



(Interim Form)

CANDIDATES CAMPAIGN STATEMENT  
SHORT FORM

Form 470

(GOVERNMENT CODE SECTION 84200-84214)

Period Jan. 1, 1977 through June 30, 1977

A

A candidate for whom not more than \$200 has been received or spent on behalf of his candidacy may file this short form.  
**NOTE:** Once contributions or expenditures exceed \$200 for the ENTIRE CAMPAIGN, the candidate must file Form 43C.

Name of candidate Jack D. Maltester

Residential address 715 Woodland Ave., San Leandro, CA. 94577 Phone 638-4490 (415)  
(NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE)

Business address 835 East 14th St., San Leandro, CA. 94577 Phone 577-3355 (415)  
(NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE)

Type of election Off-Year Date of election \_\_\_\_\_  
(PRIMARY, GENERAL, SPECIAL) (MONTH, DAY, YEAR)

Office for which you are a candidate \_\_\_\_\_

Political party and district number (if applicable) \_\_\_\_\_

**VERIFICATION**

I declare under penalty of perjury that to the best of my knowledge not more than \$200 has been received or expended on behalf of or in support of my candidacy, by myself or by any committee of which I have knowledge.

Executed on July 29, 1977 at San Leandro, California  
(DATE) (CITY AND STATE)

Jack D. Maltester  
(SIGNATURE OF CANDIDATE)



(Interim Form)

CANDIDATES CAMPAIGN STATEMENT  
SHORT FORM

RECEIVED  
CITY OF SAN LEANDRO

JAN 31 1977

RICHARD H. WEST  
CITY CLERK

Form 470

(GOVERNMENT CODE SECTION 84200-84214)

Period 1 July 1976 through 31 December 1976

A

A candidate for whom not more than \$200 has been received or spent on behalf of his candidacy may file this short form.  
NOTE: Once contributions or expenditures exceed \$200 for the ENTIRE CAMPAIGN, the candidate must file Form 43C.

Name of candidate Jack D. Maltester

Residential address 715 Woodland Avenue San Leandro, California 94577 Phone 415-638-4490  
(NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE)

Business address City Hall 835 East 14th St. San Leandro California Phone 415-577-3355  
(NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE)

Type of election None Date of election \_\_\_\_\_  
(PRIMARY, GENERAL, SPECIAL) (MONTH, DAY, YEAR)

Office for which you are a candidate None

Political party and district number (if applicable) \_\_\_\_\_

VERIFICATION

I declare under penalty of perjury that to the best of my knowledge not more than \$200 has been received or expended on behalf of or in support of my candidacy, by myself or by any committee of which I have knowledge.

Executed on 31 January 1977 at San Leandro, California  
(DATE) (CITY AND STATE)

(SIGNATURE OF CANDIDATE)



(Interim Form)

CANDIDATES CAMPAIGN STATEMENT  
SHORT FORM

(GOVERNMENT CODE SECTION 84200-84214)

Period Jan. 7, 1975 through June 30, 1975

REGISTRAR OF VOTERS  
COUNTY OF ALAMEDA  
1975 JUL 24 AM 8:51  
RECEIVED / FILED  
DEPUTY  
REGISTRAR  
A

A candidate for whom not more than \$200 has been received or spent on behalf of his candidacy may file this short form.  
NOTE: Once contributions or expenditures exceed \$200 for the ENTIRE CAMPAIGN, the candidate must file Form 430.

Name of candidate Jack D. Maitester

Residential address 715 Woodland Avenue, San Leandro, Calif. 94577 Phone (415) 638-4490  
(NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE)

Business address 835 East 14th Street, San Leandro, Calif. 94577 Phone (415) 577-3355  
(NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE)

Type of election Off-year Report Date of election \_\_\_\_\_  
(PRIMARY, GENERAL, SPECIAL) (MONTH, DAY, YEAR)

Office for which you are a candidate Mayor

Political party and district number (if applicable) \_\_\_\_\_

VERIFICATION

I declare under penalty of perjury that to the best of my knowledge not more than \$200 has been received or expended on behalf of or in support of my candidacy, by myself or by any committee of which I have knowledge.

Executed on July 22, 1975 at San Leandro, California  
(DATE) (CITY AND STATE)

Jack D. Maitester  
(SIGNATURE OF CANDIDATE)

*[Handwritten signature]*

*[Faint handwritten notes]*

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Form 470

(Interim Form)  
CANDIDATES CAMPAIGN STATEMENT  
SHORT FORM

(GOVERNMENT CODE SECTION 84200-84214)

Period Jan. 7, 1975 through June 30, 1975

REGISTRAR OF VOTERS  
COUNTY OF ALAMEDA

1975 JUL 24 AM 8:51

RECEIVED / FILED

DEPUTY  
REGISTRAR \_\_\_\_\_

A candidate for whom not more than \$200 has been received or spent on behalf of his candidacy may file this short form.  
NOTE: Once contributions or expenditures exceed \$200 for the ENTIRE CAMPAIGN, the candidate must file Form 430.

Name of candidate Jack D. Maitester

Residential address 715 Woodland Avenue, San Leandro, Calif. 94577 Phone (415) 638-4490  
(NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE)

Business address 835 East 14th Street, San Leandro, Calif. 94577 Phone (415) 577-3355  
(NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE)

Type of election Off-year Report Date of election \_\_\_\_\_  
(PRIMARY, GENERAL, SPECIAL) (MONTH, DAY, YEAR)

Office for which you are a candidate Mayor

Political party and district number (if applicable) \_\_\_\_\_

VERIFICATION

I declare under penalty of perjury that to the best of my knowledge not more than \$200 has been received or expended on behalf of or in support of my candidacy, by myself or by any committee of which I have knowledge.

Executed on July 22, 1975 at San Leandro, California  
(DATE) (CITY AND STATE)

Jack D. Maitester  
(SIGNATURE OF CANDIDATE)

LEGISLATIVE  
DEPT.

LEGISLATIVE

LEGISLATIVE

LEGISLATIVE  
LEGISLATIVE

CANDIDATE'S  
CAMPAIGN STATEMENT  
SUMMARY REPORT  
(Election Code Sections  
11500 - 11614)

RECEIVED  
CITY OF SAN LEANDRO

APR 2 1974

RICHARD H. WEST

Page 1 CITY CLERK

Name of Candidate JACK D. MALTESTER  
715 Woodland Ave.  
Residential Address San Leandro, Ca. Residential Telephone Number 638-4490  
94577

Business Address 835 E. 14th St. Business Telephone Number 638-4100  
San Leandro, Ca. 94577

Type of Election (Primary, General or Special) \_\_\_\_\_

Date of Election April 9 1974  
Month Day Year

Office for which you are a Candidate MAYOR OF SAN LEANDRO

Political Party and District Number (if applicable) n/a

Covering Period from March 13, 1974 to April 1, 1974

a. List all committees subject to your control which have received contributions or made expenditures on behalf of your candidacy.

COMMITTEE NAME	COMMITTEE ADDRESS	TREASURER	ADDRESS	PHONE NUMBER
MALTESTER CAMPAIGN	114 Parrott St. San Leandro, Ca.	GERALD P. CONNITT	same	(415) 483-3900

b. List all additional committees of which you have knowledge which have received contributions or made expenditures on behalf of your candidacy.

COMMITTEE NAME	COMMITTEE ADDRESS	TREASURER	ADDRESS	PHONE NUMBER

VERIFICATION

I declare under penalty of perjury that I have read this campaign statement and the campaign statements of each committee listed in Section a above and that these statements are true and complete to the best of my knowledge.

Executed on April 1, 1974 at San Leandro, Ca. 94577  
Date Place

Jack D. Maltester  
Signature

Covering Period from March 13, 1974 to April 1, 1974

	<u>Column a</u> <u>Cumulative</u> <u>Total from</u> <u>Previous Period</u>	<u>Column b</u> <u>This Period</u>	<u>Column c</u> <u>Cumulative</u> <u>to Date</u>
<b>RECEIPTS</b>			
1. Monetary contributions - (Total of Schedule A)	\$300.00	-0-	\$300.00
	-0-	-0-	Column a + Column b
2. Non-monetary contributions (Total of Schedule B)	-0-	-0-	-0-
	-0-	-0-	Column a + Column b
3. Pledges (Total of Schedule C)	-0-	-0-	-0-
	-0-	-0-	Column a + Column b
4. Total contributions (add 1, 2, & 3)	\$300.00	-0-	\$300.00
	-0-	-0-	Column a + Column b
5. Unpaid loans (Total of Schedule D)	-0-	-0-	-0-
	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
6. Total receipts (add 4 & 5)	\$300.00	-0-	\$300.00
			Column a + Column b

**EXPENDITURES**

7. Payments - (Total of Schedule E)	\$390.15	-0-	\$390.15
	-0-	-0-	Column a + Column b
8. Accrued expenses (unpaid bills) (Total of Schedule F)	-0-	-0-	-0-
	(Total at beginning of period)	(Net Change for -period)	(Total at end of period)
9. Total expenditures - (add 7 & 8 )	\$390.15	-0-	\$390.15
			Column a + Column b

**STATEMENT OF CHANGES IN FINANCIAL CONDITION**

10. Cash on hand at beginning this period.	-0-
11. Cash receipts this period (Line 1, column b + Line 5, column b)	-0-
12. Cash Payments this period (Line 7, column b)	-0-
13. Cash on hand at closing date (Line 10 + 11 - 12)	-0-
14. Liabilities (Line 5, column C + Line 8, column c)	-0-
15. Surplus (if line 13 is greater than line 14, subtract line 14 from line 13)	-0-
16. Deficit (if line 14 is greater than 13, subtract line 13 from line 14.	-0-



CANDIDATE'S  
CAMPAIGN STATEMENT  
SUMMARY REPORT  
(Election Code Sections  
11500 - 11614)

RECEIVED  
CITY OF SAN LEANDRO

APR 2 1974

RICHARD H. WEST  
CITY CLERK

Page 1

Name of Candidate JACK D. MALTESTER  
715 Woodland Ave.  
Residential Address San Leandro, Ca. Residential Telephone Number 638-4490  
94577

Business Address 835 E. 14th St. Business Telephone Number 638-4100  
San Leandro, Ca. 94577

Type of Election (Primary, General or Special) \_\_\_\_\_

Date of Election April 9 1974  
Month Day Year

Office for which you are a Candidate MAYOR OF SAN LEANDRO

Political Party and District Number (if applicable) n/a

Covering Period from March 13, 1974 to April 1, 1974

a. List all committees subject to your control which have received contributions or made expenditures on behalf of your candidacy.

