

Form 470

(Interim Form)

CANDIDATES CAMPAIGN STATEMENT

SHORT FORM

(GOVERNMENT CODE SECTION 84200-84214)

Period Jan. 1, 1977 through June 30, 1977

					A		
	not more than \$200 has been tions or expenditures exceed						
Name of candidate	Jack D. Malte	ster			, .	·	
Residential address	715 Woodland	Ave., San Lea	andro, CA.	94577 P	hone _	638-4490	(415)
Business address	835 East 14th	St., San Lea	andro, CA.	94577 P	hone _	577-3355	(415)
Type of election	Off-Year (PRIMARY, GENERAL	., SPECIALI	Date	of election	IMC	ONTH, DAY, YE	AR)
•	are a candidatestrict number (if applicable) _	C					
		VERIFICAT	TION				
	ty of perjury that to the best of my candidacy, by myself					d or expended	no t
Executed on		at	San Leand	iro, Califor	nia		
	(DATE)	_	Gan	Su Ma	ele	L	
				ISIGNATURE O	F CANDI	DATE	



Form 470

(Interim Form)

CANDIDATES CAMPAIGN STATEMENT

SHORT FORM

(GOVERNMENT CODE SECTION 84200-84214)

Period ___ 1 July 1976 __ through __ 31 December 1976

RECEIVED CITY OF SAN LEANDRO

JAN 3 1 1977

RICHARD H. WEST

Political party and o	district number	(п аррпсас			•	
Office for which you	•		None			
Type of election	None (P	RIMARY, GEN	ERAL, SPECIAL		_ Date of election.	(MONTH, DAY, YEAR)
Business address _	City Hall		14th St. Sa	an Leandro	California	Phone 415-577-3355
Residential address	715 Wo	odland Av	renue San I	Leandro, Ca	alifornia 9457 (ZIP CODE) 9457	7 Phone 415-638-4490
Name of candidate _	Jack I	. Maltest	er			



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_____

(SIGNATURE OF CANDIDATE)

OTE: Once contribu	not more than \$200 has be tions or expenditures exce	ed \$200 for the ENTIRE C	AMPAIGN, the cand	idate must	~1149.+01m**430.* ÷
· ame of candidate	Jack D. Maltester				
	-	•			
esidential address	715 Woodland Avenue	, San Leandro, Calif	. 94577 . (ZIP CODE)	_ Phone	(415) 638-4490
usiness address	835 East 14th Stree	t, San Leandro, Cali	E. 94577 · ZIP CODE)	_ Phone _	(415) 577-3355
ype of election	Off work Report	RAL, SPECIALI	Date of election	lM:	ONTH, DAY, YEAR)
olitical party and d	istrict number (if applicabl	e)	-		
		VERIFICATION			
declare under pena	Ity of perjury that to the be ort of my candidacy, by mys	est of my knowledge not mo self or by any committee of	ore than \$200 has be which I have know	een receive ledge.	ed or expended on
chair of or in copp.		• •	•		
Executed on	July 22, 1975	atSan	Leandro, Califo	ornia Y AND STAT	E)
	(DATE)	/	1,100		4

THE PROPERTY OF THE PARTY OF TH 15 M US JUL 24 All 8:51 IN WATER CLASS OF VOTERS COUNTY OF ALABEDA

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E.

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(Interim Form)

CANDIDATES CAMPAIGN STATEMENT

SHORT FORM

REGISTRAR OF VOTERS
COUNTY OF ALAMEDA

(GOVERNMENT CODE SECTION 84200-84214)

1975 JUL 24 AM 8:51

Period Jan. 7, 1975 through June 30, 1975

RECEIVED / FILED

DEPUTY REGISTRAR____

(SIGNATURE OF CANDIDATE)

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.

