not itemized)	<u>0</u>
3. TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS (Schedule B, Part 2, Column (d))	<u>0</u>
4. TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Schedule F, Line 4)	<u>0</u>
5. TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line 8, Column B of Summary Page	<u>\$ 9243</u>



FILE AN ORIGINAL AND ONE COPY OF THIS FORM WITH:

AND, IF APPLICABLE, FILE ONE COPY OF THIS FORM WITH:

Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

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

30

Form 400
1990

STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)

(Government Code Sections 84101-84103)

RECEIVED AND FILED in the office of the Secretary of State of the State of California

SEP 07 1990

902067

IF AMENDMENT ENTER I.D. NUMBER

(Type or Print in Ink)

90 SEP 28 P2:41

MARCH FONG EU, Secretary of State

FULL NAME OF COMMITTEE:

FRIENDS of J. Tilman Williams

STREET ADDRESS OF COMMITTEE:

123 91 HARBOR BL GARDEN GROVE CA 92640

NO. AND STREET

CITY

STATE

ZIP CODE

COUNTY:

ORANGE

MAILING ADDRESS (IF DIFFERENT):

AUGUST 3, 1990

NO. AND STREET (OR P.O. BOX)

CITY

STATE

ZIP CODE

DATE QUALIFIED AS COMMITTEE (MO., DAY, YR.):

Not qualified

AREA CODE

PHONE NUMBER

A FOR OFFICIAL USE ONLY

B FOR OFFICIAL USE ONLY

I TREASURER AND OTHER PRINCIPAL OFFICERS

POSITION	NAME	MAILING ADDRESS, IF DIFFERENT THAN ABOVE	(AREA CODE)	DAY TIME PHONE NO.
TREASURER	Cary Arnold		(714)	740-1988

Attach additional information on appropriately labeled continuation sheets.

II IS THIS COMMITTEE CONTROLLED BY A CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT? (See definition and important information on reverse.)

YES (Complete the following) NO

- IF THIS COMMITTEE IS CONTROLLED BY AN OFFICEHOLDER OR A CANDIDATE, THE NAME OF THE CONTROLLING CANDIDATE OR OFFICEHOLDER, THE ELECTIVE OFFICE SOUGHT OR HELD AND DISTRICT NUMBER, IF ANY, MUST BE LISTED.
- IF THIS IS A BALLOT MEASURE COMMITTEE CONTROLLED BY MORE THAN ONE CANDIDATE, THE NAME OF EACH CONTROLLING CANDIDATE MUST BE LISTED.
- IF THIS COMMITTEE IS CONTROLLED BY A STATE MEASURE PROPONENT, THE NAME OF THE STATE MEASURE PROPONENT MUST BE LISTED.
- IF THIS COMMITTEE ACTS JOINTLY WITH ANOTHER CONTROLLED COMMITTEE, YOU MUST LIST THE NAME AND IDENTIFICATION NUMBER OF THE OTHER CONTROLLED COMMITTEE.

J. Tilman Williams	

III IF THIS IS A BROAD BASED COMMITTEE (see definition and important information on reverse), AND YOU WISH TO MAKE CONTRIBUTIONS TO CANDIDATES IN EXCESS OF THE \$2,500 CONTRIBUTION LIMIT, YOU MUST CHECK THE BOX BELOW AND ENTER THE DATE ON OR BEFORE WHICH THE COMMITTEE QUALIFIED AS A BROAD BASED POLITICAL COMMITTEE. YOU MUST COMPLETE THIS SECTION BEFORE MAKING CONTRIBUTIONS OVER THE \$2,500 LIMIT. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

THIS COMMITTEE IS A BROAD BASED POLITICAL COMMITTEE. THE COMMITTEE QUALIFIED AS A BROAD BASED POLITICAL COMMITTEE ON OR BEFORE:

(month) (day) (year)

Attach additional information on appropriately labeled continuation sheets.

YOU MUST COMPLETE THE VERIFICATION ON PAGE 2

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.

NAME OF COMMITTEE _____

IV IS THIS A SPONSORED COMMITTEE? (Refer to the instructions on the reverse side for definitions and rules regarding the name of a sponsored committee.)

NO

YES (Provide name and address of sponsor. If the committee has more than one sponsor, provide the name and address of each sponsor on an appropriately labeled attachment.)

Name of Sponsor: _____

Address of Sponsor: _____

V IF PRIMARILY FORMED TO SUPPORT OR OPPOSE SPECIFIC CANDIDATES OR MEASURES, LIST SPECIFIC CANDIDATES OR MEASURES SUPPORTED OR OPPOSED.

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 appropriately labeled continuation sheets.

VI COMMITTEE'S PRINCIPAL ACTIVITY IF NOT SUPPORTING OR OPPOSING SPECIFIC CANDIDATES OR MEASURES -- PLEASE

CHECK BOX TO INDICATE THE COMMITTEE'S LEVEL OF ACTIVITY: CITY COUNTY STATE

Attach additional information on appropriately labeled continuation sheets.

VII YOU MUST SPECIFY WHAT DISPOSITION WILL BE MADE OF SURPLUS FUNDS IN THE EVENT OF TERMINATION.

pay debts if any

VERIFICATION

I HAVE USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT. I HAVE REVIEWED THE STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON Sept 4, 1990 AT GARDEN GROVE, CA BY Cary D Arnold
(DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)

EXECUTED ON Sept 4, 1990 AT GARDEN GROVE, CA BY J. Thomas Williams
(DATE) (CITY AND STATE) (SIGNATURE OF CONTROLLING CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROponent)

EXECUTED ON _____ AT _____ BY _____
(DATE) (CITY AND STATE) (SIGNATURE OF CONTROLLING CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROponent)

EXECUTED ON _____ AT _____ BY _____
(DATE) (CITY AND STATE) (SIGNATURE OF CONTROLLING CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROponent)

city

RECEIVED
CITY OF GARDEN GROVE
CITY CLERKS OFFICE

OCT 5 4 16 PM '90



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

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

PAGE ____ OF ____

FORM 490
1990

Statement covers period 7/1-90 through 9-30-90

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED:

- PRE-ELECTION STATEMENT
- SEMI-ANNUAL STATEMENT
- TERMINATION STATEMENT
Attach a completed Form 415 to this statement.
- SUPPLEMENTAL PRE-ELECTION STATEMENT (If filing a Supplemental Pre-Election Statement, attach a completed Form 495 to this statement.)

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE)
NOV 6, 1990

A FOR OFFICIAL USE ONLY

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER: J. Tilman Williams OFFICE SOUGHT OR HELD: (Include location and district number if applicable) MAYOR

RESIDENTIAL OR BUSINESS ADDRESS: NO. AND STREET CITY STATE ZIP CODE AREA CODE/DAY TIME PHONE NUMBER
11241 CHAPMAN AVE GARDEN GROVE CA 92640 (714) 750-4333

II CONTROLLED COMMITTEE INCLUDED IN THIS REPORT (See definition on reverse.)

NAME OF COMMITTEE: FRIENDS of J. Tilman Williams I. D. NUMBER 903067
~~200782~~

ADDRESS OF COMMITTEE: NO. AND STREET CITY STATE ZIP CODE AREA CODE/DAY TIME PHONE NUMBER
12291 HARBOR BL, GARDEN GROVE, CA 92640 (714) 750-4333

NAME OF TREASURER: CARY D. ARNOLD

PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE/DAY TIME PHONE NUMBER
300 PLAZA ALICANTE, Suite 310 GARDEN GROVE CA 92640 (714) 740-1988

III 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	CONTROLLED COMMITTEE?	
			YES	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 PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON 10/2/90 AT GARDEN GROVE, CA BY J. Tilman Williams
(DATE) (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.

EXECUTED ON 10/2/90 AT GARDEN GROVE, CA BY Cary Arnold
(DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)

**SUMMARY PAGE
FORM 490**

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PER.
FROM THRU

7-1-90 9-30-90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:
Friends of J. Thomas Williams

I.D. NUMBER
902067

CONTRIBUTIONS 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.....	\$ _____	\$ <u>2945</u> SCHEDULE A, LINE 3	\$ <u>2945</u>
2. Loans received.....	_____	<u>1000.</u> SCHEDULE B, LINE 7	<u>1000.</u>
3. SUBTOTAL CASH RECEIPTS.....	\$ _____	\$ <u>3945.</u> LINES 1 + 2	\$ <u>3945</u>
4. Non-monetary contributions.....	_____	<u>0</u> SCHEDULE C, LINE 3	<u>0</u>
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES.....	_____	<u>3945.</u> LINES 3 + 4	<u>3945</u>
6. Enforceable Promises (Except loan guarantees, see Line 18 below).....	_____	<u>0</u> SCHEDULE D, LINE 7	<u>0</u>
7. TOTAL CONTRIBUTIONS.....	\$ _____	\$ <u>3945.</u> LINES 5 + 6	\$ <u>3945</u>
EXPENDITURES MADE			
8. Payments.....	\$ _____	\$ <u>1150.74</u> SCHEDULE E, LINE 5	\$ <u>1150.74</u>
9. Loans Made.....	_____	<u>0</u> SCHEDULE EE, LINE 7	<u>0</u>
10. SUBTOTAL.....	_____	<u>1150.74</u> LINES 8 + 9	<u>1150.74</u>
11. Accrued expenses (unpaid bills).....	_____	<u>0</u> SCHEDULE F, LINE 5	<u>0</u>
12. TOTAL EXPENDITURES.....	\$ _____	\$ <u>1150.74</u> LINES 10 + 11	\$ <u>1150.74</u>