COMMITTEE NAME	COMMITTEE ADDRESS	TREASURER	ADDRESS	PHONE NUMBER
MALTESTER CAMPAIGN	114 Parrott St. San Leandro, Ca.	GERALD P. CONNITT	same	(415) 483-3900

b. List all additional committees of which you have knowledge which have received contributions or made expenditures on behalf of your candidacy.

COMMITTEE NAME	COMMITTEE ADDRESS	TREASURER	ADDRESS	PHONE NUMBER

VERIFICATION

I declare under penalty of perjury that I have read this campaign statement and the campaign statements of each committee listed in Section a above and that these statements are true and complete to the best of my knowledge.

Executed on April 1, 1974 at San Leandro, Ca. 94577  
Date Place

Jack D. Maltester  
Signature

Covering Period from March 13, 1974 to April 1, 1974

	Column a Cumulative Total from Previous Period	Column b This Period	Column c Cumulative to Date
<b>RECEIPTS</b>			
1. Monetary contributions - (Total of Schedule A)	\$300.00	-0-	\$300.00
	-0-	-0-	Column a + Column b
2. Non-monetary contributions (Total of Schedule B)	-0-	-0-	-0-
	-0-	-0-	Column a + Column b
3. Pledges (Total of Schedule C)	-0-	-0-	-0-
	-0-	-0-	Column a + Column b
4. Total contributions (add 1, 2, & 3)	\$300.00	-0-	\$300.00
	-0-	-0-	Column a + Column b
5. Unpaid loans (Total of Schedule D)	-0-	-0-	-0-
	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
6. Total receipts (add 4 & 5)	\$300.00	-0-	\$300.00
			Column a + Column b

**EXPENDITURES**

7. Payments - (Total of Schedule E)	\$390.15	-0-	\$390.15
	-0-	-0-	Column a + Column b
8. Accrued expenses (unpaid bills) (Total of Schedule F)	-0-	-0-	-0-
	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
9. Total expenditures - (add 7 & 8)	\$390.15	-0-	\$390.15
			Column a + Column b

**STATEMENT OF CHANGES IN FINANCIAL CONDITION**

10. Cash on hand at beginning this period.	-0-
11. Cash receipts this period (Line 1, column b + Line 5, column b)	-0-
12. Cash Payments this period (Line 7, column b)	-0-
13. Cash on hand at closing date (Line 10 + 11 - 12)	-0-
14. Liabilities (Line 5, column C + Line 8, column c)	-0-
15. Surplus (if line 13 is greater than line 14, subtract line 14 from line 13)	-0-
16. Deficit (if line 14 is greater than 13, subtract line 13 from line 14.	-0-

FORM 703 - COMMITTEE

COMMITTEE'S  
CAMPAIGN STATEMENT  
SUMMARY REPORT  
(Election Code Sections  
11500 - 11614)

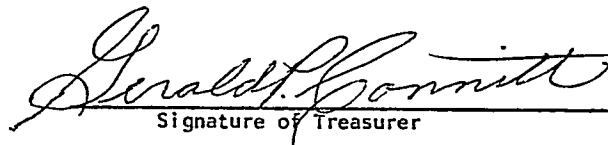
Page 1

Name of Committee MALTESTER CAMPAIGN I.D. Number 741040  
Address 114 Parrott St., San Leandro, Ca. 94577  
Telephone Number (415) 483-3900  
Name of Treasurer GERALD P. CONNITT  
Residential Address 16243 E. 14th St. Residential Telephone Number \_\_\_\_\_  
San Leandro, Ca. 94577  
Business Address 114 Parrott St. Business Telephone Number (415) 483-3900  
San Leandro, Ca. 94577  
Type of Election (Primary, General or Special) \_\_\_\_\_  
Date of Election April 9, 1974  
Covering Period from March 13, 1974 to April 1, 1974

VERIFICATION

I declare under penalty of perjury that this campaign statement is true, correct and complete and that I have used all reasonable diligence in its preparation.

Executed on April 1, 1974 at San Leandro, Ca. 94577  
Date Place

  
Signature of Treasurer

MALTESTER CAMPAIGN                      741040  
Name of Committee                      I.D. Number

Covering Period from March 13, 1974 to April 1, 1974

	<u>Column a</u> Cumulative Total from Previous Period	<u>Column b</u> This Period	<u>Column c</u> Cumulative to Date
<b>RECEIPTS</b>			
1. Monetary contributions - (Total of Schedule A)	<u>\$3165.00</u>	<u>\$315.00</u>	<u>\$3480.00</u>
	-0-	-0-	Column a + Column b -0-
2. Non-monetary contributions (Total of Schedule B)	<u>-0-</u>	<u>-0-</u>	Column a + Column b -0-
3. Pledges (Total of Schedule C)	<u>-0-</u>	<u>-0-</u>	Column a + Column b -0-
4. Total contributions (add 1, 2, & 3)	<u>\$3165.00</u>	<u>\$315.00</u>	<u>\$3480.00</u>
	-0-	-0-	Column a + Column b -0-
5. Unpaid loans (Total of Schedule D)	<u>-0-</u> (Total at beginning of period)	<u>-0-</u> (Net Change for period)	<u>-0-</u> (Total at end of period)
6. Total receipts (add 4 & 5)	<u>\$3165.00</u>	<u>\$315.00</u>	<u>\$3480.00</u>
			Column a + Column b

**EXPENDITURES**

7. Payments - (Total of Schedule E)	<u>\$ 901.88</u>	<u>\$738.21</u>	<u>\$1640.09</u>
	-0-	-0-	Column a + Column b -0-
8. Accrued expenses (unpaid bills) (Total of Schedule F)	<u>-0-</u> (Total at beginning of period)	<u>-0-</u> (Net Change for period)	<u>-0-</u> (Total at end of period)
9. Total expenditures - (add 7 & 8 )	<u>\$ 901.88</u>	<u>\$738.21</u>	<u>\$1640.09</u>
			Column a + Column b

**STATEMENT OF CHANGES IN FINANCIAL CONDITION**

10. Cash on hand at beginning this period.	<u>\$2263.12</u>		
11. Cash receipts this period (Line 1, column b + Line 5, column b)	<u>\$ 315.00</u>		
12. Cash Payments this period (Line 7, column b)	<u>\$ 738.21</u>		
13. Cash on hand at closing date (Line 10 + 11 - 12)	<u>\$1839.91</u>		
14. Liabilities (Line 5, column C + Line 8, column c)	<u>-0-</u>		
15. Surplus (if line 13 is greater than line 14, subtract line 14 from line 13)	<u>\$1839.91</u>		
16. Deficit (if line 14 is greater than 13, subtract line 13 from line 14.	<u>-0-</u>		

**SUMMARY THIS PAGE**

**SCHEDULE A**

Covering Period from 3/13/74 to 4/1/74

**MONETARY CONTRIBUTIONS**

Total monetary contributions of \$100 or more	\$	<u>-0-</u>
(must be itemized on this schedule)		
Total monetary contributions - under \$100	+	<u>315.00</u>
(need not be itemized)		
<b>TOTAL MONETARY CONTRIBUTIONS</b>	\$	<u>315.00</u>
(enter this total on line no. 1, column b of Summary Sheet)		

(See Instruction Manual for directions and examples)

**MALTESTER CAMPAIGN COMMITTEE**

**741040**

Full Name of Candidate or Committee

Committee I.D. No.

Received From Full Name**	City ( & State if not California)	Occupation	Employer (Place of Business If Self-Employed)	Amount This Period	Cumulative Amount

Subtotal this Page \$                                  XXXXXXXX

(Attach additional information on page 2 of Schedule A.)

\*\*IF CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NUMBER (OR FULL NAME AND STREET ADDRESS OF TREASURER).

INDICATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.

**SUMMARY THIS PERIOD**

SCHEDULE B

Covering Period from 3/13/74 to 4/1/74

Page 1 of 1 Pages  
 Total

**NON-MONETARY CONTRIBUTIONS**

(See Instruction Manual for directions and examples)

Total non-monetary contributions of \$100 or more (must be itemized on this schedule) \$ -0-  
 Total non-monetary contributions of less than \$100 (need not be itemized) -0-  
 Total non-monetary contributions (Enter this total on Line No. 2, column b summary sheet) \$ -0-

MALTESTER CAMPAIGN COMMITTEE      741040  
 Full Name of Candidate or Committee - Committee I. D. No.

Full Name**	City (& State if not Calif.)	Occupation	Employer (place of business, if self-employed)	Description of Contribution	Fair Market Value	
					Amt. of Contrib. this Period	Amt. of Cumulative contribution.

(Attach additional information on appropriately labeled continuation sheets.)

Subtotal this Page      \$                           XXXXXXXXXXXXXXX

**\*\*IF CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NUMBER (OR FULL NAME AND STREET ADDRESS OF TREASURER.)**  
**INDICATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.**



SCHEDULE D

SUMMARY FOR THIS PERIOD

Pages 1 of 1 Pages  
tot.