•	T. 1. D. Mail 400407	
Name of candidate	Jack D. Maltester	
	715 Woodland Avenue, San Leandro, Calif. 94577 Phone (415) 638-4490	ı
Residential address	(NO. AND STREET) (CITY)	
	835 East 14th Street, San Leandro, Calif. 94577 Phone (415) 577-3355	
Business address	(NO. AND STREET) (CITY) (STATE) ZIP CODE) (AREA CODE)	
Type of plaction	Off-year Report Date of election (MONTH, DAY, YEAR)	
Type of election	(PRIMARY, GENERAL, SPECIAL)	
Office for which you	are a candidate	
Political party and d	istrict number (if applicable)	
	• • VERIFICATION .	
I declare under pena behalf of or in suppo	alty of perjury that to the best of my knowledge not more than \$200 has been received or expended on or or of my candidacy, by myself or by any committee of which I have knowledge.	
Proceedings and	July 22, 1975 at San Leandro, California	
Executed on	(DATE)	

COUNTY OF ALAREM COUNTY OF ALAREM COUNTY OF ALAREM COUNTY OF ALAREM COUNTY OF ALEMAN CANDIDATE'S

CAMPAIGN STATEMENT

SUMMARY REPORT

(Election Code Sections 11500 - 11614) RECEIVED

APR 2 1974

清樓

Page 1 RICHARD H. WEST

lame of Candidate	JACK D. MALTES	TER		CITY
esidential Address	San Leandro, Ca.	Residental T	elephone Number	638-4490
	94577			
	25 F 14th Ct	Post Tol	1	622 4722
S Ress Address O	<u>35 E. 14th St.</u> an Leandro, Ca. 9	business lete	phone Number	638-4100
	an Boundto, ca. 5		•	
pe of Election (Pr	imary, General or Speci	al) .		•
ate of Election	April Month	9	1974	
	Month	Day	Year	
ffice for which you	are a Candidate <u>MA</u>	YOR OF SAN LE	ANDRO	
olitical Party and	District Number (if app	licable) <u>n/a</u>		
overing Period from	March 13, 1974	to	April 1, 19	74
List all committe expenditures on	ees subject to your con behalf of your candidac	trol which have re y.	celved contributi	ons or made
COMMITTEE NAME	COMMITTEE ADDRESS	TREASURER	ADDRESS	PHONE NUMBER
MALTESTER	114 Parrott St.	GERALD P.		(415)
CAMPAIGN	San Leandro, Ca.	CONNITT	same	483-3900
•				
. List all addition or made expendit	nal committees of which ures on behalf of your	you have knowledg	e which have rece	ived contributi
COMMITTEE	COMMITTEE	TREASURER	ADDRESS	90000
NAME	ADDRESS	- \	ADDRESS	PHONE NUMBER
				
				
	. VERIFICA	TION		
declare under pena	lty of perjury that I h	ave read this camp	aign statement and	i the campaign
atements of each complete to the best	ommittee listed in Sect	ion a above and th	at these statemen	ts are true and
ecuted on Apri	1 1, 1974	. San Leand:	ro, Ca. 94577	
Dat		Place		·····
		<i>∴</i>		
		4.1	Q its	_
		Signature	Mailletin	

JACK D. MALTESTER

Name of Candidate

Covering Period from March 13, 1974

Column b Column c Column a Cumulative Cumulative Total from This Period to Date Previous Period **RECEIPTS** \$300.00 -0-\$300.00 Monetary contributions -Column a + (Total of Schedule A) -0-Column b -0--0-Non-monetary contributions Column a + (Total of Schedule B) Column b -0--0--0-3. Pledges (Total of Schedule C) Column a + Column b -0-\$300.00 \$300.00 Total contributions (add 1,2, & 3) Column a + $column_0b$ -0--0-Unpaid loans (Total at beginning (Net Change for (Total at end (Total of Schedule D) period) of period) of period) \$300.00 · 6. Total receipts \$300.00 (add 4 & 5) Column a + Column b **EXPENDITURES** 7. Payments -\$390.15 -0-\$390.15 (Total of Schedule E) Column a + Column b 8. Accrued expenses (unpaid bills) -0--0--0-(Total of Schedule F) (Total at end (Total at beginning (Net Change for of period) -period) of period) Total expenditures \$390.15 \$390.15 (add 7 & 8) Column a + Column b STATEMENT OF CHANGES IN FINANCIAL CONDITION Cash on hand at beginning -0this period. Cash receipts this period -0-(Line 1, column b + Line 5, column b) 12. Cash Payments this period (Line 7. -ñcolumn b) Cash on hand at closing date (Line 10 + 11 - 12) 14. Liabilities (Line 5, column C + Line 8, column c) -0-Surplus (if line 13 is greater than line 14, subtract line 14 from line 13) -0-Deficit (if line 14 is greater than 13, subtract line 13 from line 14. -0CANDIDATE'S