***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 Summary Page, Line 17, from previous statement filed.).....	\$ <u>0</u>
14. Cash receipts this period (Line 3, Column B above).....	<u>3945.</u>
15. Miscellaneous increases to cash (Schedule G, Line 4).....	<u>0</u>
16. Cash payments this period (Line 10, Column B above).....	<u>1150.74</u>
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.).....	\$ <u>2794.26</u>
18. Amount of loan guarantees received (Schedule B, Part I, Column (b)).....	\$ <u>0</u>
19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse.....	\$ <u>0</u>
20. Outstanding debts (Line 2 + Line 11 of Column C above).....	\$ <u>1000.</u>

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

	1/1 THRU 6/30	7/1 TO DATE
21. CONTRIBUTIONS RECEIVED:	<u>0</u>	<u>3945</u>
22. EXPENDITURES MADE:	<u>0</u>	<u>1150.74</u>

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

PAGE _____ OF _____

STATEMENT COVERS PERIOD
FROM _____ THROUGH _____

7-1-90 19-30-90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

FRIENDS of J. Tilman Williams

I.D. NUMBER

902067

DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(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)</small>	OCCUPATION		AMOUNT	
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>		RECEIVED THIS PERIOD	CUMULATIVE TO DATE
<i>8/29/90</i>	<i>Nick Clayton 2909 S. Halladay SANTA ANA, CA 92705</i>	Occupation: <i>Developer</i>	Employer: <i>Self</i>	<i>250.</i>	CALENDAR YEAR: \$
					FISCAL YEAR: \$
<i>8/30/90</i>	<i>Philip Anthony # 2157 Pacific Ave B203 COSTA MESA, CA 92647</i>	Occupation: <i>Water Trustee</i>	Employer: <i>Self</i>	<i>200</i>	CALENDAR YEAR: \$
					FISCAL YEAR: \$
<i>9/4/90</i>	<i>SAM Smotrich 5371 Punta Alta 1A LAGUNA HILLS, CA 92653</i>	Occupation: <i>Retired</i>	Employer:	<i>150.</i>	CALENDAR YEAR: \$
					FISCAL YEAR: \$
<i>9/4/90</i>	<i>VERLYN N. JENSEN 650 Town Center Dr #1250 COSTA MESA, CA 92626</i>	Occupation: <i>Attorney</i>	Employer: <i>Self</i>	<i>250</i>	CALENDAR YEAR: \$
					FISCAL YEAR: \$
<i>9/4/90</i>	<i>William W. Pannier 123 N. Raymond Fullerton, CA 92631</i>	Occupation: <i>Investor</i>	Employer: <i>Self</i>	<i>100</i>	CALENDAR YEAR: \$
					FISCAL YEAR: \$
<i>9/5/90</i>	<i>MAJID DANESHMAND 312 N. Elm Dr Beverly Hills, CA</i>	Occupation: <i>Developer</i>	Employer: <i>Self</i>	<i>100</i>	CALENDAR YEAR: \$
					FISCAL YEAR: \$
<i>9/5/90</i>	<i>Claudio Piana 13302 Harbor Bl Garden Grove, CA 92643</i>	Occupation: <i>Demist</i>	Employer: <i>Self</i>	<i>100</i>	CALENDAR YEAR: \$
					FISCAL YEAR: \$
SUBTOTAL				\$ 1150	

SUMMARY

- | | |
|--|-------------------|
| 1. AMOUNT RECEIVED THIS PERIOD - CONTRIBUTIONS OF \$100 OR MORE
(Include all Schedule A subtotals) | <u>\$ 2945</u> |
| 2. AMOUNT RECEIVED THIS PERIOD - CONTRIBUTIONS OF LESS THAN \$100 (Not
itemized) | <u> </u> |
| 3. TOTAL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD
(Line 1 + Line 2) Enter here and on Line 1, Column B of Summary Page | <u>\$ 2945</u> |

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

STATEMENT COVERS PERIOD
 FROM 7-1-90 THROUGH 9-30-90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE: **FRIENDS of J. Tilman Williams** I.D. NUMBER: **902067**

DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(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)</small>	OCCUPATION		AMOUNT	
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>		RECEIVED THIS PERIOD	CUMULATIVE TO DATE
9/6/90	Silvio AEC 2419 E. South St Anaheim, Ca 92806	Occupation: Investor	Employer: Self	300	CALENDAR YEAR: \$
					FISCAL YEAR: \$
9/7/90	WESTAR ASSOC 2925 BRISTOL ST COSTA MESA, 92626	Occupation: Developer	Employer: Self	200	CALENDAR YEAR: \$
					FISCAL YEAR: \$
9/7/90	1/2 PRICE HOUSE MLESKE 11451 BROOKHURST ST GARDEN GROVE 92640	Occupation: Investor	Employer: Self	100	CALENDAR YEAR: \$
					FISCAL YEAR: \$
9/7/90	REV. John K. Huh 11712 LAMPSON GARDEN GROVE, Ca 92640	Occupation: Preacher	Employer: Self	20	CALENDAR YEAR: \$
					FISCAL YEAR: \$
9/21/90	HOWARD ADLER 2081 BUSINESS CENTER #200 FURNING Ca 92715	Occupation: Attorney	Employer: Self	200	CALENDAR YEAR: \$
					FISCAL YEAR: \$
9/24/90	PARAGON CABLE 7441 CHAPMAN AVE GARDEN GROVE 92645	Occupation: TV	Employer: Cable Company	300	CALENDAR YEAR: \$
					FISCAL YEAR: \$
9/24/90	PVC PROPERTIES 25902 SERENATA MISSION VIEJO Ca 92691	Occupation: Investor	Employer: Real Estate	225	CALENDAR YEAR: \$
					FISCAL YEAR: \$
9/29/90	DONALD G EYER STANFORD AVE GARDEN GROVE Ca 92640	Occupation: Property Owner	Employer: Self	200	CALENDAR YEAR: \$
					FISCAL YEAR: \$
9/30/90	Pete PERL 12323 HARTON BL GARDEN GROVE Ca 92640	Occupation: Investor	Employer: Self	250	CALENDAR YEAR: \$
					FISCAL YEAR: \$
SUBTOTAL				\$1795	

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	9-30-90
I.D. NUMBER	
902067	

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:
Friends of J. Tilman Williams

PART I: LOANS RECEIVED

DATE REC'D.	FULL NAME AND ADDRESS OF LENDER <small>(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)</small>	OCCUPATION		INT. RATE	DUE DATE	AMOUNT OF LOAN	CUMULATIVE TO DATE
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>					
8/13/90	J. Tilman Williams 12291 Harbor BL GARDEN GROVE, CA 92640	Occupation:	<i>Investor</i>	0	OPEN	1000.	CALENDAR YEAR
		Employer:	<i>Self/Candidate</i>				\$
		Occupation:					FISCAL YEAR
		Employer:					\$
SUBTOTAL						(a)	
						\$1000.	

FULL NAME AND ADDRESS OF GUARANTOR <small>(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)</small>	OCCUPATION		AMOUNT GUARANTEED	
	EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>		THIS PERIOD	CUMULATIVE TO DATE
NAME OF LENDER	Occupation:			CALENDAR YEAR
	Employer:			\$
NAME OF LENDER	Occupation:			FISCAL YEAR
	Employer:			\$
SUBTOTAL			(b)	
			\$	

SUMMARY

1. LOANS OF \$100 OR MORE RECEIVED THIS PERIOD (Include all Part 1 (a) subtotals) ...	\$ 1000.	
2. LOANS UNDER \$100 RECEIVED THIS PERIOD (Not itemized).....	0	
3. TOTAL LOANS RECEIVED THIS PERIOD (Line 1 + 2).....		1000.
4. LOANS OF \$100 OR MORE REPAYED, 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).....	0	
5. LOANS UNDER \$100 REPAYED, 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).....	0	
6. TOTAL LOANS REPAYED, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Line 4 + 5).....		0
7. NET CHANGE THIS PERIOD (Subtract Line 6 from Line 3) Enter the difference here and on Line 2, Column B of Summary Page		\$ 1000.

(May be negative figure)

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

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
7-1-90	9-30-90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE <i>FRIENDS of J. Tilman Williams</i>	I.D. NUMBER 880182
--	----------------------------------

CODES FOR CLASSIFYING EXPENDITURES

902067

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 | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |
| "I" - INDEPENDENT EXPENDITURES | "F" - FUNDRAISING EVENTS |
| "L" - LITERATURE | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "B" - BROADCAST ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED. SEE BACK OF SCHEDULE E CONTINUATION SHEET.) |
| "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| "O" - OUTSIDE ADVERTISING | |

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
<i>City of Garden Grove GARDEN GROVE, Cal 92640</i>	<i>I</i>	<i>Campaign statement</i>	<i>650.</i>
<i>REGISTRAR of VOTERS Santa Ana, Cal</i>	<i>I</i>	<i>INDEXES</i>	<i>30.05</i>
<i>WOMAN Club Chapman Ave GARDEN GROVE 92641</i>	<i>I</i>	<i>ROOM</i>	<i>85.00</i>
<i>JET Printers nutwood st GARDEN GROVE, Ca 92640</i>	<i>I</i>	<i>PRINTING</i>	<i>385.69</i>
SUBTOTAL			\$1150.74

SUMMARY

- | | |
|---|-------------------|
| 1. PAYMENTS OF \$100 OR MORE MADE THIS PERIOD
(Include all Schedule E subtotals) | <i>\$ 1150.74</i> |
| 2. PAYMENTS UNDER \$100 THIS PERIOD (Not itemized) | <i>included</i> |
| 3. TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS
(Schedule B, Part 2, Column (d)) | <i>0</i> |
| 4. TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Schedule F, Line 4) | <i>0</i> |
| 5. TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line 8, Column B of Summary Page | \$ 1150.74 |

Date Received by FPPC

FORM 721

STATEMENT OF ECONOMIC INTERESTS

A Public Document

1989/90

PLEASE TYPE OR PRINT IN INK

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

Aug 7 1990

RECEIVED
CITY OF GARDEN GROVE
CITY CLERKS OFFICE

NAME J. Tilman Williams

TELEPHONE NUMBER
(714) 750-4338

MAILING ADDRESS
11241 Chapman Ave Garden Grove 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: MAYOR CITY: GARDEN GROVE

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.
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 _____
mo. day yr
 - 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 _____
mo. day yr
- ANNUAL STATEMENT
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 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:
_____ 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 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.