LOANS

(See Instruction Manual for directions and examples)

Covering Period from 3/13/74 to 4/1/74

Part 1 of this form should contain loans received. Part 2, on the reverse, should contain loans repaid, loans paid by a third party and loans forgiven.

- 1. Total loans - \$100 or more \$ -0-  
(must be itemized this schedule)
- 2. Total loans - under \$100 + -0-  
(need not be itemized)
- 3. Total loans received -0-
- 4. Subtract loans paid or forgiven -  
(must be itemized on page 2)
- 5. Net change of unpaid loans this period \$ -0-  
(enter this total on line no. 5,  
column b of summary sheet)

MALTESTER CAMPAIGN COMMITTEE  
Full Name of Candidate or Committee

741040  
Committee I.D. No.

Part 1

Full Name of Lender and Any Guarantors or Cosigners	City	County (& State If Not California)	Amount of Loan This Period	Int. Rate	Date	Unpaid Balance

(Attach additional information on appropriately labeled continuation sheets.) Subtotal \$ \_\_\_\_\_ XXXXXXXXXXXXXXXXXXXX

\*\*IF LENDER IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NUMBER (OR FULL NAME AND STREET ADDRESS OF TREASURER). INDICATE IF LOAN MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.



Part 2 of  
SCHEDULE D  
LOANS

(See Instruction Manual for directions and examples)

SUMMARY THIS PERIOD

- 1. Total loans repaid-\$100 or more (must be itemized--total of column (a)) \$ -0-
- 2. Total loans forgiven-\$100 or more (must be itemized--total of column (b)) -0-
- 3. Total loans paid by a third party-\$100 or more (must be itemized--total of column (c)) -0-
- 4. Total loans repaid, loans forgiven, and loans paid by a third party -under \$100. (need not be itemized) -0-
- 5. Total loans repaid, loans forgiven, and loans paid by a third party (enter on Line 4 of Schedule B) \$ -0-

Part 2

(Repayment of the Loan, Forgiveness of the Loan and Payment of the Loan by a Third Party)

Full Name	City (& State If Not California)	Date	(a)	(b)	(c)	Unpaid Balance
			Amount Repaid	Amount Forgiven (also enter on Sched. A)	Amount Paid by a Third Party (also enter on Sched. A)	
Subtotal			\$	\$	\$	XXXXXXXX

Attach additional information on appropriately labeled continuation sheets.

SCHEDULE E

PAYMENTS

(See Instruction Manual for directions and examples.)

SUMMARY THIS PERIOD

Covering Period from 3/13/74 to 4/1/74

- 1. Total payments - \$100 or more (must be itemized on this schedule) \$ 207.83
- 2. Total payments - under \$100 (need not be itemized) + 530.38
- 3. Total accrued expenses paid this period (total from Schedule F, Line No 3) -0-
- 4. Grand total payments (Enter this total on Line No. 7, Column b summary sheet) \$ 738.21

Page 1 of 1 Pages  
Total

MALTESTER CAMPAIGN COMMITTEE

741040

Full Name of Candidate or Committee

Committee I.D. No.

PAID TO: Full Name **	City (& State if not Calif.)	Mail	Broadcast Advertising (include production costs) (b)	Newspaper Advertising (c)	Outdoor Advertising (d)	Other		Cumulative Expenditures
						Description (e)	Amount	
Practical Graphics	San Leandro				X			
Subtotals		\$			\$207.83	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXX

(Attach additional information on appropriately labeled continuation sheets.)

\*\*If expenditure is made to a committee, list the committee's name and I.D. number (or the full name and street address of the treasurer).

If the person providing goods or services is different from the payee, list both persons' full name, city and state.

SUMMARY THIS PERIOD

Covering Period from 3/13/74 to 4/1/74

**SCHEDULE F**  
**ACCRUED EXPENSES**  
 (Unpaid Bills)  
 (See Instruction Manual for directions and examples)

1. Total accrued expenses - \$100 or more \$ -0-  
 (must be itemized this schedule)
2. Total accrued expenses - under \$100 -0-  
 (need not be itemized)
3. Subtract accrued expenses paid this period - -0-  
 (need not be itemized but must be entered on Schedule E, Line No. 3)
4. Total accrued expenses \$ -0-  
 (enter this total on Line No. 8, column b summary sheet)

Page 1 of 1 Pages  
 total

MALTESTER CAMPAIGN COMMITTEE                      741040  
 Full Name of Candidate or Committee              Committee I.D. No.

PAID TO: Full Name **	City (& State if not Calif.)	Mail	Broadcast Advertising (include production costs)	Newspaper Advertising	Outdoor Advertising	Other		Cumulative Expenditures
			(b)	(c)	(d)	Description (e)	Amount	
<b>Subtotals</b>		\$					XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX

(Attach additional information on appropriately labeled continuation sheets.)

\*\*If expenditure is made to a committee, list the committee's name and I.D. No. (or the full name and street address of the treasurer).  
  
 If the person providing goods or services is different from the payee, list both persons' full name, city and state.

FORM 703 - COMMITTEE

COMMITTEE'S  
CAMPAIGN STATEMENT  
SUMMARY REPORT  
(Election Code Sections  
11500 - 11614)

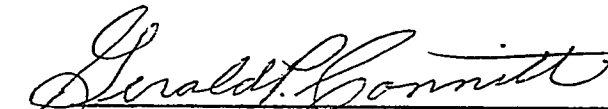
Page 1

Name of Committee MALTESTER CAMPAIGN I.D. Number 741040  
Address 114 Parrott St., San Leandro, Ca. 94577  
Telephone Number (415) 483-3900  
Name of Treasurer GERALD P. CONNITT  
Residential Address 16243 E. 14th St. Residential Telephone Number \_\_\_\_\_  
San Leandro, Ca. 94577  
Business Address 114 Parrott St. Business Telephone Number (415) 483-3900  
San Leandro, Ca. 94577  
Type of Election (Primary, General or Special) \_\_\_\_\_  
Date of Election April 9, 1974  
Covering Period from March 13, 1974 to April 1, 1974

VERIFICATION

I declare under penalty of perjury that this campaign statement is true, correct and complete and that I have used all reasonable diligence in its preparation.

Executed on April 1, 1974 at San Leandro, Ca. 94577  
Date Place

  
Signature of Treasurer

MALFESTER CAMPAIGN                      741040  
Name of Committee                      I.D. Number

Covering Period from March 13, 1974 to April 1, 1974

RECEIPTS	Column a	Column b	Column c
	Cumulative Total from Previous Period	This Period	Cumulative to Date
1. Monetary contributions - (Total of Schedule A)	<u>\$3165.00</u>	<u>\$315.00</u>	<u>\$3480.00</u>
	-0-	-0-	Column a + Column b
2. Non-monetary contributions (Total of Schedule B)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
			Column a + Column b
3. Pledges (Total of Schedule C)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
			Column a + Column b
4. Total contributions (add 1, 2, & 3)	<u>\$3165.00</u>	<u>\$315.00</u>	<u>\$3480.00</u>
			Column a + Column b
5. Unpaid loans (Total of Schedule D)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
6. Total receipts (add 4 & 5)	<u>\$3165.00</u>	<u>\$315.00</u>	<u>\$3480.00</u>
			Column a + Column b

EXPENDITURES

7. Payments - (Total of Schedule E)	<u>\$ 901.88</u>	<u>\$738.21</u>	<u>\$1640.09</u>
			Column a + Column b
8. Accrued expenses (unpaid bills) (Total of Schedule F)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
9. Total expenditures - (add 7 & 8 )	<u>\$ 901.88</u>	<u>\$738.21</u>	<u>\$1640.09</u>
			Column a + Column b

STATEMENT OF CHANGES IN FINANCIAL CONDITION

10. Cash on hand at beginning this period.	<u>\$2263.12</u>
11. Cash receipts this period (Line 1, column b + Line 5, column b)	<u>\$ 315.00</u>
12. Cash Payments this period (Line 7, column b)	<u>\$ 738.21</u>
13. Cash on hand at closing date (Line 10 + 11 - 12)	<u>\$1839.91</u>
14. Liabilities (Line 5, column c + Line 8, column c)	<u>-0-</u>
15. Surplus (if line 13 is greater than line 14, subtract line 14 from line 13)	<u>\$1839.91</u>
16. Deficit (if line 14 is greater than 13, subtract line 13 from line 14.	<u>-0-</u>

**SUMMARY THIS PAGE**

**SCHEDULE A**

Covering Period from 3/13/74 to 4/1/74

**MONETARY CONTRIBUTIONS**

Total monetary contributions of \$100 or more (must be itemized on this schedule)	\$ <u>-0-</u>
Total monetary contributions - under \$100 (need not be itemized)	+ <u>315.00</u>
<b>TOTAL MONETARY CONTRIBUTIONS</b> (enter this total on line no. 1, column b of Summary Sheet)	<u>\$ <u>315.00</u></u>

(See Instruction Manual for directions and examples)

MALTESTER CAMPAIGN COMMITTEE

741040

Full Name of Candidate or Committee

Committee I.D. No.

Received From Full Name**	City (& State if not California)	Occupation	Employer (Place of Business If Self-Employed)	Amount This Period	Cumulative Amount

Subtotal this Page \$            XXXXXXXX

(Attach additional information on page 2 of Schedule A.)

\*\*IF CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NUMBER (OR FULL NAME AND STREET ADDRESS OF TREASURER).  
INDICATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.

**SUMMARY THIS PERIOD**

Covering Period from 3/13/74 to 4/1/74

Page 1 of 1 Pages  
Total

**SCHEDULE B**

**NON-MONETARY CONTRIBUTIONS**

(See Instruction Manual for directions and examples)

Total non-monetary contributions of \$100 or more \$ -0-  
 (must be itemized on this schedule)  
 Total non-monetary contributions of less than \$100 -0-  
 (need not be itemized)  
 Total non-monetary contributions \$ -0-  
 (Enter this total on Line No. 2, column b summary sheet)

**MALTESTER CAMPAIGN COMMITTEE**                      741040  
 Full Name of Candidate or Committee - Committee I. D. No.