CAMPAIGN STATEMENT

SUMMARY REPORT

(Election Code Sections 11500 - 11614) RECEIVED CITY OF SAN LEANDRO

APR 2 1974

Page 1 RICHARD H. WEST

Name of Candidate	JACK D. MATJ	ESTER		City
	JACK D. MALT 715 Woodland A			600 4400
Residential Addres	ss <u>San Leandro, C</u>	a. Residental	Celephone Number	638-4490
	94577			
Ruelmase Addrass	835 E. 14th St.	Pusianes Tole	anhana Number	629-4300
ביים המיונים המיונים	San Leandro, Ca.	94577	shrione dompet	030-4100
-			•	
Type of Election	(Primary, General or Spe	ecial) .		
Date of Election _	April	99	1974	
	Month	Day	Year	
Office for which y	you are a Candidate	MAYOR OF SAN LE	ANDRO	
Political Party as	nd District Number (if	annlicable) n/a		
Covering Period fi	rom <u>March 13, 19</u>	74 to	April 1, 19	/ 4
	·			
a. List all commi	ittees subject to your	control which have re	eceived contribution	ons or made
expenditures of	on behalf of your candi	dacy.	•	
COMMITTEE NAME	COMMITTEE Address	TREASURER	ADDRESS	PHONE
MALTESTER	114 Parrott St	. GERALD P.		NUMBER (415)
CAMPAIGN	San Leandro, C	a. CONNITT	same	483-3900
				1
			l	
 List all addit or made expend 	tional committees of wh ditures on behalf of yo	ich you have knowled ur candidacy.	ge which have recei	ved contributio
COMMITTEE	COMMITTEE	TDEACHDED	ADDDCCC	
NAME	ADDRESS	TREASURER	ADDRESS	PHONE NUMBER
				
	VERIF	ICATION		
l doolano undon sa				
statements of each	enalty of perjury that I n committee listed in So est of my knowledge.	nave read this camp ection a above and th	paign statement and nat these statement	the campaign s are true and
	·			
xecuted on Ap	ril 1, 1974	at San Leand	ro, Ca. 94577	
	Date	Place	\	
		_		
			30	
		Jack.	1 Shint	
		Signatur	e	
		//		
		//		

CANDIDATES

JACK D. MALTESTER

Name of Candidate

Covering Period from <u>March 13, 1974</u> to April Column b Column c Column a Cumulative Cumulative Total from Previous Period This Period to Date RECEIPTS -0-\$300.00 \$300.00 Monetary contributions -Column a + (Total of Schedule A) Column b -0--0--0-Non-monetary contributions Column a + (Total of Schedule B) Column b -0--0--0-Pledges (Total of Schedule C) Column a + Column b \$300.00 -0-\$300.00 Total contributions (add 1,2, & 3) Column a + Column ob -0--0-Unpaid loans (Total at beginning (Net Change for (Total at end (Total of Schedule D) of period) period) of period) \$300.00 · 6. Total receipts \$300.00 (add 4 & 5) Column a + Column b EXPENDITURES Payments -\$390.15 (Total of Schedule E) \$390.15 Column a Column b 8. Accrued expenses (unpaid bills) -0--0--0-(Total of Schedule F) (Total at end (Total at beginning (Net Change for of period) period) of period) Total expenditures \$390.15 \$390.15 (add 7 & 8) Column a + Column b STATEMENT OF CHANGES IN FINANCIAL CONDITION Cash on hand at beginning -0this period. Cash receipts this period -0-(Line 1, column b + Line 5, column b) Cash Payments this period (Line 7, -ócolumn b) Cash on hand at closing date (Line 10 + 11 - 12) 14. Liabilities (Line 5, column C + -0-Line 8, column c) Surplus (if line 13 is greater than line 14, subtract line 14 from line 13) -0-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 741040 _I.D. Number 114 Parrott St., San Leandro, Ca. 94577 Address_ Telephone Number _ (415) 483-3900 Name of Treasurer __GERALD P. CONNITT 16243 E. 14th St. Residential Address Residential Telephone Number Ca. 94577 San Leandro, 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 <u>March</u> 13, 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 San Leandro, Date