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.

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.

Complete all schedules disclosing investments and interests in real property held and income received at any time during the period covered by the statement.

Complete all schedules disclosing investments and interests in real property held and income received at any time during the period covered by the statement.

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.

NAME J. Tilman Williams

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 COMPLETED AND ATTACHED	NO REPORTABLE INTERESTS
Schedule A - INVESTMENTS (Which Are <u>Not</u> Held Through A Business Entity Or Trust)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule B - INTERESTS IN REAL PROPERTY (Which Are <u>Not</u> Held Through A Business Entity Or Trust)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule C-1 - INTERESTS IN REAL PROPERTY HELD BY A BUSINESS ENTITY OR TRUST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule C-2 - INVESTMENTS HELD BY A BUSINESS ENTITY OR TRUST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule D - INCOME (Other Than Loans, Gifts And Honoraria)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule E - LOANS (Received Or Outstanding During The Reporting Period)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule F - GIFTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule G - HONORARIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule H - COMMISSION INCOME, INCOME AND LOANS TO BUSINESS ENTITIES OR TRUSTS AND INCOME FROM RENTAL PROPERTY	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NOTE: AFTER THE SUMMARY PAGE HAS BEEN COMPLETED, PLEASE DISCARD THOSE SCHEDULES ON WHICH YOU HAVE NO REPORTABLE INTERESTS.

VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 26, 19 90, at GARDEN GROVE, Calif
(month, day) (year) (city and state)

SIGNATURE J. Tilman Williams

NAME J. Tilman Williams

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 <i>SATELLITE FINANCIAL (J. Tilman Williams)</i>		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST <i>Office - 12291 HARBOR BLVD GARDEN GROVE,</i>	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: <u>7-1-61</u> Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input checked="" type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <i>REAL ESTATE - INSURANCE INCOME TAX</i>		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		

NOTE: YOU MAY BE REQUIRED TO REPORT ON SCHEDULE D ANY SALARY, COMMISSION, DISTRIBUTION OR OTHER INCOME (\$250 OR MORE) RECEIVED BY YOU OR YOUR SPOUSE FROM ANY BUSINESS ENTITY LISTED ON SCHEDULE A.

* If you have checked this box, you must report on Schedules C-1 and C-2 any interests in real property and investments held by the business entity. In addition, if your pro rata share of the gross income from any one source was \$10,000 or more, you may be required to report the name of that source on Schedule H-2.

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

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 <u>12291 Harbor BL</u>		CITY <u>GARDEN GROVE</u>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <u>OWNER</u>			
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	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <u>12311 Harbor BL</u>		CITY <u>GARDEN GROVE</u>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <u>OWNER</u>			
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	<input type="checkbox"/> Less than 10% <input checked="" type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <u>12312 Thachery DR</u>		CITY <u>GARDEN GROVE</u>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <u>OWNER</u>			
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	<input type="checkbox"/> Less than 10% <input checked="" type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <u>12292 Thachery DR</u>		CITY <u>GARDEN GROVE</u>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <u>OWNER</u>			
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	<input type="checkbox"/> Less than 10% <input checked="" type="checkbox"/> 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 J. Tilman 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)

STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <u>11942-52 GARDEN GROVE BL</u>		CITY <u>GARDEN GROVE</u>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <u>OWNER</u>			
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	<input type="checkbox"/> Less than 10% <input checked="" type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*

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

*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 Tilman Williams

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: SATellite FINANcIAL
(Name Of Business Entity Or Trust Holding The Real Property)

STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <u>12291 Harbor Bl</u>		CITY <u>GARDEN GROVE</u>	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <u>OWNER - Real Estate - Insurance - TAX</u>			
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	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:		Date Acquired: _____ Date Disposed: _____	

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

NAME J. Tilman Williams

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

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

IDENTIFY EACH SOURCE OF INCOME:

GROSS INCOME RECEIVED:

NAME <i>BART ALLEN</i>	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> Over \$10,000
ADDRESS <i>12311 HARBOR BL GARDEN GROVE</i>	
BUSINESS ACTIVITY, IF ANY <i>Rental Property</i>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <i>RENTS</i>	
NAME <i>BART ALLEN</i>	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> Over \$10,000
ADDRESS <i>12292 THACKSBY DR GARDEN GROVE</i>	
BUSINESS ACTIVITY, IF ANY <i>Rental</i>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <i>RENTS</i>	
NAME <i>BART ALLEN</i>	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> Over \$10,000
ADDRESS <i>12312 THACKSBY DR GARDEN GROVE</i>	
BUSINESS ACTIVITY, IF ANY <i>Rental</i>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <i>RENTS</i>	
NAME <i>Bolsa Radiator - PANCHOS REST</i>	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> Over \$10,000
ADDRESS <i>11942-52 GARDEN GROVE BL; GARDEN GROVE</i>	
BUSINESS ACTIVITY, IF ANY <i>Rental</i>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <i>RENTS</i>	

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

NAME J. Thomas Williams

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	
NAMES OF SOURCES OF INCOME	

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 ENTITY OR TRUST	

Schedule H-3

Income From Rental Property

You must disclose the name(s) of any renter(s) who made rent payments, provided that your pro rata share of such receipts from any one renter was \$10,000 or more.

ADDRESS OF RENTAL PROPERTY <u>12311 Harbor Bl</u>	CITY <u>GARDEN GROVE</u>
NAMES OF RENTERS <u>BART ALLEN</u>	
ADDRESS OF RENTAL PROPERTY	CITY
NAMES OF RENTERS	

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

OCT 15 3 16 PM '90



AMENDMENT TO CAMPAIGN DISCLOSURE STATEMENT

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.

FORM 405
1990

(Type or Print in Ink)

FOR OFFICIAL USE ONLY

I. The information required in Section I must correspond to the information provided on the campaign statement.

NAME OF FILER: (See important information on reverse.)

FRIENDS of J. Tilman Williams

I.D. NO. (IF APPLICABLE):

902067

MAILING ADDRESS OF FILER: NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE NUMBER
1124 Chapman Ave GARDEN GROVE Cal 92648 (714) 750-4337

NAME OF TREASURER IF RECIPIENT COMMITTEE:

CARY D. ARVOLD

PERMANENT ADDRESS OF TREASURER (IF APPLICABLE): NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE NUMBER
300 PLAZA ALICANTE, Suite 310 GARDEN GROVE Cal 92648 (714) 750-1988

II. The following information amends campaign disclosure statement, Form No. 490, Executed on 10-2-90 for the period 7-1-90 through 9-30-90
(MO., DAY, YR.)

III. The amended information affects items on the:

- Cover Page
- Allocation Page
- Summary Page
- Schedule(s) C
- Part(s) _____

IV. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. Also attach a cover page, summary page or appropriate schedule if needed for clarification.

Include additional information on appropriately labeled continuation sheets. (Number of pages attached _____.)

VERIFICATION

I HAVE USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT. I HAVE REVIEWED THE STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED HEREIN AND IN THE ATTACHED SCHEDULES IS TRUE AND COMPLETE.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON 10/15/90 AT GARDEN GROVE BY J. Tilman Williams
(DATE) (CITY AND STATE) (SIGNATURE OF TREASURER OR FILER)

A CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT WHO CONTROLS A COMMITTEE MUST ALSO VERIFY THIS AMENDMENT TO THE CAMPAIGN STATEMENT.

I HAVE USED ALL REASONABLE DILIGENCE, AND TO THE BEST OF MY KNOWLEDGE, THE TREASURER HAS USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT. I HAVE REVIEWED THE STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED HEREIN AND IN THE ATTACHED SCHEDULES IS TRUE AND COMPLETE.