Full Name**	City (& State if not Calif.)	Occupation	Employer (place of business, if self-employed)	Description of Contribution	Fair Market Value	
					Amt. of Contrib. this Period	Amt. of Cumulative contribution.

(Attach additional information on appropriately labeled continuation sheets.)

Subtotal this Page                      \$ \_\_\_\_\_                      XXXXXXXXXXXXXXXX

\*\*IF CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NUMBER (OR FULL NAME AND STREET ADDRESS OF TREASURER.)

INDICATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.

SCHEDULE C

SUMMARY THIS PERIOD

Page 1 of 1 Pages total

**PLEDGES**  
 (See Instruction Manual  
 for directions and  
 examples)

Covering Period from 3/13/74 to 4/1/74

Pledges \$ -0-  
 (total of column a)  
 Subtract Pledges Paid - -0-  
 (total of column b)  
 Total Pledges Unpaid \$ -0-  
 (enter this total on  
 Line No. 3, Column b,  
 of summary sheet)

MALTESTER CAMPAIGN COMMITTEE  
 Full Name of Candidate or Committee

741040  
 Committee I.D. No.

Full Name**	City ( & State if not Calif)	Occupation	Name of Employer	Amount of	Amount of	Amount of
				Pledge this Period (a)	Pledge Paid this Period (also enter on Sched.A) (b)	Cumula- tive Pledge Unpaid (c)
Subtotal This Page				\$	\$	XXXXXXXX

(Attach additional  
 information on  
 appropriately labeled  
 continuation sheets.)

\*\*IF CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NO.  
 (OR FULL NAME AND STREET ADDRESS OF TREASURER.)

INDICATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION  
 FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.



SCHEDULE D

LOANS

(See Instruction Manual for directions and examples)

SUMMARY FOR THIS PERIOD

Pages 1 of 1 Pages total.

Covering Period from 3/13/74 to 4/1/74

Part 1 of this form should contain loans received. Part 2, on the reverse, should contain loans repaid, loans paid by a third party and loans forgiven.

- 1. Total loans - \$100 or more (must be itemized this schedule) \$ -0-
- 2. Total loans - under \$100 (need not be itemized) + -0-
- 3. Total loans received -0-
- 4. Subtract loans paid or forgiven (must be itemized on page 2) -
- 5. Net change of unpaid loans this period \$ -0- (enter this total on line no. 5, column b of summary sheet)

MALTESTER CAMPAIGN COMMITTEE  
Full Name of Candidate or Committee

741040  
Committee I.D. No.

Part 1

Full Name of Lender and Any Guarantors or Cosigners	City	County (& State If Not California)	Amount of Loan This Period	Int. Rate	Date	Unpaid Balance

(Attach additional information on appropriately labeled continuation sheets.) Subtotal \$ \_\_\_\_\_ XXXXXXXXXXXXXXXXXXXXXXX

\*\*IF LENDER IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NUMBER (OR FULL NAME AND STREET ADDRESS OF TREASURER). INDICATE IF LOAN MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.

Part 2 of  
SCHEDULE D

LOANS

(See Instruction  
Manual for direc-  
tions and examples)

SUMMARY THIS PERIOD

1. Total loans repaid-\$100 or more (must be itemized--total of column (a)) \$ -0-
2. Total loans forgiven-\$100 or more (must be itemized--total of column (b)) -0-
3. Total loans paid by a third party-\$100 or more (must be itemized--total of column (c)) -0-
4. Total loans repaid, loans forgiven, and loans paid by a third party -under \$100 (need not be itemized) -0-
5. Total loans repaid, loans forgiven, and loans paid by a third party (enter on Line 4 of Schedule B) \$ -0-

Part 2

(Repayment of the Loan, Forgiveness of the Loan and Payment of the Loan by a Third Party)

Full Name	City (& State If Not California)	Date	(a)	(b)	(c)	Unpaid Balance
			Amount Repaid	Amount Forgiven (also enter on Sched. A)	Amount Paid by a Third Party (also enter on Sched. A)	
Subtotal			\$	\$	\$	XXXXXXXX

Attach additional information on appropriately labeled continuation sheets.



SUMMARY THIS PERIOD

Covering Period from 3/13/74 to 4/1/74

1. Total accrued expenses - \$100 or more \$ -0-  
(must be itemized this schedule)
2. Total accrued expenses - under \$100 -0-  
(need not be itemized)
3. Subtract accrued expenses -0-  
paid this period -  
(need not be itemized but must be  
entered on Schedule E, Line No. 3)
4. Total accrued expenses \$ -0-  
(enter this total on Line No. 8, column b  
summary sheet)

Page 1 of 1 Pages  
total

SCHEDULE F

ACCRUED EXPENSES

(Unpaid Bills)

(See Instruction Manual for directions and examples)

MALTESTER CAMPAIGN COMMITTEE

741040

Full Name of Candidate or Committee

Committee I.D. No.

PAID TO: Full Name **	City (& State if not Calif.)	Mail	Broadcast Advertising	Newspaper Advertising	Outdoor Advertising	Other		Cumulative Expenditures
			(include production costs) (b)	(c)	(d)	Description (e)	Amount	
Subtotals		\$				XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXX

(Attach additional information on appropriately labeled continuation sheets.)

\*\*If expenditure is made to a committee, list the committee's name and I.D. No. (or the full name and street address of the treasurer).

If the person providing goods or services is different from the payee, list both persons' full name, city and state.

CANDIDATE'S  
CAMPAIGN STATEMENT  
SUMMARY REPORT  
(Election Code Sections  
11500 - 11614)

RECEIVED  
CITY OF SAN LEANDRO

MAR 15 1974

Page 1 **RICHARD H. WEST**  
CITY CLERK

Name of Candidate JACK D. MALTESTER  
Residential Address 715 Woodland Ave.  
San Leandro, Ca. 94577 Residential Telephone Number 638-4490  
Business Address 835 E. 14th St. Business Telephone Number 638-4100  
San Leandro, Ca. 94577

Type of Election (Primary, General or Special) \_\_\_\_\_  
Date of Election April 9 1974  
Month Day Year  
Office for which you are a Candidate Mayor of San Leandro  
Political Party and District Number (if applicable) n/a  
Covering Period from January 1, 1974 to March 12, 1974

a. List all committees subject to your control which have received contributions or made expenditures on behalf of your candidacy.

COMMITTEE NAME	COMMITTEE ADDRESS	TREASURER	ADDRESS	PHONE NUMBER
MALTESTER CAMPAIGN	114 Parrott ST San Leandro, Ca.	GERALD P. CONNITT	same	(415) 483-3900

b. List all additional committees of which you have knowledge which have received contributions or made expenditures on behalf of your candidacy.

COMMITTEE NAME	COMMITTEE ADDRESS	TREASURER	ADDRESS	PHONE NUMBER

VERIFICATION

I declare under penalty of perjury that I have read this campaign statement and the campaign statements of each committee listed in Section a above and that these statements are true and complete to the best of my knowledge.

Executed on March 12, 1974 at San Leandro, California 94577  
Date Place

Jack D. Maltester  
Signature

Covering Period from January 1, 1974 to March 12, 1974

	<u>Column a</u> <u>Cumulative</u> <u>Total from</u> <u>Previous Period</u>	<u>Column b</u> <u>This Period</u>	<u>Column c</u> <u>Cumulative</u> <u>to Date</u>
<b>RECEIPTS</b>			
1. Monetary contributions - (Total of Schedule A)	<u>-0-</u>	<u>\$300.00</u>	<u>\$300.00</u> Column a + Column b
2. Non-monetary contributions (Total of Schedule B)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u> Column a + Column b
3. Pledges (Total of Schedule C)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u> Column a + Column b
4. Total contributions (add 1, 2, & 3)	<u>-0-</u>	<u>\$300.00</u>	<u>\$300.00</u> Column a + Column b
5. Unpaid loans (Total of Schedule D)	<u>-0-</u> (Total at beginning of period)	<u>-0-</u> (Net Change for period)	<u>-0-</u> (Total at end of period)
6. Total receipts (add 4 & 5)	<u>-0-</u>	<u>\$300.00</u>	<u>\$300.00</u> Column a + Column b
<b>EXPENDITURES</b>			
7. Payments - (Total of Schedule E)	<u>-0-</u>	<u>\$390.15</u>	<u>\$390.15</u> Column a + Column b
8. Accrued expenses (unpaid bills) (Total of Schedule F)	<u>-0-</u> (Total at beginning of period)	<u>-0-</u> (Net Change for period)	<u>-0-</u> (Total at end of period)
9. Total expenditures - (add 7 & 8)	<u>-0-</u>	<u>\$390.15</u>	<u>\$390.15</u> Column a + Column b
<b>STATEMENT OF CHANGES IN FINANCIAL CONDITION</b>			
10. Cash on hand at beginning this period.	<u>-0-</u>		
11. Cash receipts this period (Line 1, column b + Line 5, column b)	<u>\$300.00</u>		
12. Cash Payments this period (Line 7, column b)	<u>\$390.15</u>		
13. Cash on hand at closing date (Line 10 + 11 - 12)	<u>-0-</u>		
14. Liabilities (Line 5, column c + Line 8, column c)	<u>-0-</u>		
15. Surplus (if line 13 is greater than line 14, subtract line 14 from line 13)	<u>-0-</u>		
16. Deficit (if line 14 is greater than 13, subtract line 13 from line 14.	<u>-0-</u>		

SUMMARY THIS PAGE

SCHEDULE A

Covering Period from January 1, 1974 to March 12, 1974

MONETARY CONTRIBUTIONS

Total monetary contributions of \$100 or more \$ 300.00  
 (must be itemized on this schedule)  
 Total monetary contributions - under \$100 + 130.00  
 (need not be itemized)  
**TOTAL MONETARY CONTRIBUTIONS** \$ 430.00  
 (enter this total on line no. 1,  
 column b of Summary Sheet)

(See Instruction Manual for directions and examples)

JACK D. MALTESTER, CANDIDATE  
 Full Name of Candidate or Committee

741040  
 Committee I.D. No.

Received From Full Name**	City (& State if not California)	Occupation	Employer (Place of Business If Self-Employed)	Amount This Period	Cumu- lative Amount
ABE KOFMAN	San Leandro Calif.	Publisher	ALAMEDA TIMES STAR	100.00	
WM. PELISO	San Leandro Calif.	Restaurant Owner	BLUE DOLPHIN	200.00	

Subtotal this Page \$ 300.00 XXXXXXXX

(Attach additional information on page 2 of Schedule A.)