MALTESTER CAMPAIGN

741040

Name of Committee

1.D. Number

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

		Column a	Column b	Column c
REC	EIPTS	Cumulative Total from Previous Period	This Period	Cumulative to Date '
1.	Monetary contributions - (Total of Schedule A)	\$3165.00	\$315.00	\$3480.00 Column a +
2.	Non-monetary contributions (Total of Schedule B)	-0- 	-0-	Column b -0- Column a +
3.	Pledges (Total of Schedule C)		-0-	Column b -0- Column a + Column b
4.	Total contributions (add 1,2, & 3)	\$3165.00	\$315.00	\$3480.00 Column a +
·5.	Unpaid loans (Total of Schedule D)	-0- (Total at beginning of period)	-0- (Net Change for period)	Column b -0- (Total at end of period)
6.	Total receipts (add 4 & 5)	\$3165.00	\$315.00	\$3480.00
•	·	•		Column a +
EXP	ENDITURES			
7.	Payments - (Total of Schedule E)	\$ 901.88	.· •\$738.21	\$1640.09 Column a +
8.	Accrued expenses (unpaid bills) . (Total of Schedule F)	-0- (Total at beginning		Column b -O- (Total at enc
9.	Total expenditures - (add 7 & 8)	of period) \$ 901.88	\$738.21	\$1640.09 Column a +
STA	TEMENT OF CHANGES IN FINANCIAL CONDITION		·	Column b
10.	Cash on hand at beginning this period.	\$2263.12		
11.	Cash receipts this period (Line 1, column b + Line 5, column b)	\$ 315.00		
12.	Cash Payments this period (Line 7, column b)	\$ 738.21		
13.	Cash on hand at closing date (Line 10 + 11 - 12)	\$1839.91		
14.	Liabilities (Line 5, column C + Line 8, column c)			
15.	Surplus (if line 13 is greater than line 14, subtract line 14 from line 13)	\$1839.91		
16.	peficit (if line 14 is greater than 13, subtract line 13 from line 14.		i.	

· \	Page	1	of	1	Pages
	_		- t	ota	31

SUMMARY THIS PAGE

<u>~</u>			
SCHEDULE A	Covering Period from 3/13/74 to	4/1	/74
HONETARY CONTRIBUTIONS	Total monetary contributions of \$100 or more	s	-0-
!	(must be itemized on this schedule) Total monetary contributions - under \$100	+	315.00
(See Instruction Nanual for directions	(need not be itemized) TOTAL MONETARY CONTRIBUTIONS	\$	315.00
and examples)	<pre>(enter this total on line no. 1, column b of Summary Sheet)</pre>		

MALTESTER CAMPAIGN COMMITTEE

741040

Full Name of Candidate or Committee

Committee I.D. No.

Received From Full Name**	City (& State if not California)	0	Employer (Place of Business If Self-Employed)	Amount This	Cumu- lative Amount
Pull Name ,	not California)	Occupation	II Sell-Employed)	Period	Amount
					
	1.				
	, ,				
					
·····				<u> </u>	
					
	`				
					0

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

FULL NAME AND STREET ADDRESS OF TREASURER).

1NDICATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.