C
I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

D
EXECUTED ON _____ AT _____ BY _____
(DATE) (CITY AND STATE) (SIGNATURE OF CANDIDATE/OFFICEHOLDER/PROONENT/RESPONSIBLE OFFICER)

E
EXECUTED ON _____ AT _____ BY _____
(DATE) (CITY AND STATE) (SIGNATURE OF CANDIDATE/OFFICEHOLDER/PROONENT)

F
EXECUTED ON _____ AT _____ BY _____
(DATE) (CITY AND STATE) (SIGNATURE OF CANDIDATE/OFFICEHOLDER/PROONENT)

AMENDMENT

SCHEDULE C NON-MONETARY CONTRIBUTIONS RECEIVED FORM 490

PAGE _____ OF _____

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
7-1-90	9-30-90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

Friends of J. Tilman Williams

I.D. NUMBER

902067

DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(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)</small>	OCCUPATION		DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE RECEIVED	CUMULATIVE AMOUNT	
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>			CALENDAR YEAR:	FISCAL YEAR:
<i>7/10/90</i>	<i>GARDEN GROVE "GET OIL OUT" COMMITTEE</i>	Occupation:	Employer:	<i>Stems</i>	<i>580</i>	CALENDAR YEAR: \$	FISCAL YEAR: \$
		Occupation:	Employer:			CALENDAR YEAR: \$	FISCAL YEAR: \$
		Occupation:	Employer:			CALENDAR YEAR: \$	FISCAL YEAR: \$
		Occupation:	Employer:			CALENDAR YEAR: \$	FISCAL YEAR: \$
		Occupation:	Employer:			CALENDAR YEAR: \$	FISCAL YEAR: \$
		Occupation:	Employer:			CALENDAR YEAR: \$	FISCAL YEAR: \$
		Occupation:	Employer:			CALENDAR YEAR: \$	FISCAL YEAR: \$
		Occupation:	Employer:			CALENDAR YEAR: \$	FISCAL YEAR: \$
SUBTOTAL					\$ 580		

SUMMARY

- | | | |
|--|----|-------------------|
| 1. NON-MONETARY CONTRIBUTIONS OF \$100 OR MORE RECEIVED THIS PERIOD..... | \$ | <u><i>580</i></u> |
| 2. NON-MONETARY CONTRIBUTIONS UNDER \$100 RECEIVED THIS PERIOD (Not itemized)..... | \$ | <u><i>0</i></u> |
| 3. TOTAL NON-MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD
(Line 1 + Line 2) Enter here and on Line 4 Column B of Summary Page..... | \$ | <u><i>580</i></u> |

AMENDMENT

SUMMARY PAGE FORM 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
7-1-90	9-30-90
I.D. NUMBER	
902067	

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

Friends of J. Tilman Williams

CONTRIBUTIONS 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.....	\$ _____	\$ <u>2945</u> <small>SCHEDULE A, LINE 3</small>	\$ <u>2945</u>
2. Loans received.....	_____	<u>1000</u> <small>SCHEDULE B, LINE 7</small>	<u>1000</u>
3. SUBTOTAL CASH RECEIPTS.....	\$ _____	\$ <u>3945</u> <small>LINES 1 + 2</small>	\$ <u>3945</u> <small>LINES 1 + 2</small>
4. Non-monetary contributions.....	_____	<u>580</u> <small>SCHEDULE C, LINE 3</small>	<u>580</u> <small>LINES 3 + 4</small>
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES.....	_____	<u>4525</u> <small>LINES 3 + 4</small>	<u>4525</u> <small>LINES 3 + 4</small>
6. Enforceable Promises (Except loan guarantees, see Line 18 below).....	_____	<u>0</u> <small>SCHEDULE D, LINE 7</small>	<u>0</u> <small>LINES 5 + 6</small>
7. TOTAL CONTRIBUTIONS.....	\$ _____	\$ <u>4525</u> <small>LINES 5 + 6</small>	\$ <u>4525</u> <small>LINES 5 + 6</small>
EXPENDITURES MADE			
8. Payments.....	\$ _____	\$ <u>1150.74</u> <small>SCHEDULE E, LINE 5</small>	\$ <u>1150.74</u> <small>(SHOULD EQUAL LINE 7, COLUMNS A + B)</small>
9. Loans Made.....	_____	<u>0</u> <small>SCHEDULE EE, LINE 7</small>	<u>0</u> <small>LINES 8 + 9</small>
10. SUBTOTAL.....	_____	<u>1150.74</u> <small>LINES 8 + 9</small>	<u>1150.74</u> <small>LINES 8 + 9</small>
11. Accrued expenses (unpaid bills).....	_____	<u>0</u> <small>SCHEDULE F, LINE 5</small>	<u>0</u> <small>LINES 10 + 11</small>
12. TOTAL EXPENDITURES.....	\$ _____	\$ <u>1150.74</u> <small>LINES 10 + 11</small>	\$ <u>1150.74</u> <small>(SHOULD EQUAL LINE 12, COLUMNS A + B)</small>

*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 Summary Page, Line 17, from previous statement filed.)	\$ <u>0</u>	
14. Cash receipts this period (Line 3, Column B above)	<u>3945</u>	
15. Miscellaneous increases to cash (Schedule G, Line 4)	<u>0</u>	
16. Cash payments this period (Line 10, Column B above)	<u>1150.74</u>	
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.)		\$ <u>2794.26</u>
18. Amount of loan guarantees received (Schedule B, Part I, Column (b)).		\$ <u>0</u>
19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse		\$ <u>0</u>
20. Outstanding debts (Line 2 + Line 11 of Column C above)		\$ <u>1000.00</u>

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

	1/1 THRU 6/30		7/1 TO DATE
21. CONTRIBUTIONS RECEIVED:			
22. EXPENDITURES MADE:			



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 original campaign disclosure statements.

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

NOV 7 3 42 PM '90

STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)

(Government Code Sections 84101-84103)

(Type or Print in Ink)

IF AMENDMENT
ENTER I.D. NUMBER

FULL NAME OF COMMITTEE:

FRIENDS of J. TILMAN WILLIAMS

STREET ADDRESS OF COMMITTEE:

(NOT P.O. BOX)

NO. AND STREET

CITY

STATE

ZIP CODE

COUNTY:

12291 HARBOR BLVD

GARDEN GROVE

Calif

92640

MAILING ADDRESS (IF DIFFERENT):

NO. AND STREET (OR P.O. BOX)

CITY

STATE

ZIP CODE

DATE QUALIFIED AS COMMITTEE (MO., DAY, YR.):

AREA CODE

PHONE NUMBER

A FOR OFFICIAL USE ONLY

B FOR OFFICIAL USE ONLY

NEW

I TREASURER AND OTHER PRINCIPAL OFFICERS

POSITION	NAME	MAILING ADDRESS, IF DIFFERENT THAN ABOVE	(AREA CODE)	DAY TIME PHONE NO.
TREASURER	CARY ARNOLD			

Attach additional information on appropriately labeled continuation sheets.

II IS THIS COMMITTEE CONTROLLED BY A CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT? (See definition and important information on reverse.)

YES (Complete the following) NO

- IF THIS COMMITTEE IS CONTROLLED BY AN OFFICEHOLDER OR A CANDIDATE, THE NAME OF THE CONTROLLING CANDIDATE OR OFFICEHOLDER, THE ELECTIVE OFFICE SOUGHT OR HELD AND DISTRICT NUMBER, IF ANY, MUST BE LISTED.
- IF THIS IS A BALLOT MEASURE COMMITTEE CONTROLLED BY MORE THAN ONE CANDIDATE, THE NAME OF EACH CONTROLLING CANDIDATE MUST BE LISTED.
- IF THIS COMMITTEE IS CONTROLLED BY A STATE MEASURE PROPONENT, THE NAME OF THE STATE MEASURE PROPONENT MUST BE LISTED.
- IF THIS COMMITTEE ACTS JOINTLY WITH ANOTHER CONTROLLED COMMITTEE, YOU MUST LIST THE NAME AND IDENTIFICATION NUMBER OF THE OTHER CONTROLLED COMMITTEE.

J. Tilman Williams	MAYOR GARDEN GROVE

III IF THIS IS A BROAD BASED COMMITTEE (see definition and important information on reverse), AND YOU WISH TO MAKE CONTRIBUTIONS TO CANDIDATES IN EXCESS OF THE \$2,500 CONTRIBUTION LIMIT, YOU MUST CHECK THE BOX BELOW AND ENTER THE DATE ON OR BEFORE WHICH THE COMMITTEE QUALIFIED AS A BROAD BASED POLITICAL COMMITTEE. YOU MUST COMPLETE THIS SECTION BEFORE MAKING CONTRIBUTIONS OVER THE \$2,500 LIMIT. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

THIS COMMITTEE IS A BROAD BASED POLITICAL COMMITTEE. THE COMMITTEE QUALIFIED AS A BROAD BASED POLITICAL COMMITTEE ON OR BEFORE:

(month) (day) (year)

Attach additional information on appropriately labeled continuation sheets.

YOU MUST COMPLETE THE VERIFICATION ON PAGE 2

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.

NAME OF COMMITTEE

FRIENDS of J. Tilman WILLIAMS

IV IS THIS A SPONSORED COMMITTEE? (Refer to the instructions on the reverse side for definitions and rules regarding the name of a sponsored committee.)

NO

YES (Provide name and address of sponsor. If the committee has more than one sponsor, provide the name and address of each sponsor on an appropriately labeled attachment.)

Name of Sponsor: _____

Address of Sponsor: _____

V IF PRIMARILY FORMED TO SUPPORT OR OPPOSE SPECIFIC CANDIDATES OR MEASURES, LIST SPECIFIC CANDIDATES OR MEASURES SUPPORTED OR OPPOSED.

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 appropriately labeled continuation sheets.

VI COMMITTEE'S PRINCIPAL ACTIVITY IF NOT SUPPORTING OR OPPOSING SPECIFIC CANDIDATES OR MEASURES -- PLEASE

CHECK BOX TO INDICATE THE COMMITTEE'S LEVEL OF ACTIVITY: CITY COUNTY STATE

Attach additional information on appropriately labeled continuation sheets.

VII YOU MUST SPECIFY WHAT DISPOSITION WILL BE MADE OF SURPLUS FUNDS IN THE EVENT OF TERMINATION.