IF CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NUMBER (OR FULL NAME AND STREET ADDRESS OF TREASURER).  
 INDICATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.

SCHEDULE E

PAYMENTS

(See Instruction Manual for directions and examples.)

SUMMARY THIS PERIOD

Covering Period from 1/1/74 to 3/12/74

Page 1 of 1 Pages  
Total

1. Total payments - \$100 or more (must be itemized on this schedule) \$ 300.00
2. Total payments - under \$100 (need not be itemized) + 90.15
3. Total accrued expenses paid this period (total from Schedule F, Line No 3) 390.15
4. Grand total payments \$390.15

JACK D. MALTESTER, CANDIDATE  
 Full Name of Candidate or Committee Committee I.D. No.

PAID TO: Full Name **	City ( & State if not Calif. )	Mail	Broadcast Advertising (include pro- duction costs) (b)	Newspaper Advertising (c)	Outdoor Advertising (d)	Other  Description (e)	Amount	Cumula- tive Expendi- tures
DAVE HOUSER	SAN LEANDRO					Salary for Campaign Mgr.	200.00	
CITY OF SAN LEANDRO	SAN LEANDRO					File Statement of Qualification	100.00	
<b>Subtotals</b>		\$				XXXXXXXXXXXXXXXXXXXXXXXXXXXX	300.00	XXXXXXXXXX:

(Attach additional information on appropriately labeled continuation sheets.)

\*\*If expenditure is made to a committee, list the committee's name and I.D. number (or the full name and street address of the treasurer).

If the person providing goods or services is different from the payee, list both persons' full name, city and state.



COMMITTEE'S  
CAMPAIGN STATEMENT  
SUMMARY REPORT  
(Election Code Sections  
11500 - 11614)

Name of Committee MALTESTER CAMPAIGN I.D. Number 741040

Address 114 Parrott Street, San Leandro, Ca. 94577

Telephone Number (415) 483-3900

Name of Treasurer GERALD P. CONNITT

Residential Address \_\_\_\_\_ Residential Telephone Number \_\_\_\_\_

Business Address 114 Parrott St. Business Telephone Number (415) 483-3900  
San Leandro, Ca. 94577

Type of Election (Primary, General or Special) \_\_\_\_\_

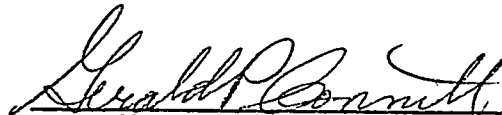
Date of Election April 9, 1974

Covering Period from January 1, 1974 to March 12, 1974

VERIFICATION

I declare under penalty of perjury that this campaign statement is true, correct and complete and that I have used all reasonable diligence in its preparation.

Executed on March 12, 1974 at San Leandro, California 94577  
Date Place

  
Signature of Treasurer

GERALD P. CONNITT

MALTESTER CAMPAIGN COMMITTEE

Name of Committee 741040  
I.D. Number

Covering Period from 1/1/74 to 3/12/74

	<u>Column a</u> <u>Cumulative</u> <u>Total from</u> <u>Previous Period</u>	<u>Column b</u> <u>This Period</u>	<u>Column c</u> <u>Cumulative</u> <u>to Date</u>
<b>RECEIPTS</b>			
1. Monetary contributions - (Total of Schedule A)	<u>-0-</u>	<u>\$3165.00</u>	<u>\$3165.00</u> Column a + Column b
2. Non-monetary contributions (Total of Schedule B)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u> Column a + Column b
3. Pledges (Total of Schedule C)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u> Column a + Column b
4. Total contributions (add 1, 2, & 3)	<u>-0-</u>	<u>\$3165.00</u>	<u>\$3165.00</u> Column a + Column b
5. Unpaid loans (Total of Schedule D)	<u>-0-</u> (Total at beginning of period)	<u>-0-</u> (Net Change for period)	<u>-0-</u> (Total at end of period)
6. Total receipts (add 4 & 5)	<u>-0-</u>	<u>\$3165.00</u>	<u>\$3165.00</u> Column a + Column b
<b>EXPENDITURES</b>			
7. Payments - (Total of Schedule E)	<u>-0-</u>	<u>\$901.88</u>	<u>\$ 901.88</u> Column a + Column b
8. Accrued expenses (unpaid bills) (Total of Schedule F)	<u>-0-</u> (Total at beginning of period)	<u>-0-</u> (Net Change for period)	<u>-0-</u> (Total at end of period)
9. Total expenditures - (add 7 & 8)	<u>-0-</u>	<u>\$901.88</u>	<u>\$ 901.88</u> Column a + Column b
<b>STATEMENT OF CHANGES IN FINANCIAL CONDITION</b>			
10. Cash on hand at beginning this period.	<u>-0-</u>		
11. Cash receipts this period (Line 1, column b + Line 5, column b)	<u>\$3165.00</u>		
12. Cash Payments this period (Line 7, column b)	<u>901.88</u>		
13. Cash on hand at closing date (Line 10 + 11 - 12)	<u>\$2263.12</u>		
14. Liabilities (Line 5, column c + Line 8, column c)	<u>-0-</u>		
15. Surplus (if line 13 is greater than line 14, subtract line 14 from line 13)	<u>\$2263.12</u>		
16. Deficit (if line 14 is greater than 13, subtract line 13 from line 14.	<u>-0-</u>		

SUMMARY THIS PAGE

SCHEDULE A

Covering Period from January 1, 1974 to March 12, 1974

MONETARY CONTRIBUTIONS

Total monetary contributions of \$100 or more \$ 2675.00  
 (must be itemized on this schedule)  
 Total monetary contributions - under \$100 + 490.00  
 (need not be itemized)  
**TOTAL MONETARY CONTRIBUTIONS** \$ 3165.00  
 (enter this total on line no. 1, column b of Summary Sheet)

(See Instruction Manual for directions and examples)

MALTESTER CAMPAIGN COMMITTEE  
 Full Name of Candidate or Committee

741040  
 Committee I.D. No.

Received From Full Name**	City (& State if not California)	Occupation	Employer (Place of Business If Self-Employed)	Amount This Period	Cumu- lative Amount
JOSEPH F. GANCOS	SAN LEANDRO	Unk.	Unk	100.00	
SIMONIAN & PRETZER	SAN LEANDRO	ATTYS	114 Parrott ST. San Leandro, Ca	200.00	
LEE CHEW FON	SAN FRANCISCO	Unk.	unk	200.00	
LAYTHON N. LANDIS	SAN LEANDRO	Unk.	Unk	100.00	
HALEY, TUCKER, BIRCHFIELD & SMITH	HAYWARD	ATTYS	1331 B St. Hayward, Ca.	200.00	
WM. MATHEWS AGCY.	SAN LEANDRO	REAL ESTATE	1793 E. 14th San Leandro, Ca	100.00	
MELVILLE F. BARNETT	SAN LEANDRO	CLOTHIER	1200 E. 14th St San Leandro, Ca	100.00	
TURK ISLAND CO.	SAN LEANDRO	RUBBISH DISPOSAL	14222 E. 14th San Leandro, Ca	200.00	
SMITH REYNOLDS	SAN LEANDRO	RUBBISH DISPOSAL	14222 E. 14th San Leandro, Ca	200.00	
CULINARY WORKERS	HAYWARD	UNION LOCAL	696 B Street Hayward, Ca.	100.00	
MARINA HAVEN APTS	SAN LEANDRO	APT. COMPLEX	2712 Marina Blvd. San Leandro, Ca	200.00	
S & R PICKUP SERV.	SAN LEANDRO	RUBBISH PICKUP SERV.	2626 Nicholson San Leandro, Ca	200.00	
RAY C. NORDSTROM	SAN LEANDRO	PHYSICIAN	1300 Bancroft Av San Leandro, Ca	100.00	
CHANDLER, BRUNER & BLUNDEN	SAN LEANDRO	ATTYS	220 Juana Ave San Leandro, Ca	100.00	

Subtotal this Page \$ 2100.00 XXXXXXXX

(Attach additional information on page 2 of Schedule A.)

\*\*IF CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NUMBER (OR FULL NAME AND STREET ADDRESS OF TREASURER).

INDICATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.

SCHEDULE A - (Continued)

Covering Period from January 1, 1974 to March 12, 1974

MALTESTER CAMPAIGN COMMITTEE

741040

Full Name of Candidate or Committee

Committee I.D. No.

Received From Full Name**	City ( & State if not California)	Occupation	Employer (Place of Business If Self-Employed)	Amount This Period	Cumu- lative Amount
JOE BELLINI	SAN LEANDRO	Pharmacist	215 Estudillo San Lendro, Ca	100.00	
MANUEL NEWMAN & CHAS. E. SMALLEY	SAN LEANDRO	Taxi Service	22547 Watkins Hayward, Ca	175.00	
R. T. NAHAS	OAKLAND	Unk.	44 Farragut Ave Piedmont, Ca.	100.00	
EUGENE A. FALSCHI	OAKLAND.	Unk.	Unk.	100.00	
WM. LUBKER	SAN LEANDRO	Unk.	Unk.	100.00	

Subtotal this Page \$ 575.00 XXXXXXXXX

(Attach additional information on appropriately labeled continuation sheets.)