SUMMARY THIS PERIOD SCHEDULE B to 4/1/74 Covering Period from 3/13/74 ION-MONETARY Total non-monetary contributions of \$100 or more CONTRIBUTIONS (must be itemized on this schedule) Total non-monetary contributions of less than \$100 (See Instruction Manual (need not be itemized) for directions and Total non-monetary contributions examples) (Enter this total on Line No. 2, column b summary sheet) MALTESTER CAMPAIGN COMMITTEE 741040 Full Name of Candidate or Committee . Committee 1. D. No. Full Name*** Occupation Employer (place Fair Market Value City Amt. of Cumula of business, if Amt. of Contrib. (& State if not Calif.) self-employed) Description of Contribution this Period tive contribution. (Attach additional information on Subtotal this Page XXXXXXXXXXXXX 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.

312

Full Name≭*	City (& State if not Calif	Occupation)	Name of Employer	Amount of Pledge this Period	Amount of Pledge Paid this Period (also enter on Sched.A) (b)	tive Pledge
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	·			<u> </u> .		
(Attach additio	na l	Subtot	al This Page	\$	\$	xxxxxxxx

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

continuation sheets.)

SUMMARY FOR THIS PERIOD

4/1/74

Covering	Period	from	3	/13	/74	+	to	0

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) Total loans - under \$100 (need not be itemized)

Total loans received 4. Subtract loans paid or forgiven (must be itemized on page 2)

5. Net change of unpaid loans this period (enter this total on line no. 5, column b of summary sheet)

+	-0-	
	0	

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)		nt. ate Date	Unpaid Balance
		•			
	`		·		
<u> </u>					
••					
(Attach additional on appropriately I	labeled	Subtotal		XXXXXXXX	XXXXXXXXXX

**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.

-4	· 1				\sim		
	Rart 2 of	j O su	MMARY THIS	PERIOD	Ose.	1 of]	Pages
	SCHEDULE D	1. Total loans	repaid-\$10	00 or more	\$ <u> </u>)	
	LOANS	column (a)–	
	(See Instruction	2.Total loans (must be	itemized	total of	re		
	Manual for directions and examples	column (1	paid by a	third)	
		party-\$10 (must be	00 or more itemized	-total of			
		column (c	repaid, lo	oans forgi	ven,	0-	
,		-under \$3			rty		
		5.Total loans	t be itemi: repaid, lo	oans forgi	ven, .\$ <u> </u>	0	
		and loan: (enter o	s paid by a n Line 4 o Part 2	a third par f Schedule	B)		
•		(Repayment of t	he Loan, F f the Loan	orgiveness by a Thir	d Party)	an	
•			,	(a)	(b)	(c) Amount Paid by	
					Forgiven	a Third Party	
		City (& State If		Amount	(also enter on	(also enter on	Unpaid
	Full Name	Not California)	Date	Repaid	Sched. A)	Sched. A)	Balance
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		Sı	ubtotal	s	s	S	XXXXXXX

SUMMARY THIS PERIOD

	SCHEDULE E PAYMENTS (See Instruction for directions examples.)	1. To (in 2. To (in 3. To (in 4. (Ei	tal payments - \$ must be itemized tal payments - us eed not be itemis tal accrued exper otal from Schedus and total paymens	on this schedule) nder \$100 zed) nses paid this period le F, Line No 3) ts on Line No. 7. Column IN COMMITTEE	\$ 207.8 + 530.3	8 1 1 10	Page <u>l</u> of To	<u>l'</u> Pages tal	₩.
	PAID TO: Full Name **	City (& State if not Calif.	Mail	Broadcast Advertising (include pro- duction costs)	Newspaper Advertising (c)	Outdoor Advertising (d)	Other Description (e)	Cumula- tive Expendi Amount tures	
	Practical						: '5'	T	
•	Graphics	San Leandro				X			
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	Attach additional	Subtotals	\$			\$207.83	***************************************		XX:
)	nformation on appro- riately labeled con- inuation sheets.)	•	the treasurer).	re is made to a comminumber (or the full reproviding goods or set both persons! full	name and street	address of			