Repay debts if any

VERIFICATION

I HAVE USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT. I HAVE REVIEWED THE STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON Aug 6, 1999 AT GARDEN GROVE, CA BY [Signature]
(DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)

EXECUTED ON Aug 3, 1990 AT GARDEN GROVE, CA BY [Signature]
(DATE) (CITY AND STATE) (SIGNATURE OF CONTROLLING CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT)

EXECUTED ON _____ AT _____ BY _____
(DATE) (CITY AND STATE) (SIGNATURE OF CONTROLLING CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT)

EXECUTED ON _____ AT _____ BY _____
(DATE) (CITY AND STATE) (SIGNATURE OF CONTROLLING CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT)

CAMPAIGN BANK ACCOUNT

FPPC Form 502

1989 - 1
Type or Print

Check One: Initial Amendment

OFFICE USE ONLY

FULL NAME OF CANDIDATE:

Last First Middle
WILLIAMS J. TILMAN

ADDRESS:

11241 CHAPMAN AVE Daytime Phone
GARDEN GROVE, Cal 92640 (714) 750-4333
534-3552

SPECIFIC OFFICE SOUGHT:

MAYOR Date Of Election
NOV 6, 1990

RECEIVED
CITY OF GARDEN GROVE
CLERK'S OFFICE
AUG 7 3 42 PM '90

ACCOUNT INFORMATION

FINANCIAL INSTITUTION:

AMERICAN SAVINGS BANK

ACCOUNT NO:

63969425

ADDRESS:

12141 GARDEN GROVE BLVD Business Phone
GARDEN GROVE, CA 92643 (714)
534-8690

DATE OPENED:

AUG 3, 1990

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on AUGUST 3, 1990
DATE

J. Tilman Williams
CANDIDATE'S SIGNATURE

GARDEN GROVE, CA
CITY AND STATE

CANDIDATE INTENTION

FPPC Form 501

1989 - 1
Type or Print

Check One: Initial Amendment Termination

OFFICE USE ONLY

FULL NAME OF CANDIDATE:

Last First Middle
WILLIAMS J. TILMAN

ADDRESS:

11241 CHAPMAN AVE Daytime Phone
GARDEN GROVE, CA 92643 (714)
750-4333

SPECIFIC OFFICE SOUGHT

SPECIFIC OFFICE:

MAYOR District # Date Of Election
NOV 6, 1990

PUBLIC AGENCY NAME AND JURISDICTION LOCATION:

CITY OF GARDEN GROVE Specify Jurisdiction and Location
 State County
 City GARDEN GROVE Other

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on AUG 3, 1990
DATE

J. Tilman Williams
CANDIDATE'S SIGNATURE

GARDEN GROVE, CA
CITY AND STATE

JAN 29 1 43 PM '91

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

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

PAGE 1 OF 1



Statement covers period 7-1-90 through DEC. 31, 1990

FORM 490
1990

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED:

- PRE-ELECTION STATEMENT
- SEMI-ANNUAL STATEMENT

- SUPPLEMENTAL PRE-ELECTION STATEMENT (If filing a Supplemental Pre-Election Statement, attach a completed Form 495 to this statement.)

TERMINATION STATEMENT
Attach a completed Form 415 to this statement.

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

A FOR OFFICIAL USE ONLY

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER:

OFFICE SOUGHT OR HELD: (Include location and district number if applicable)

JOHN TILMAN WILLIAMS

COUNCILMAN

RESIDENTIAL OR BUSINESS ADDRESS: NO. AND STREET CITY STATE ZIP CODE AREA CODE/DAY TIME PHONE NUMBER

11244 CHAPMAN AVE. GARDEN GROVE, CA. 92640 (714) 280-4333

II CONTROLLED COMMITTEE INCLUDED IN THIS REPORT (See definition on reverse.)

NAME OF COMMITTEE:

I. D. NUMBER

FRIENDS OF J. TILMAN WILLIAMS

880182

ADDRESS OF COMMITTEE: NO. AND STREET CITY STATE ZIP CODE AREA CODE/DAY TIME PHONE NUMBER

12291 HARBOR BL. GARDEN GROVE, CA. 92640 (714) 750-4333

NAME OF TREASURER:

CARY D. ARNOLD

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

300 PLAZA ALICANTE #310 GARDEN GROVE CA. 92640 (714) 740-1988

III 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	CONTROLLED COMMITTEE?	
			YES	NO
<u>I. D. # 902067 FRIENDS OF J. TILMAN WILLIAMS</u>	<u>AS ABOVE</u>	<u>Cary Arnold</u>	<u>X</u>	

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

EXECUTED ON 1/28/91 AT Garden Grove (DATE) (CITY AND STATE)

BY John Williams (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.

EXECUTED ON 1-28-91 AT Garden Grove (DATE) (CITY AND STATE)

BY Cary Arnold (SIGNATURE OF TREASURER)

**SUMMARY PAGE
FORM 490**

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM THROUGH

7-1-90 12-31-90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

FRIENDS OF J. TILMAN WILLIAMS

I.D. NUMBER

880182

CONTRIBUTIONS 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.....	\$ 0	\$	\$ 0
2. Loans received.....	32,760	SCHEDULE A, LINE 3	32,760
3. SUBTOTAL CASH RECEIPTS.....	\$ 32,760 LINES 1 + 2	\$	\$ 32,760
4. Non-monetary contributions.....	0	LINES 1 + 2	0
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES.....	32,760 LINES 3 + 4	SCHEDULE C, LINE 3	32,760
6. Enforceable Promises (Except loan guarantees, see Line 18 below).....	0	LINES 3 + 4	0
7. TOTAL CONTRIBUTIONS.....	\$ 32,760 LINES 5 + 6	SCHEDULE D, LINE 7 \$ 0	\$ 32,760 LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B)

EXPENDITURES MADE

8. Payments.....	\$	\$	\$
9. Loans Made.....		SCHEDULE E, LINE 5	
10. SUBTOTAL.....		SCHEDULE EE, LINE 7	
11. Accrued expenses (unpaid bills).....		LINES 8 + 9	
12. TOTAL EXPENDITURES.....	\$ 0 LINES 10 + 11	SCHEDULE F, LINE 5 \$ 0	\$ 0 LINES 10 + 11 (SHOULD EQUAL LINE 7, 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 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).....		
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 SHOULD 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).....	\$	32,760

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

	1/1 THRU 6/30	7/1 TO DATE
21. CONTRIBUTIONS RECEIVED:	0	0
22. EXPENDITURES MADE:	0	0

JUL 30 3 23 PM '90

PAGE 1 OF 1



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

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

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

FORM 490
1990

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED:

PRE-ELECTION STATEMENT
 SEMI-ANNUAL STATEMENT

SUPPLEMENTAL PRE-ELECTION STATEMENT (If filing a Supplemental Pre-Election Statement, attach a completed Form 495 to this statement.)

TERMINATION STATEMENT
Attach a completed Form 415 to this statement.

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

A FOR OFFICIAL USE ONLY

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER:

J. TILMAN WILLIAMS

OFFICE SOUGHT OR HELD: (Include location and district number if applicable)

COUNCILMAN

RESIDENTIAL OR BUSINESS ADDRESS:

11241 CHAPMAN AVENUE, GARDEN GROVE,

STATE
CA

ZIP CODE
92640

AREA CODE/DAY TIME PHONE NUMBER
(714) 750-4333

II CONTROLLED COMMITTEE INCLUDED IN THIS REPORT (See definition on reverse.)

NAME OF COMMITTEE:

FRIENDS OF J. TILMAN WILLIAMS

I. D. NUMBER
880182

ADDRESS OF COMMITTEE:

12291 HARBOR BLVD., GARDEN GROVE,

STATE
CA

ZIP CODE
92640

AREA CODE/DAY TIME PHONE NUMBER
(714) 750-4333

NAME OF TREASURER:

CARY D. ARNOLD

PERMANENT ADDRESS OF TREASURER:

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

III 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	CONTROLLED COMMITTEE?	
			YES	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 PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON 7-30-90 AT GARDEN GROVE CA BY J. Tilman Williams
(DATE) (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.

EXECUTED ON 7-27-90 AT GARDEN GROVE CA BY Cary Arnold
(DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)

**SUMMARY PAGE
FORM 490**

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 1/01/90 THROUGH 06/30

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

I.D. NUMBER
880182

CONTRIBUTIONS 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.....	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2. Loans received.....	<u>32,760</u>	SCHEDULE A, LINE 3 <u>0</u>	<u>32,760</u>
3. SUBTOTAL CASH RECEIPTS.....	\$ <u>32,760</u>	SCHEDULE B, LINE 7 <u>0</u>	\$ <u>32,760</u>
4. Non-monetary contributions.....	<u>0</u>	LINES 1 + 2 <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES.....	<u>32,760</u>	SCHEDULE C, LINE 3 <u>0</u>	<u>32,760</u>
6. Enforceable Promises (Except loan guarantees, see Line 18 below).....	<u>0</u>	LINES 3 + 4 <u>0</u>	<u>0</u>
7. TOTAL CONTRIBUTIONS.....	\$ <u>32,760</u>	SCHEDULE D, LINE 7 <u>0</u>	\$ <u>32,760</u>
	LINES 5 + 6	LINES 5 + 6	LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B)

EXPENDITURES MADE

8. Payments.....	\$ _____	\$ _____	\$ _____
9. Loans Made.....	_____	SCHEDULE E, LINE 5 _____	_____
10. SUBTOTAL.....	_____	SCHEDULE EE, LINE 7 _____	_____
11. Accrued expenses (unpaid bills).....	_____	LINES 8 + 9 _____	_____
12. TOTAL EXPENDITURES.....	\$ <u>0</u>	SCHEDULE F, LINE 5 <u>0</u>	\$ <u>0</u>
	LINES 10 + 11	LINES 10 + 11	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 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).....	_____	
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 SHOULD 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).....	\$ <u>32,760</u>	

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

	1/1 THRU 6/30	7/1 TO DATE
21. CONTRIBUTIONS RECEIVED:	<u>0</u>	
22. EXPENDITURES MADE:	<u>0</u>	

Date Received by FPPC

FORM 721

STATEMENT OF ECONOMIC INTERESTS

A Public Document

1989/90

PLEASE TYPE OR PRINT IN INK

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

MAR 13 9 58 AM '90

NAME J. Tilman Williams

TELEPHONE NUMBER
(714) 750-4333

MAILING ADDRESS
11241 Chapman Ave Garden Grove 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 GROVE

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.