\*\*IF CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NUMBER (OR FULL NAME AND STREET ADDRESS OF TREASURER).

INDICATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.

SCHEDULE E

PAYMENTS

(See Instruction Manual for directions and examples.)

SUMMARY THIS PERIOD

Covering Period from 1/1/74 to 3/12/74

Page 1 of 1 Pages Total

- 1. Total payments - \$100 or more (must be itemized on this schedule) \$ 767.14
- 2. Total payments - under \$100 (need not be itemized) + 134.74
- 3. Total accrued expenses paid this period (total from Schedule F, Line No 3) -0-
- 4. Grand total payments (Enter this total on Line No. 7, Column b summary sheet) \$ 901.88

MALTESTER CAMPAIGN COMMITTEE  
Full Name of Candidate or Committee

741040  
Committee I.D. No.

PAID TO: Full Name **	City (& State if not Calif.)	Mail	Broadcast Advertising (include production costs) (b)	Newspaper Advertising (c)	Outdoor Advertising (d)	Other		Cumulative Expenditures
						Description (e)	Amount	
DAVE HOUSER	SAN LEANDRO					Salary for Campaign Mgr.	\$200.00	
DAVE CORRY SIGN	SAN LEANDRO				X			
DAVE HOUSER	SAN LEANDRO					Salary for Campaign Mgr.	\$200.00	
Subtotals		\$			\$367.14	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$400.00	XXXXXXXXXX

(Attach additional information on appropriately labeled continuation sheets.)

\*\*If expenditure is made to a committee, list the committee's name and I.D. number (or the full name and street address of the treasurer).

If the person providing goods or services is different from the payee, list both persons' full name, city and state.

CANDIDATE'S  
CAMPAIGN STATEMENT  
SUMMARY REPORT  
(Election Code Sections  
11500 - 11614)

RECEIVED  
CITY OF SAN LEANDRO

MAR 15 1974

RICHARD H. WEST  
CITY CLERK

Page 1

Name of Candidate JACK D. MALTESTER  
Residential Address 715 Woodland Ave.  
San Leandro, Ca. Residential Telephone Number 638-4490  
94577  
Business Address 835 E. 14th St. Business Telephone Number 638-4100  
San Leandro, Ca. 94577

Type of Election (Primary, General or Special) \_\_\_\_\_

Date of Election April 9 1974  
Month Day Year

Office for which you are a Candidate Mayor of San Leandro

Political Party and District Number (if applicable) n/a

Covering Period from January 1, 1974 to March 12, 1974

a. List all committees subject to your control which have received contributions or made expenditures on behalf of your candidacy.

COMMITTEE NAME	COMMITTEE ADDRESS	TREASURER	ADDRESS	PHONE NUMBER
MALTESTER CAMPAIGN	114 Parrott ST San Leandro, Ca.	GERALD P. CONNITT	same	(415) 483-3900

b. List all additional committees of which you have knowledge which have received contributions or made expenditures on behalf of your candidacy.

COMMITTEE NAME	COMMITTEE ADDRESS	TREASURER	ADDRESS	PHONE NUMBER

VERIFICATION

I declare under penalty of perjury that I have read this campaign statement and the campaign statements of each committee listed in Section a above and that these statements are true and complete to the best of my knowledge.

Executed on March 12, 1974 at San Leandro, California: 94577  
Date Place

Jack D. Maltester  
Signature

17 OCT 1958  
RICHARD H. MEZEL

103

OFFICE OF THE DIRECTOR  
RECEIVED

Covering Period from January 1, 1974 to March 12, 1974

	<u>Column a</u> <u>Cumulative</u> <u>Total from</u> <u>Previous Period</u>	<u>Column b</u> <u>This Period</u>	<u>Column c</u> <u>Cumulative</u> <u>to Date</u>
<b>RECEIPTS</b>			
1. Monetary contributions - (Total of Schedule A)	<u>-0-</u>	<u>\$300.00</u>	<u>\$300.00</u> Column a + Column b
2. Non-monetary contributions (Total of Schedule B)	<u>-0-</u>	<u>-0-</u>	Column a + Column b
3. Pledges (Total of Schedule C)	<u>-0-</u>	<u>-0-</u>	Column a + Column b
4. Total contributions (add 1, 2, & 3)	<u>-0-</u>	<u>\$300.00</u>	<u>\$300.00</u> Column a +
5. Unpaid loans (Total of Schedule D)	<u>-0-</u> (Total at beginning of period)	<u>-0-</u> (Net Change for period)	<u>-0-</u> (Total at end of period)
6. Total receipts (add 4 & 5)	<u>-0-</u>	<u>\$300.00</u>	<u>\$300.00</u> Column a + Column b
<b>EXPENDITURES</b>			
7. Payments - (Total of Schedule E)	<u>-0-</u>	<u>\$390.15</u>	<u>\$390.15</u> Column a + Column b
8. Accrued expenses (unpaid bills) (Total of Schedule F)	<u>-0-</u> (Total at beginning of period)	<u>-0-</u> (Net Change for period)	<u>-0-</u> (Total at end of period)
9. Total expenditures - (add 7 & 8)	<u>-0-</u>	<u>\$390.15</u>	<u>\$390.15</u> Column a + Column b
<b>STATEMENT OF CHANGES IN FINANCIAL CONDITION</b>			
10. Cash on hand at beginning this period.	<u>-0-</u>		
11. Cash receipts this period (Line 1, column b + Line 5, column b)	<u>\$300.00</u>		
12. Cash Payments this period (Line 7, column b)	<u>\$390.15</u>		
13. Cash on hand at closing date (Line 10 + 11 - 12)	<u>-0-</u>		
14. Liabilities (Line 5, column c + Line 8, column c)	<u>-0-</u>		
15. Surplus (if line 13 is greater than line 14, subtract line 14 from line 13)	<u>-0-</u>		
16. Deficit (if line 14 is greater than 13, subtract line 13 from line 14.	<u>-0-</u>		



SUMMARY THIS PAGE

SCHEDULE A

Covering Period from January 1, 1974 to March 12, 1974

MONETARY CONTRIBUTIONS	Total monetary contributions of \$100 or more (must be itemized on this schedule)	\$ 300.00
	Total monetary contributions - under \$100 (need not be itemized)	+ 130.00
(See Instruction Manual for directions and examples)	<b>TOTAL MONETARY CONTRIBUTIONS</b> (enter this total on line no. 1, column b of Summary Sheet)	<u>\$ 430.00</u>

JACK D. MALTESTER, CANDIDATE  
Full Name of Candidate or Committee

741040  
Committee I.D. No.

Received From Full Name**	City (& State if not California)	Occupation	Employer (Place of Business If Self-Employed)	Amount This Period	Cumu- lative Amount
ABE KOFMAN	San Leandro Calif.	Publisher	ALAMEDA TIMES STAR	100.00	
WM. PELUSO	San Leandro Calif.	Restaurant Owner	BLUE DOLPHIN	200.00	

Subtotal this Page \$ 300.00 XXXXXXXX

(Attach additional information on page 2 of Schedule A.)

<p>**IF CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NUMBER (OR FULL NAME AND STREET ADDRESS OF TREASURER).</p> <p>INDICATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.</p>
---

**SCHEDULE E**

**PAYMENTS**

(See Instruction Manual for directions and examples.)

SUMMARY THIS PERIOD

Covering Period from 1/1/74 to 3/12/74

Page 1 of 1 Pages  
Total

1. Total payments - \$100 or more (must be itemized on this schedule) \$ 300.00
2. Total payments - under \$100 (need not be itemized) + 90.15
3. Total accrued expenses paid this period (total from Schedule F, Line No 3) 390.15  
Grand total payments
4. (Enter this total on Line No. 7, Column b summary sheet) \$390.15

JACK D. MALTESTER, CANDIDATE  
Full Name of Candidate or Committee Committee I.D. No.

PAID TO: Full Name **	City (& State if not Calif.)	Mail	Broadcast Advertising (include pro- duction costs) (b)	Newspaper Advertising (c)	Outdoor Advertising (d)	Other		Cumula- tive Expendi- tures
						Description (e)	Amount	
DAVE HOUSER	SAN LEANDRO					Salary for Campaign Mgr.	200.00	
CITY OF SAN LEANDRO	SAN LEANDRO					File Statement of Qualification	100.00	
<b>Subtotals</b>		\$				XXXXXXXXXXXXXXXXXXXXXXXXXXXX	300.00	XXXXXXXXXX

(Attach additional information on appropriately labeled continuation sheets.)

\*\*If expenditure is made to a committee, list the committee's name and I.D. number (or the full name and street address of the treasurer).

If the person providing goods or services is different from the payee, list both persons' full name, city and state.

FORM 703 - COMMITTEE

COMMITTEE'S  
CAMPAIGN STATEMENT  
SUMMARY REPORT  
(Election Code Sections  
11500 - 11614)

Page 1

Name of Committee MALTESTER CAMPAIGN I.D. Number 741040

Address 114 Parrott Street, San Leandro, Ca. 94577

Telephone Number (415) 483-3900

Name of Treasurer GERALD P. CONNITT

Residential Address \_\_\_\_\_ Residential Telephone Number \_\_\_\_\_

Business Address 114 Parrott St. Business Telephone Number (415) 483-3900  
San Leandro, Ca. 94577

Type of Election (Primary, General or Special) \_\_\_\_\_

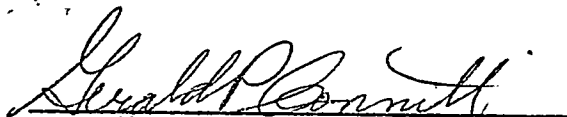
Date of Election April 9, 1974

Covering Period from January 1, 1974 to March 12, 1974

VERIFICATION

I declare under penalty of perjury that this campaign statement is true, correct and complete and that I have used all reasonable diligence in its preparation.