A Links

		SUMMARY THIS PE	RIOD			•		-
	Covering	Period from 3	/13/74 to <u>.4</u>	/1/74	•			
SCHEDULE F AUCRUED EXPENSES (Unpaid Bills) (See Instruction Manual directions and example)	(must land to the content of the con	be itemized this accrued expenses not be itemized) accrued expens nis period - not be itemized ad on Schedule E	ses but must be , Line No. 3) ine No. 8, column	\$ -0- -0- -0- \$ -0- b	. No.	Page <u>l</u> of to	l Pag	ges
MAID 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 Expend tures
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(Attach additional i				,	•	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	••	xxxxxx
on appropriately I continuation sheets	abeled)		re is made to a co No. (or the full r				•	i
	•	If the person the payee, lis	providing goods or t both persons! fi	services is only all name, city	different from and state.		•	
A Company of the Comp				·		,		

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COMMITTEE'S

CAMPAIGN STATEMENT

SUMMARY REPORT

(Election Code Sections 11500 - 11614)

Page 1 741040 Name of Committee __MALTESTER CAMPAIGN _I.D. Number 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 <u>114 Parrott St.</u> _Business Telephone Number <u>(415)</u> 483-3900 San Leandro, Ca. 94577 Type of Election (Primary, General or Special) _ Date of Election ____April 9, 1974 Covering Period from <u>March 13, 1974</u> 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 San Leandro, Signature of

1

MALTESTER CAMPAIGN

741040

Name of Committee

1.D. Number

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

	Column a	Column b	Column c
RECEIPTS	Cumulative Total from <u>Previous Period</u>	This Period	Cumulative to Date
1. Monetary contributions - (Total of Schedule A)	\$3165.00	\$315.00	\$3480.00 Column a +
2. Non-monetary contributions (Total of Schedule B)	-0-	-0-	Column b -0- Column a +
3. Pledges (Total of Schedule C)	-0-		Column b Column a + Column b
4. Total contributions (add 1,2, & 3)	\$3165.00	\$315.00	\$3480.00 Column a + Column b
5. Unpaid loans (Total of Schedule D)	Total at beginning of period)	-0- (Net Change for period)	-0- (Total at end of period)
6. Total receipts (add 4 & 5)	\$3165.00	\$315.00	\$3480.00
			Column a +
EXPENDITURES			
7. Payments - (Total of Schedule E)	\$ 901.88	.÷738.21	\$1640.09 Column a +
8. Accrued expenses (unpaid bills) . (Total of Schedule F)	-0- (Total at beginning of period)	-O- (Net Change for period)	Total at end of period)
9. Total expenditures - (add 7 & 8)	\$ 901.88	\$738.21	\$1640.09
STATEMENT OF CHANGES IN FINANCIAL CONDITION		•	Column a + Column b
 Cash on hand at beginning this period. 	\$2263.12		
11. Cash receipts this period (Line 1, column b + Line 5, column b)	\$ 315.00		
12. Cash Payments this period (Line 7, column b)	\$ 738.21.		
 Cash on hand at closing date (Line 10 + 11 - 12) 	\$1839.91		
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	\$1839.91		
16. Deficit (if line 14 is greater than 13 subtract line 13 from line 14.	-0-	. _j ź, z	

Page_	1	_of	1 ota	Pages
			~~	• •

r .	SUMMARY THIS PAGE	total
SCHEDULE A	Covering Period from 3/13/74 to	4/1/74
HONETARY CONTRIBUTIONS	Total monetary contributions of \$100 or more	s <u>-0-</u>
	(must be itemized on this schedule) Total monetary contributions - under \$100	+ 315.00
(See Instruction Manual for directions and examples)	(need not be itemized) TOTAL MONETARY CONTRIBUTIONS (enter this total on line no. 1,	\$ 315.00

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
	•				
					
					
·					
				· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	Su	total this Page \$		xxxxxxx