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 _____
mo. day yr

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 _____
mo. day yr

ANNUAL STATEMENT

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 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:

_____ 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 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.

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.

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.

Complete all schedules disclosing investments and interests in real property held and income received at any time during the period covered by the statement.

Complete all schedules disclosing investments and interests in real property held and income received at any time during the period covered by the statement.

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.

NAME J. Tilman Williams

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 Not Held Through A Business Entity Or Trust)

Schedule B - INTERESTS IN REAL PROPERTY

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

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 BUSINESS ENTITIES OR TRUSTS AND INCOME FROM RENTAL PROPERTY

NOTE: AFTER THE SUMMARY PAGE HAS BEEN COMPLETED, PLEASE DISCARD THOSE SCHEDULES ON WHICH YOU HAVE NO REPORTABLE INTERESTS.

VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on February 14, 1990, 19 90, at GARDEN GROVE, CA
(month, day) (year) (city and state)

SIGNATURE

J. Tilman Williams

NAME J. Tilman Williams

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 <i>Satellite Financial (J. Tilman Williams)</i>		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST <i>12291 HARBOR BLVD Office GARDEN GROVE</i>	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: <u>7-1-61</u> Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input checked="" type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <i>REAL ESTATE - INSURANCE INCOME TAX</i>		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		

NOTE: YOU MAY BE REQUIRED TO REPORT ON SCHEDULE D ANY SALARY, COMMISSION, DISTRIBUTION OR OTHER INCOME (\$250 OR MORE) RECEIVED BY YOU OR YOUR SPOUSE FROM ANY BUSINESS ENTITY LISTED ON SCHEDULE A.

* If you have checked this box, you must report on Schedules C-1 and C-2 any interests in real property and investments held by the business entity. In addition, if your pro rata share of the gross income from any one source was \$10,000 or more, you may be required to report the name of that source on Schedule H-2.

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

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 <u>12291 HARBOR BL</u>		CITY <u>GARDEN GROVE</u>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <u>OWNER</u>			
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	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <u>12311 HARBOR BL</u>		CITY <u>GARDEN GROVE</u>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <u>OWNER</u>			
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	<input type="checkbox"/> Less than 10% <input checked="" type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <u>12312 THACKERY DR</u>		CITY <u>GARDEN GROVE</u>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <u>OWNER</u>			
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	<input type="checkbox"/> Less than 10% <input checked="" type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <u>12292 THACKERY DR</u>		CITY <u>GARDEN GROVE</u>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <u>OWNER</u>			
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	<input type="checkbox"/> Less than 10% <input checked="" type="checkbox"/> 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 J. Iwan Williams

**Schedule B -- Interests in Real Property
Continuation Sheet**

STREET ADDRESS OR PRECISE LOCATION OF PROPERTY 11942-52 GARDEN GROVE BL		CITY GARDEN GROVE	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST OWNER			
If Acquired Or Disposed During The Reporting Period You Must Indicate:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*

NOTE: If you are completing an annual or leaving office statement, you must report on Schedule D income (\$250 or more) from real property listed on Schedule B received by you or your spouse.

* If you are completing an annual or leaving office statement and 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 the box and attach an additional Schedule B.

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: Satellite Financial
(Name Of Business Entity Or Trust Holding The Real Property)

STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <u>12291 Harbor BL</u>		CITY <u>GARDEN GROVE</u>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <u>OWNER - Real Estate - Insurance INCOME TAX</u>			
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	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
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	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year: _____		Date Acquired: _____ Date Disposed: _____	

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

NAME J. Thomas Williams

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

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

IDENTIFY EACH SOURCE OF INCOME:

GROSS INCOME RECEIVED:

NAME <u>SALEM M. GEORGE JR</u>	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> Over \$10,000
ADDRESS <u>12311 HARBOR BL GARDEN GROVE</u>	
BUSINESS ACTIVITY, IF ANY <u>Rental Property</u>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <u>Rents</u>	
NAME <u>BART ALLEN</u>	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> Over \$10,000
ADDRESS <u>12292 HACKERY DR GARDEN GROVE</u>	
BUSINESS ACTIVITY, IF ANY <u>Rental</u>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <u>Rents</u>	
NAME <u>BART ALLEN</u>	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> Over \$10,000
ADDRESS <u>12312 HACKERY DR GARDEN GROVE</u>	
BUSINESS ACTIVITY, IF ANY <u>Rental</u>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <u>Rents</u>	
NAME <u>Bolsa Radiator - Pancho's Rent</u>	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> Over \$10,000
ADDRESS <u>11942-52 Garden Grove Bl; GARDEN GROVE</u>	
BUSINESS ACTIVITY, IF ANY <u>Rental</u>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <u>Rents</u>	

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

NAME J. Thomas Williams

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 <i>Satellite Financials</i>	
NAMES OF SOURCES OF INCOME <i>Insurance</i>	<i>Investments</i>
<i>Real Estate</i>	
<i>Property Management</i>	

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 ENTITY OR TRUST	

Schedule H-3

Income From Rental Property

You must disclose the name(s) of any renter(s) who made rent payments, provided that your pro rata share of such receipts from any one renter was \$10,000 or more.

ADDRESS OF RENTAL PROPERTY <i>SBE Schedule "D"</i>	CITY
NAMES OF RENTERS	
ADDRESS OF RENTAL PROPERTY	CITY
NAMES OF RENTERS	

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



RECEIVED
CITY OF GARDEN GROVE
CITY CLERKS OFFICE
CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT - LONG FORM
AND
CONSOLIDATED CAMPAIGN STATEMENT
(Government Code Sections 84200-84217)
(Type or Print in Ink)

JAN 31 3 30 PM '90

PAGE 1 OF 1

Statement covers period July 1, 1989 through Dec. 31, 1989

FORM 490
1989

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED

PRE-ELECTION STATEMENT
 SEMI-ANNUAL STATEMENT

SUPPLEMENTAL PRE-ELECTION STATEMENT (If filing a Supplemental Pre-Election Statement, you must complete Form 495 and attach it to this statement.)

TERMINATION STATEMENT
Attach a Form 415 to this Form 490.

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

A FOR OFFICIAL USE ONLY

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER:

J. TILMAN WILLIAMS

OFFICE SOUGHT OR HELD: (Include location and district number if applicable)

COUNCILMAN

RESIDENTIAL OR BUSINESS ADDRESS:

11241 CHAPMAN AVE, GARDEN GROVE, CA. 92640 (714) 750-4333

II CONTROLLED COMMITTEE* INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF COMMITTEE:

FRIENDS OF J. TILMAN WILLIAMS

I. D. NUMBER

880182

ADDRESS OF COMMITTEE:

12291 HARBOR BLVD, GARDEN GROVE, CA. 92640 (714) 750-4333

NAME OF TREASURER:

CARY D. ARNOLD

PERMANENT ADDRESS OF TREASURER:

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

* 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.

III 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

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	CONTROLLED COMMITTEE?	
			YES	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 PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON

1/31/90

(DATE)

AT

GARDEN GROVE, CA

(CITY AND STATE)

BY

J. Tilman Williams

(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.

EXECUTED ON

1-30-90

(DATE)

AT

GARDEN GROVE, CA

(CITY AND STATE)

BY

Cary Arnold

(SIGNATURE OF TREASURER)

**CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE
FORM 490**

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM | THROUGH

7-1-89 | 12-31-89

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

I.D. NUMBER

CONTRIBUTIONS 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.....	\$ <u>7125</u>	\$ <u>0</u>	\$ <u>7125</u>
2. Loans received.....	<u>32,760</u>	<u>0</u>	<u>32,760</u>
3. SUBTOTAL CASH RECEIPTS.....	\$ <u>39,885</u> <small>LINES 1 + 2</small>	\$ <u>0</u>	\$ <u>39,885</u> <small>LINES 1 + 2</small>
4. Non-monetary contributions.....	<u>0</u>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES.....	<u>39,885</u> <small>LINES 3 + 4</small>	<u>0</u>	<u>39,885</u> <small>LINES 3 + 4</small>
6. Enforceable Promises (Except loan guarantees, see Line 18 below).....	<u>0</u>	<u>0</u>	<u>0</u>
7. TOTAL CONTRIBUTIONS.....	\$ <u>39,885</u> <small>LINES 5 + 6</small>	\$ <u>0</u>	\$ <u>39,885</u> <small>LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B)</small>

EXPENDITURES MADE

8. Payments.....	\$ <u>850</u>	\$ <u>0</u>	\$ <u>850</u>
9. Loans Made.....	<u>0</u>	<u>0</u>	<u>0</u>
10. SUBTOTAL.....	<u>850</u> <small>LINES 8 + 9</small>	<u>0</u>	<u>850</u> <small>LINES 8 + 9</small>
11. Accrued expenses (unpaid bills).....	<u>0</u>	<u>0</u>	<u>0</u>
12. TOTAL EXPENDITURES.....	\$ <u>850</u> <small>LINES 10 + 11</small>	\$ <u>0</u>	\$ <u>850</u> <small>LINES 10 + 11 (SHOULD EQUAL LINE 12, COLUMNS A + B)</small>

***IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE BLANK EXCEPT FOR LINES 2, 6, 9 AND 11.**

STATEMENT OF CHANGES IN FINANCIAL CONDITION

13. Cash on hand at the beginning of this period. (Enter "Cash on hand at end of reporting period" from previous statement filed.).....	\$ <u>0</u>
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).....	
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.).....	\$ <u>0</u>
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).....	\$ <u>32,748</u>

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

	1/1 THRU 6/30	7/1 TO DATE
21. CONTRIBUTIONS RECEIVED:		
22. EXPENDITURES MADE:		



CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT LONG FORM

AND CONSOLIDATED CAMPAIGN STATEMENT (Government Code Sections 84200-84217) (Type or Print in Ink)

PAGE 1 OF 1

Statement covers period 1-1-89 through 6-30-89

FORM 490 1989

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED:

PRE-ELECTION STATEMENT SEMI-ANNUAL STATEMENT

SUPPLEMENTAL PRE-ELECTION STATEMENT (If filing a Supplemental Pre-Election Statement, you must complete Form 495 and attach it to this statement.)