Executed on March 12, 1974 at San Leandro, California 94577  
Date Place

  
Signature of Treasurer

GERALD P. CONNITT

MALTESTER CAMPAIGN COMMITTEE

Name of Committee 741040  
I.D. Number

Covering Period from 1/1/74 to 3/12/74

	<u>Column a</u> Cumulative Total from Previous Period	<u>Column b</u> This Period	<u>Column c</u> Cumulative to Date
<b>RECEIPTS</b>			
1. Monetary contributions - (Total of Schedule A)	<u>-0-</u>	<u>\$3165.00</u>	<u>\$3165.00</u> Column a + Column b
2. Non-monetary contributions (Total of Schedule B)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u> Column a + Column b
3. Pledges (Total of Schedule C)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u> Column a + Column b
4. Total contributions (add 1, 2, & 3)	<u>-0-</u>	<u>\$3165.00</u>	<u>\$3165.00</u> Column a + Column b
5. Unpaid loans (Total of Schedule D)	<u>-0-</u> (Total at beginning of period)	<u>-0-</u> (Net Change for period)	<u>-0-</u> (Total at end of period)
6. Total receipts (add 4 & 5)	<u>-0-</u>	<u>\$3165.00</u>	<u>\$3165.00</u> Column a + Column b
<b>EXPENDITURES</b>			
7. Payments - (Total of Schedule E)	<u>-0-</u>	<u>\$901.88</u>	<u>\$ 901.88</u> Column a + Column b
8. Accrued expenses (unpaid bills) (Total of Schedule F)	<u>-0-</u> (Total at beginning of period)	<u>-0-</u> (Net Change for period)	<u>-0-</u> (Total at end of period)
9. Total expenditures - (add 7 & 8 )	<u>-0-</u>	<u>\$901.88</u>	<u>\$ 901.88</u> Column a + Column b
<b>STATEMENT OF CHANGES IN FINANCIAL CONDITION</b>			
10. Cash on hand at beginning this period.	<u>-0-</u>		
11. Cash receipts this period (Line 1, column b + Line 5, column b)	<u>\$3165.00</u>		
12. Cash Payments this period (Line 7, column b)	<u>901.88</u>		
13. Cash on hand at closing date (Line 10 + 11 - 12)	<u>\$2263.12</u>		
14. Liabilities (Line 5, column C + Line 8, column c)	<u>-0-</u>		
15. Surplus (if line 13 is greater than line 14, subtract line 14 from line 13)	<u>\$2263.12</u>		
16. Deficit (if line 14 is greater than 13, subtract line 13 from line 14.	<u>-0-</u>		

## SUMMARY THIS PAGE

SCHEDULE A

Covering Period from January 1, 1974 to March 12, 1974

MONETARY CONTRIBUTIONS  (See Instruction Manual for directions and examples)	Total monetary contributions of \$100 or more \$ 2675.00 (must be itemized on this schedule) Total monetary contributions - under \$100 + 490.00 (need not be itemized) <b>TOTAL MONETARY CONTRIBUTIONS</b> \$ 3165.00 (enter this total on line no. 1, column b of Summary Sheet)
--	--

MALTESTER CAMPAIGN COMMITTEE  
Full Name of Candidate or Committee

741040  
Committee I.D. No.

Received From Full Name**	City ( & State if not California)	Occupation	Employer (Place of Business If Self-Employed)	Amount This Period	Cumu- lative Amount
JOSEPH F. GANCOS	SAN LEANDRO	Unk.	Unk	100.00	
SIMONIAN & PRETZER	SAN LEANDRO	ATTYS	114 Parrott ST. San Leandro, Ca	200.00	
LEE CHEW FON	SAN FRANCISCO	Unk.	unk	200.00	
LAYTHON N. LANDIS	SAN LEANDRO	Unk.	Unk	100.00	
HALEY, TUCKER, BIRCHFIELD & SMITH	HAYWARD	ATTYS	1331 B St. Hayward, Ca.	200.00	
WM. MATHEWS AGCY.	SAN LEANDRO	REAL ESTATE	1793 E. 14th San Leandro, Ca	100.00	
MELVILLE F. BARNETT	SAN LEANDRO	CLOTHIER	1200 E. 14th St San Leandro, Ca	100.00	
TURK ISLAND CO.	SAN LEANDRO	RUBBISH DISPOSAL	14222 E. 14th San Leandro, Ca	200.00	
SMITH REYNOLDS	SAN LEANDRO	RUBBISH DISPOSAL	14222 E. 14th San Leandro, Ca	200.00	
CULINARY WORKERS	HAYWARD	UNION LOCAL	696 B Street Hayward, Ca.	100.00	
MARINA HAVEN APTS	SAN LEANDRO	APT. COMPLEX	2712 Marina Blvd. San Leandro, Ca	200.00	
S & R PICKUP SERV.	SAN LEANDRO	RUBBISH PICKUP SERV.	2626 Nicholson San Leandro, Ca	200.00	
RAY C. NORDSTROM	SAN LEANDRO	PHYSICIAN	1300 Bancroft Av San Leandro, Ca	100.00	
CHANDLER, BRUNER & BLUNDEN	SAN LEANDRO	ATTYS	220 Juana Ave San Leandro, Ca	100.00	

Subtotal this Page \$ 2100.00 XXXXXXXX

(Attach additional information  
on page 2 of Schedule A.)

\*\*IF CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NUMBER (OR  
FULL NAME AND STREET ADDRESS OF TREASURER).

INDICATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE  
INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.

SCHEDULE A - (Continued)

Covering Period from January 1, 1974 to March 12, 1974

MALTESTER CAMPAIGN COMMITTEE

741040

Full Name of Candidate or Committee

Committee I.D. No.

Received From Full Name**	City (& State if not California)	Occupation	Employer (Place of Business If Self-Employed)	Amount This Period	Cumu- lative Amount
JOE BELLINI	SAN LEANDRO	Pharmacist	215 Estudillo San Lendro, Ca	100.00	
MANUEL NEWMAN & CHAS. E. SMALLEY	SAN LEANDRO	Taxi Service	22547 Watkins Hayward, Ca	175.00	
R. T. NAHAS	OAKLAND	Unk.	44 Farragut Ave Piedmont, Ca.	100.00	
EUGENE A. FALSCHI	OAKLAND.	Unk.	Unk.	100.00	
WM. LUBKER	SAN LEANDRO	Unk.	Unk.	100.00	

Subtotal this Page \$ 575.00 XXXXXXXX

(Attach additional information on  
appropriately labeled continuation  
sheets.)

\*\*IF CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NUMBER (OR  
FULL NAME AND STREET ADDRESS OF TREASURER).

INDICATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE  
INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.

**SCHEDULE E**

**PAYMENTS**

(See Instruction Manual  
for directions and  
examples.)

**SUMMARY THIS PERIOD**

Covering Period from 1/1/74 to 3/12/74

Page 1 of 1 Pages  
Total

- 1. Total payments - \$100 or more  
(must be itemized on this schedule) \$ 767.14
- 2. Total payments - under \$100  
(need not be itemized) + 134.74
- 3. Total accrued expenses paid this period  
(total from Schedule F, Line No 3) -0-
- 4. Grand total payments  
(Enter this total on Line No. 7, Column b  
summary sheet) \$ 901.88

**MALTESTER CAMPAIGN COMMITTEE**

**741040**

Full Name of Candidate or Committee

Committee I.D. No.

PAID TO: Full Name **	City (& State if not Calif.)	Mail	Broadcast Advertising (include pro- duction costs) (b)	Newspaper Advertising (c)	Outdoor Advertising (d)	Other		Cumula- tive Expendi- tures
						Description (e)	Amount	
DAVE HOUSER	SAN LEANDRO					Salary for Campaign Mgr.	\$200.00	
DAVE CORRY SIGN	SAN LEANDRO				X			
DAVE HOUSER	SAN LEANDRO					Salary for Campaign Mgr.	\$200.00	
Subtotals		\$			\$367.14	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$400.00	XXXXXXXXXX

(Attach additional  
information on appro-  
priately labeled con-  
tinuation sheets.)

\*\*If expenditure is made to a committee, list the committee's  
name and I.D. number (or the full name and street address of  
the treasurer).

If the person providing goods or services is different from  
the payee, list both persons' full name, city and state.



FORM C

SECRETARY OF STATE OF CALIFORNIA

# CANDIDATE'S CAMPAIGN STATEMENT

(Government Code Sections 3750-3754; Elections Code Sections 11500-11631)

THIS STATEMENT MUST BE FILED BY MARCH 1, 1974

Name of Candidate: JACK D. MALTESTER

Office which you hold (if applicable) MAYOR - City of SAN LEANDRO District No. \_\_\_\_\_

Office for which you are a candidate (if applicable) MAYOR District No. \_\_\_\_\_

### RECEIPTS

List on the following lines the name of every contributor who made contributions subsequent to the filing of your last campaign statement and through December 31, 1973. Specify the exact amount in the case of contributors who gave a total of more than \$500. Political committees which made contributions should be listed separately as indicated on page 2. Loans, pledges, contributions of goods or services ("in-kind" contributions), and contributions by the candidate should be stated as indicated on page 2. Attach extra sheets if necessary.

NAME

(Contributors other than political committees)

AMOUNT \*

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<u>None</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

\* Must be shown for each contributor who contributed a total of more than \$500.