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

**1F CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NUMBER (OR FULL NAME AND STREET ADDRESS OF TREASURER).

1 NDICATE 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 4/1/74 IGH-MONETARY Total non-monetary contributions of \$100 or more CONTRIBUTIONS (must be itemized on this schedule) Total non-monetary contributions of less than \$100 (See Instruction Manual (need not be itemized) for directions and Total non-monetary contributions examples) (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** Occupation Employer (place Fair Market Value City of business, if Amt. of Contrib. 1 Amt. of Cumula (& State if not Calif.) self-employed) Description of Contribution this Period tive contribution. (Attach additional information on . Subtotal this Page XXXXXXXXXXXXXXX appropriately labeled continuation sheets.) #IF CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND 1.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.

(enter this total on Line No. 3, Column b, of summary sheet)

MALTESTER CAMPAIGN COMMITTEE 741040
Full Name of Candidate or Committee Committee 1.D. No.

Full Name**	City (& State if not Calif	Occupation)	Name of Employer	Amount of Pledge this Period	Amount of Pledge Paid this Period (also enter on Sched.A) (b)	Pledge
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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

continuation sheets.)

SUMMARY FOR THIS PERIOD

tot.

Covering Period from 3/13/74

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) Total loans - under \$100

-0-

(need not be itemized) Total loans received

4. Subtract loans paid or forgiven (must be itemized on page 2)

5. Net change of unpaid loans this period (enter this total on line no. 5, column b of summary sheet)

MALTESTER CAMPAIGN COMMITTEE

Full Name of Candidate or Committee

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
		•			ſ	
			•			
		_			-	
•						
(Attach additional on appropriately 1	abeled	Subtotal	3		XXXXXXXXX	(XXXXXXXXX

**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.

Rart 2 of	j 🔾 st	MMARY THIS	PERIOD	Q;	<u>l</u> of	l_Pages
SCHEDULE D	l.Total loans			\$()	
LOANS .	column (,	•	
(See Instruction		itemized-		re <u></u>	0-	
Manual for directions and examples	column ()) 3.Total loans		third		0	
tions and examples	party-\$1	00 or more itemized-			· · · · · · · · ·	
	column (c))		-	0-	
	and loan	s paid by	a third pa	rty		
		t be itemi:		,	•	
	5.Total loans and loan	s paid by	a third pa	rty —	0-	
	(entex o	n Line 4 o Part 2	r Schedule	: b)		
	(Repayment of t	he Loan, F f the Loan	orgiveness by a Thir	d Party)	an	
		,	(a)	(b)	(c) Amount Paid by	
				Amount Forgiven	a Third	
	City			(also	Party (also	
Full Name	(& State If Not California)	Date	Amount Repaid	enter on Sched. A)	enter on Sched. A)	Unpaid Balance
,						
			, , , , , , , , , , , , , , , , , , , 			
:	-					
	Sı	ubtotal	s	s	\$	xxxxxxx

SUMMARY THIS PERIOD

	SCHEDULE E. PAYMENTS (See Instruction for directions examples.)	1. To Manual 2. To (r 3. To (t Gr 4. (E) MALTE	otal payments - \$10 (must be itemized of otal payments - under the itemized not be itemized otal accrued expensional from Schedule rand total payments	on this schedule) Her \$100 Her \$100 Hes paid this period F, Line No 3) Hes Line No. 7. Column HES COMMITTEE	\$ 207.8 + 530.3 0-	8 	Page <u>l</u> of To	<u>1'</u> Pages	-
	PAID TO: Full Name ★★	City (& State if not Calif.	Mail	Broadcast Advertising (include pro- duction costs) (b)	Newspaper Advertising (c)	Outdoor Advertising	Other Description	Amount	Cumula- tive Expendi- tures
	Practical Graphics	San Leandro		107	(6)	X	(e)		
			,		·			<u> </u>	
			•				· · · · · · · · · · · · · · · · · · ·		
_)	· .					, /,		•
	(Attach additional information on appropriately labeled continuation sheets.)	Subtotals	the treasurer).	is made to a commimber (or the full recording goods or second to both persons full	name and street	address of	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		xxxxxxxxxx.