TERMINATION STATEMENT Attach a Form 415 to this Form 490.

RECEIVED CITY OF GARDEN GROVE CITY CLERK'S OFFICE JUL 31 3 4 PM '89

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

FOR OFFICIAL USE ONLY A

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER: J. TILMAN WILLIAMS OFFICE SOUGHT OR HELD: COUNCILMAN RESIDENTIAL OR BUSINESS ADDRESS: 11241 CHAPMAN AVE. GARDEN GROVE, CA. 92640 (714)750-4333

II CONTROLLED COMMITTEE* INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF COMMITTEE: FRIENDS of J. TILMAN WILLIAMS I.D. NUMBER: 880182 ADDRESS OF COMMITTEE: 12291 HARBOR BLVD. GARDEN GROVE, CA 92640 (714)750-4333

NAME OF TREASURER: CARY D. ARNOLD PERMANENT ADDRESS OF TREASURER: 300 PLAZA ALICANTE STE. 310, GARDEN GROVE, CA 92640 (714)740-1988

* 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.

III 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

Table with 4 columns: COMMITTEE NAME AND I.D. NUMBER, COMMITTEE ADDRESS, TREASURER, CONTROLLED COMMITTEE? (YES/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.

EXECUTED ON July 31, 1989 AT GARDEN GROVE, CA BY J. Tilman Williams

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.

EXECUTED ON July 31, 1989 AT GARDEN GROVE, CA BY Cary Arnold

**CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE
FORM 490**

(Amounts May Be Rounded To Whole Dollars)

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

CONTRIBUTIONS 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.....	\$ <u> </u>	\$ <u>7125</u> SCHEDULE A, LINE 3	\$ <u>7125</u>
2. Loans received.....	<u>39048</u>	<u>(6288)</u> SCHEDULE B, LINE 7	<u>32760</u>
3. SUBTOTAL CASH RECEIPTS.....	\$ <u>39048</u> LINES 1 + 2	\$ <u>837</u> LINES 1 + 2	\$ <u>39885</u> LINES 1 + 2
4. Non-monetary contributions.....	<u>0</u>	<u>0</u> SCHEDULE C, LINE 3	<u>0</u>
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES.....	<u>39048</u> LINES 3 + 4	<u>837</u> LINES 3 + 4	<u>39885</u> LINES 3 + 4
6. Enforceable Promises (Except loan guarantees, see Line 18 below).....	<u>0</u>	<u>0</u> SCHEDULE D, LINE 7	<u>0</u>
7. TOTAL CONTRIBUTIONS.....	\$ <u>39048</u> LINES 5 + 6	\$ <u>837</u> LINES 5 + 6	\$ <u>39885</u> LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B)

EXPENDITURES MADE

8. Payments.....	\$ <u> </u>	\$ <u>850</u> SCHEDULE E, LINE 5	\$ <u>850</u>
9. Loans Made.....	<u> </u>	<u>0</u> SCHEDULE EE, LINE 7	<u>0</u>
10. SUBTOTAL.....	<u> </u> LINES 8 + 9	<u>850</u> LINES 8 + 9	<u>850</u> LINES 8 + 9
11. Accrued expenses (unpaid bills).....	<u> </u>	<u>0</u> SCHEDULE F, LINE 5	<u>0</u>
12. TOTAL EXPENDITURES.....	\$ <u> </u> LINES 10 + 11	\$ <u>850</u> LINES 10 + 11	\$ <u>850</u> LINES 10 + 11 (SHOULD EQUAL LINE 7, 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.**

STATEMENT OF CHANGES IN FINANCIAL CONDITION

13. Cash on hand at the beginning of this period. (Enter "Cash on hand at end of reporting period" from previous statement filed.).....	\$ <u>13</u>	
14. Cash receipts this period (Line 3, Column B above).....	<u>837</u>	
15. Miscellaneous increases to cash (Schedule G, Line 4).....	<u> </u>	
16. Cash payments this period (Line 10, Column B above).....	<u>850</u>	
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.).....		\$ <u>0</u> ENDING CASH ON HAND SHOULD NOT BE A NEGATIVE AMOUNT
18. Amount of loan guarantees received (Schedule B, Part I, Column (b)).....		\$ <u> </u>
19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse.....		\$ <u> </u>
20. Outstanding debts (Line 2 + Line 11 of Column C above).....		\$ <u>32748</u>

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

	1/1 THRU 6/30	7/1 TO DATE
21. CONTRIBUTIONS RECEIVED:	<u> </u>	<u> </u>
22. EXPENDITURES MADE:	<u> </u>	<u> </u>

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

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 <small>(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)</small>	OCCUPATION		AMOUNT	
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>		RECEIVED THIS PERIOD	CUMULATIVE TO DATE
4-29-89	M.N.P. AUTOMOTIVE, INC. 2404 W. 17th STREET SANTA ANA, CA	Occupation:		250	CALENDAR YEAR:
		Employer:			\$ 250
4-29-89	SAM A. SMOTRICH 5371-1A PUNTA ALTA LAGUNA HILLS, CA 92653	Occupation:	RETIRED	250	FISCAL YEAR:
		Employer:			\$ 250
5-2-89	F.J. HANSHAW ENTERPRISES 10921 WESTERMINISTER AVE GARDEN GROVE, CA 92643	Occupation:		250	CALENDAR YEAR:
		Employer:			\$ 250
5-2-89	FRED E. COPE 146 12th STREET SEAL BEACH, CA 90740	Occupation:	FINANCIAL CONSULTANT	100	CALENDAR YEAR:
		Employer:	SELF		\$ 100
5-4-89	ROBERT D. FILLERMP 12625 HARBOR BLVD. GARDEN GROVE, CA 92640	Occupation:	MOTEL OWNER	250	CALENDAR YEAR:
		Employer:	FIRESIDE MOTEL GARDEN GROVE		\$ 250
5-4-89	WENDY VU (ASANO) 9856 WESTMINISTER AVE. GARDEN GROVE, CA 92644	Occupation:	BAR OWNER	250	CALENDAR YEAR:
		Employer:	REFLECTION GARDEN GROVE		\$ 250
5-4-89	NICK CLAYTON 2909 SO. HALLADAY SANTA ANA, CA	Occupation:	BUIDING CONTRACTOR	250	CALENDAR YEAR:
		Employer:	CLAYTON & CLAYTON IRVINE, CA		\$ 250
SUBTOTAL				\$	1,600

SUMMARY

1. AMOUNT RECEIVED THIS PERIOD -- CONTRIBUTIONS OF \$100 OR MORE (Include all Schedule A subtotals)	\$ 6,950
2. AMOUNT RECEIVED THIS PERIOD -- CONTRIBUTIONS OF LESS THAN \$100 (Not itemized).....	175
3. TOTAL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD (Line 1 + Line 2) Enter here and on Line 1, Column B of Summary Page.....	\$ 7,125

**SCHEDULE A
MONETARY CONTRIBUTIONS RECEIVED
(CONTINUATION SHEET)**

FORM 490
(Amounts May Be Rounded To Whole Dollars)

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 <small>(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)</small>	OCCUPATION		AMOUNT	
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>		RECEIVED THIS PERIOD	CUMULATIVE TO DATE
5-16-89	CLIFFORD REIMAN 95 65th PLACE LONG BEACH, CA 90803	Occupation: RETIRED	Employer:	250	CALENDAR YEAR: \$ 250 FISCAL YEAR: \$ 250
5-16-89	I.D.M. DEVELOPMENT CORP. 5150-G PACIFIC COAST HWY LONG BEACH, CA 90804	Occupation:	Employer:	250	CALENDAR YEAR: \$ 250 FISCAL YEAR: \$ 250
5-18-89	PHILIP L. ANTHONY INC. 2157 PACIFIC AVE. #203 COSTA MESA, CA 92627	Occupation:	Employer:	250	CALENDAR YEAR: \$ 250 FISCAL YEAR: \$ 250
5-18-89	STANLEY RAY MAGILL 13181 LAMPSON AVE. GARDEN GROVE, CA 92640	Occupation: MOBILE HOME PK OWNER	Employer: FAIRELANE M.H.P. GARDEN GROVE	250	CALENDAR YEAR: \$ 250 FISCAL YEAR: \$ 250
5-18-89	OASIS MOBILE HOME PARK 12332 CHAPMAN AVE. GARDEN GROVE, CA 92640	Occupation:	Employer:	250	CALENDAR YEAR: \$ 250 FISCAL YEAR: \$ 250
5-18-89	MHET PAC. #82-0165 P.O. BOX 17666 ANAHEIM, CA 92817-7666	Occupation:	Employer:	250	CALENDAR YEAR: \$ 250 FISCAL YEAR: \$ 500
6-3-89	EMERALD ISLE M.H. PARK 13741 CLINTON STREET GARDEN GROVE, CA 92643	Occupation:	Employer:	250	CALENDAR YEAR: \$ 250 FISCAL YEAR: \$ 349
6-16-89	ROGER W. SCHIVELEY 9465 GARDEN GROVE BLVD. GARDEN GROVE, CA 92641	Occupation: DENTIST	Employer: DENTIST SELF	100	CALENDAR YEAR: \$ 100 FISCAL YEAR: \$ 175
		Occupation:	Employer:		CALENDAR YEAR: \$ FISCAL YEAR: \$
SUBTOTAL				\$ 1,850	