**RECEIPTS—Continued**

NAME

(Contributors other than political committees)

AMOUNT \*

	\$
	\$
	\$
	\$
<u>NONE</u>	\$
	\$
	\$
	\$
	\$
	\$
	\$

NAME OF POLITICAL COMMITTEE

NAME OF OFFICER, ADDRESS, TELEPHONE

AMOUNT \*

	\$
	\$
<u>NONE</u>	\$
	\$
	\$
	\$

\* Must be shown for each contributor who contributed a total of more than \$500.

**Total** \$ \_\_\_\_\_

**Amount Contributed by Candidate** \$ \_\_\_\_\_

TOTAL LOANS RECEIVED (The name of each person, organization or committee making and/or guaranteeing each loan, the due date of each loan, and the exact amount of each loan over \$500, must be listed on a separate attached page.) \$ \_\_\_\_\_

TOTAL PLEDGES (The name of each person, organization or committee which has promised to contribute more than \$500, and the amount each such contributor has promised, must be stated on a separate attached page.) \$ \_\_\_\_\_

TOTAL VALUE OF NON-MONETARY CONTRIBUTIONS (The name of each person, organization or committee making in-kind contributions, the nature of each contribution and its fair market value must be stated on a separate attached page.) \$ \_\_\_\_\_

**Grand Total Received** \$ \_\_\_\_\_

# EXPENDITURES

(Attach extra pages if additional space is needed.)

(a) For the preparing, printing, circulation and verifying of nomination papers and for the candidate's official filing fee.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			
			<b>Total Spent</b> \$ _____

(b) For the candidate's and campaign personnel's personal traveling expenses.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			
			<b>Total Spent</b> \$ _____

(c) For rent, furnishing, and maintaining headquarters and halls and rooms for public meetings, including light, heat, and telephone.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			
			<b>Total Spent</b> \$ _____

(d) For payment of personnel.

1. Campaign manager or managers.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			
			<b>Total Spent</b> \$ _____

2. Advertising agency or agencies and publicity agent or agents.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			

Total Spent \$ \_\_\_\_\_

3. Stenographers and clerks.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			

Total Spent \$ \_\_\_\_\_

4. Precinct workers.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			

Total Spent \$ \_\_\_\_\_

5. Speakers.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			

Total Spent \$ \_\_\_\_\_

6. Entertainers.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			
			<b>Total Spent</b> \$ _____

(e) For the preparing, printing and posting of billboards, signs and posters.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			
			<b>Total Spent</b> \$ _____

(f) For the preparing, printing, and distribution of literature by direct mail, including postage, throwaways and handbills.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			
			<b>Total Spent</b> \$ _____

(g) For newspaper advertising.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>None</u>			
			<b>Total Spent</b> \$ _____

(h) For radio and television advertising and speech time.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<b>NONE</b>			

Total Spent \$ \_\_\_\_\_

(i) For office supplies, precinct lists, postage other than that provided for in subdivision (f), expressage and telegraphing relative to candidacy.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<b>NONE</b>			

Total Spent \$ \_\_\_\_\_

(j) For making canvasses of voters and public opinion surveys.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<b>NONE</b>			

Total Spent \$ \_\_\_\_\_

(k) For conveying voters to and from the polls.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<b>NONE</b>			

Total Spent \$ \_\_\_\_\_

(l) For supervising the registration of voters.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			
			<b>Total Spent</b> \$ _____

(m) For watching the polling and counting of votes cast.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			
			<b>Total Spent</b> \$ _____

(n) For photographs, mats, cuts, art work and displays.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			
			<b>Total Spent</b> \$ _____

(o) For petty cash items relative to candidacy.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			
			<b>Total Spent</b> \$ _____
			<b>Grand Total Spent</b> \$ _____

Does the above report reflect all contributions, loans, and pledges furnished directly or indirectly and all expenditures on behalf of your candidacy?

Yes  
(YES or NO)

If answer is No, then list below the name of each committee known to you which has or may have received contributions, loans, or pledges or has made or may have made expenditures on behalf of your candidacy, along with the name, address and telephone number of the treasurer or other responsible officer of each committee.

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I have used all reasonable diligence in the preparation of this statement and it is true and is as full and explicit as I am able to make it.

I declare under penalty of perjury that the foregoing is true and correct.

Dated 2-26-74

Jackie W. Malteser  
Signature of Candidate  
715 WOODLAND AVE.  
Address  
SAN LEANDRO, CALIF. 94577  
City, State, Zip Code  
(415) 638-4490  
Telephone Number



**FORM C**

SECRETARY OF STATE OF CALIFORNIA

**CANDIDATE'S  
CAMPAIGN STATEMENT**

(Government Code Sections 3750-3754;  
Elections Code Sections 11500-11631)

**THIS STATEMENT MUST BE FILED BY MARCH 1, 1974**

Name of Candidate: JACK D. MALTESTER

Office which you hold (if applicable) MAYOR - CITY OF SAN LEANDRO District No. \_\_\_\_\_

Office for which you are a candidate (if applicable) MAYOR District No. \_\_\_\_\_

**RECEIPTS**

List on the following lines the name of every contributor who made contributions subsequent to the filing of your last campaign statement and through December 31, 1973. Specify the exact amount in the case of contributors who gave a total of more than \$500. Political committees which made contributions should be listed separately as indicated on page 2. Loans, pledges, contributions of goods or services ("in-kind" contributions), and contributions by the candidate should be stated as indicated on page 2. Attach extra sheets if necessary.

NAME

(Contributors other than political committees)

AMOUNT \*

NAME	(Contributors other than political committees)	AMOUNT *
		\$ _____
		\$ _____
	<u>NONE</u>	\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
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		\$ _____

\* Must be shown for each contributor who contributed a total of more than \$500.



**RECEIPTS—Continued**

NAME

(Contributors other than political committees)

AMOUNT \*

	\$
	\$
<u>NONE</u>	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

NAME OF POLITICAL COMMITTEE

NAME OF OFFICER, ADDRESS, TELEPHONE

AMOUNT \*

	\$
<u>NONE</u>	\$
	\$
	\$
	\$
	\$

\* Must be shown for each contributor who contributed a total of more than \$500.

**Total** \$

**Amount Contributed by Candidate** \$

TOTAL LOANS RECEIVED (The name of each person, organization or committee making and/or guaranteeing each loan, the due date of each loan, and the exact amount of each loan over \$500, must be listed on a separate attached page.) \$

TOTAL PLEDGES (The name of each person, organization or committee which has promised to contribute more than \$500, and the amount each such contributor has promised, must be stated on a separate attached page.) \$

TOTAL VALUE OF NON-MONETARY CONTRIBUTIONS (The name of each person, organization or committee making in-kind contributions, the nature of each contribution and its fair market value must be stated on a separate attached page.) \$

**Grand Total Received** \$

**EXPENDITURES**

(Attach extra pages if additional space is needed.)

(a) For the preparing, printing, circulation and verifying of nomination papers and for the candidate's official filing fee.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			

**Total Spent** \$ \_\_\_\_\_

(b) For the candidate's and campaign personnel's personal traveling expenses.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			

**Total Spent** \$ \_\_\_\_\_

(c) For rent, furnishing, and maintaining headquarters and halls and rooms for public meetings, including light, heat, and telephone.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			

**Total Spent** \$ \_\_\_\_\_

(d) For payment of personnel.

1. Campaign manager or managers.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			

**Total Spent** \$ \_\_\_\_\_

2. Advertising agency or agencies and publicity agent or agents.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			

Total Spent \$ \_\_\_\_\_

3. Stenographers and clerks.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			

Total Spent \$ \_\_\_\_\_

4. Precinct workers.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			

Total Spent \$ \_\_\_\_\_

5. Speakers.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u>NONE</u>			

Total Spent \$ \_\_\_\_\_

6. Entertainers.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
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NONE

Total Spent \$ \_\_\_\_\_

(e) For the preparing, printing and posting of billboards, signs and posters.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
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NONE

Total Spent \$ \_\_\_\_\_

(f) For the preparing, printing, and distribution of literature by direct mail, including postage, throwaways and handbills.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
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NONE

Total Spent \$ \_\_\_\_\_

(g) For newspaper advertising.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
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NONE

Total Spent \$ \_\_\_\_\_

(h) For radio and television advertising and speech time.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
NONE			
			Total Spent \$ _____

(i) For office supplies, precinct lists, postage other than that provided for in subdivision (f), expressage and telegraphing relative to candidacy.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
NONE			
			Total Spent \$ _____

(j) For making canvasses of voters and public opinion surveys.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
NONE			
			Total Spent \$ _____

(k) For conveying voters to and from the polls.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
NONE			
			Total Spent \$ _____

(l) For supervising the registration of voters.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
NONE			
			<b>Total Spent</b> \$ _____

(m) For watching the polling and counting of votes cast.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
NONE			
			<b>Total Spent</b> \$ _____

(n) For photographs, mats, cuts, art work and displays.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
NONE			
			<b>Total Spent</b> \$ _____

(o) For petty cash items relative to candidacy.

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
NONE			
			<b>Total Spent</b> \$ _____
			<b>Grand Total Spent</b> \$ _____

Does the above report reflect all contributions, loans, and pledges furnished directly or indirectly and all expenditures on behalf of your candidacy?

Yes  
(YES or NO)

If answer is No, then list below the name of each committee known to you which has or may have received contributions, loans, or pledges or has made or may have made expenditures on behalf of your candidacy, along with the name, address and telephone number of the treasurer or other responsible officer of each committee.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have used all reasonable diligence in the preparation of this statement and it is true and is as full and explicit as I am able to make it.

I declare under penalty of perjury that the foregoing is true and correct.

Dated 2-26-74

Jack D. Mattester  
Signature of Candidate  
715 Woodland Ave.  
Address  
SAN LEANDRO, CALIF. 94577  
City, State, Zip Code  
(415) 638-4490  
Telephone Number