**SCHEDULE A
MONETARY CONTRIBUTIONS RECEIVED
(CONTINUATION SHEET)**

FORM 490
(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
1-1-89	6-30-89

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

I.D. NUMBER

FRIENEDS OF J. TILMAN WILLIAMS

880182

DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(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)</small>	OCCUPATION		AMOUNT	
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	RECEIVED THIS PERIOD	CUMULATIVE TO DATE	
1-1-89	B.I.A. OF SOUTHERN CALIFORNIA 1571 BEVERLY BLVD. LOS ANGELES, CA 90026	Occupation:	500	CALENDAR YEAR:	\$ 500
		Employer:		FISCAL YEAR:	\$ 500
	WOODROW BUTTERFIELD 13960 HARBOR BLVD. GARDEN GROVE, CA	Occupation:	1,000	CALENDAR YEAR:	\$ 1,000
		Employer:		FISCAL YEAR:	\$ 1,000
		Occupation:		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:	\$
		Occupation:		CALENDAR YEAR:	\$
		Employer:		FISCAL YEAR:	\$
		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)

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 <small>(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)</small>	OCCUPATION		AMOUNT	
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>		RECEIVED THIS PERIOD	CUMULATIVE TO DATE
5-5-89	AMERICAN NATIONAL PROPERTIES BOX 10077 SANTA ANA, CA 92711	Occupation:		250	CALENDAR YEAR: \$ 250
		Employer:			FISCAL YEAR: \$ 250
5-6-89	SILVO FLORENTIN 2419 E. SOUTH STREET ANAHEIM, CA 92806	Occupation:	RETIRE	250	CALENDAR YEAR: \$ 250
		Employer:			FISCAL YEAR: \$ 250
5-8-89	THOMAS SMOTRICH 13447 DELANO STREET VAN NUYS, CA 91401	Occupation:	R. E. INVESTOR	250	CALENDAR YEAR: \$ 250
		Employer:	THOMAS SMOTRICH		FISCAL YEAR: \$ 250
5-9-89	DOROTHY DOAN 1920 e. WARNER STE. 3A SANTA ANA, CA 92705	Occupation:	R. E. DEVEL.	250	CALENDAR YEAR: \$ 250
		Employer:	PELICAN PROP. SANTA ANA, CA		FISCAL YEAR: \$ 500
5-10-89	ANGELA LIU 12052 GARDEN GROVE BLVD. GARDEN GROVE, CA 92643	Occupation:	MOTEL OWNER	250	CALENDAR YEAR: \$ 250
		Employer:	RODEWAY INN GARDEN GROVE, CA		FISCAL YEAR: \$ 250
5-10-89	MAJID DANESHMAID 312 N. ELM DR. BEVERLY HILLS, CA 90210	Occupation:	DOCTOR M.D.	250	CALENDAR YEAR: \$ 250
		Employer:	SELF		FISCAL YEAR: \$ 250
5-13-89	JOSE SOTO 8582 GARDEN GROVE BLVD. GARDEN GROVE, CA 92644	Occupation:	RESTAURANT OWNER	500	CALENDAR YEAR: \$ 500
		Employer:	CASA DE SOTO GARDEN GROVE, CA		FISCAL YEAR: \$ 500
		Occupation:			CALENDAR YEAR: \$
		Employer:			FISCAL YEAR: \$
		Occupation:			CALENDAR YEAR: \$
		Employer:			FISCAL YEAR: \$
SUBTOTAL				\$	2,000

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

STATEMENT COVERS PERIOD	
FROM	THROUGH
1-1-89	6-30-89
I.D. NUMBER	
880182	

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

PART I: LOANS RECEIVED

DATE REC'D.	FULL NAME AND ADDRESS OF LENDER <small>(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)</small>	OCCUPATION		INT. RATE	DUE DATE	AMOUNT OF LOAN	CUMULATIVE TO DATE
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>					
		Occupation:					CALENDAR YEAR \$
		Employer:					FISCAL YEAR \$
		Occupation:					CALENDAR YEAR \$
		Employer:					FISCAL YEAR \$
SUBTOTAL						(a)	

FULL NAME AND ADDRESS OF GUARANTOR <small>(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)</small>	OCCUPATION		AMOUNT GUARANTEED	
	EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>		THIS PERIOD	CUMULATIVE TO DATE
NAME OF LENDER	Occupation:			CALENDAR YEAR \$
	Employer:			FISCAL YEAR \$
NAME OF LENDER	Occupation:			CALENDAR YEAR \$
	Employer:			FISCAL YEAR \$
SUBTOTAL <small>DO NOT CARRY THIS AMOUNT TO THE SUMMARY BELOW. ENTER ON LINE 18 OF THE SUMMARY PAGE.</small>			(b)	

SUMMARY

1. LOANS OF \$100 OR MORE RECEIVED THIS PERIOD (Part 1 (a))	\$	
2. LOANS UNDER \$100 RECEIVED THIS PERIOD (Not itemized)		
3. TOTAL LOANS RECEIVED THIS PERIOD (Line 1 + 2)		
4. LOANS OF \$100 OR MORE REPAID, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Part 2, Column (c))	6288	
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)		6288
7. NET CHANGE THIS PERIOD (Subtract Line 6 from Line 3) Enter the difference here and on Line 2, Column B of Summary Page		\$ (6288)

(May be negative figure)

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

(Amounts May Be Rounded To Whole Dollars)

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

PART 2: LOAN REPAYMENTS MADE, LOANS FORGIVEN OR PAID BY A THIRD PARTY

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INT. RATE (IF CHANGED)	CHECK IF APPLICABLE		AMOUNT REPaid OR FORGIVEN ON PRINCIPAL (DO NOT INCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID**
				FORGIVEN*	REPAID BY THIRD PARTY*			
6-30-89	VAR	WOODROW BUTTERFIELD	0	XX		1000	14178	0
6-30-89	VAR	J TILMAN WILLIAMS	0			5288	19582	0
<p>*IMPORTANT: IF ANY PART OF A LOAN IS FORGIVEN OR REPAID BY A THIRD PARTY, THE PERSON FORGIVING THE LOAN OR THE THIRD PARTY MAKING THE PAYMENT AND THE AMOUNT FORGIVEN OR PAID MUST BE ITEMIZED ON SCHEDULE A, WITH A NOTATION THAT IT IS A FORGIVEN LOAN, OR THIRD PARTY REPAYMENT OF LOAN.</p>						(c)		
SUBTOTAL						\$		
						6288		0

<p>**TOTAL ALL INTEREST PAID THIS PERIOD. ALSO ENTER ON LINE 3 OF THE SUMMARY SECTION OF SCHEDULE E. DO NOT CARRY THIS TOTAL TO THE SCHEDULE B SUMMARY.</p>	<p>TOTAL INTEREST PAID THIS PERIOD</p>	<p>\$ 0</p>
---	--	-------------

SCHEDULE E
PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE PAGE 1 OF 2
FORM 490

(Amounts May Be Rounded To Whole Dollars)

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

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 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
GARDEN GROVE WOMANS CLUB	F		210
PRICE CLUB	F		276
PRICE CLUB	F		86
COSTCO	F		72
SUBTOTAL			\$ 644

SUMMARY

- | | |
|---|---------------|
| 1. PAYMENTS OF \$100 OR MORE MADE THIS PERIOD
(Include all Schedule E subtotals) | \$ <u>850</u> |
| 2. PAYMENTS UNDER \$100 THIS PERIOD (Not itemized) | _____ |
| 3. TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS
(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 Summary Page | \$ <u>850</u> |

CAMPAIGN BANK ACCOUNT

FPPC Form 502

1989 - 1
Type or Print

Check One: Initial Amendment

OFFICE USE ONLY

FULL NAME OF CANDIDATE:	Last	First	Middle
	WILLIAMS	J.	TILMAN
ADDRESS:	12291 HARBOR BLVD GARDEN GROVE, Calif 92640		Daytime Phone (714) 750-4333
	SPECIFIC OFFICE SOUGHT:	COUNCILMAN	Date Of Election NOV 88

ACCOUNT INFORMATION

FINANCIAL INSTITUTION:	AMERICAN SAVINGS	ACCOUNT NO.:	11576139
	ADDRESS:	12141 GARDEN GROVE BL GARDEN GROVE, Calif 92640	Business Phone (714) 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 AUG 21, 1989

J. Tilman Williams

DATE
GARDEN GROVE, CA
92640

~~SORRY I MISUNDERSTOOD & USED MY PERSONAL ACCOUNT~~