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SUMMARY THIS PERIOD

		301112-11112-1	Citros					
•	Cover	ing Period from	3/13/74 to 4	1/74	• •			
SCHEDULE F ACCRUED EXPENSES (Unpaid Bills) (See Instruction Madirections and exa	2. Total (new pair substitution of the pair substitution pair subs	al accrued expenses st be itemized this al accrued expense ed not be itemized tract accrued expense i this period - ed not be itemized	s - under \$100 i) inses	\$ -0- -0-		Page <u>l</u> of to	<u>l</u> Pag otal	jes
· · · · · · · · · · · · · · · · · · ·	ent 4. Tota (ent sum MALTES	ered on Schedule I accrued expense	E, Line No. 3) s Line No. 8, column OMMITTEE	\$ 5 741040 Committee 1.D.	No.			
PAID TO: Full Name 보다	City (& State if not Calif.)	Mai I	Broadcast Advertising (include pro- duction costs) (b)	Newspaper Advertising	Outdoor Advertising (d)	Description (e).	Amount	Cumula tive Expend tures
		·	·					
may an analysis of the second								
0	to restaurant to the second second of the second se						•	
(Attach additiona		\$	·			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	•	xxxxxx
on appropriately continuation she		mame and 1.D. the treasurer	ure is made to a co No. (or the full r	ommittee, list name and stree	the committee's	ĺ		i
		if the person the payee, li	providing goods or st both persons' fo	r services is outliname, city	different from and state.			
						,		

CANDIDATE'S

CAMPAIGN STATEMENT

SUMMARY REPORT

(Election Code Sections 11500 - 11614)

RECEIVED CITY OF SAN LEANDRO

MAR 1 5 1974

name of Candidate	715 Woodland Asso	TESTER		
Residential Addres	715 Woodland Ave. SanLeandro, Ca.	Residental Te	lephone Number	638-4490
	94577		~< 1-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Business Address _ —	835 E. 14th St. San Leandro, Ca. 9	Business Telep	ohone Number 63	8-4100
	Primary, General or Speci			
Date of Election _	April	9	1974	
	Month	Day	Year	
Office for which y	ou are a Candidate	Mayor of San	Leandro	· · · · · · · · · · · · · · · · · · ·
Political Party an	d District Number (if app	licable) <u>n/a</u>		
Covering Period fr	om January 1. 1974	to M	arch 12 1974	
expenditures o	ttees subject to your con n behalf of your candidac COMMITTEE	trol which have red y. TREASURER	eived contributio	ns or made PHONE
NAME ALTESTER	ADDRESS 114 Parrott ST			NUMBER
AMPAIGN	San Leandro, Ca.	GERALD P. CO	NNITT same	(415) 483-390
 		,		
•				
o. List all addit or made expend	ional committees of which itures on behalf of your	you have knowledge candidacy.	which have receiv	ved contributions
COMMITTEE NAME	COMMITTEE Address	TREASURER	ADDRESS	PHONE Number
		:		
	,			
			,	-
•	VERIFICAT			
tatements of each	nalty of perjury that I had committee listed in Sections of my knowledge.	ave read this campa	ign statement and t these statements	the campaign s are true and
	March 12, 1974	San: Lea:	ndro, Californ	nia:94577
	Pate	Place		
		Q 10	2 0 A	•
ŝ		Signature	riaxres	· .
Į.				

JACK D. MALTESTER Name of Candidate

Covering Period from January 1, 1974 to March 12 Column a Column b Column c Cumulative Total from Cumulative RECEIPTS Previous Period This Period to Date \$300.00 \$300.00 1. Monetary contributions -(Total of Schedule A) Column a + Column b Non-monetary contributions (Total of Schedule B) . Column a + Column b 3. Pledges (Total of Schedule C) Column a + Column b Total contributions (add 1,2, & 3) \$300.00 \$300.00 Column a + -0-Unpaid loans (Total at beginning (Net Change for (Total at end (Total of Schedule D) of period) period) of period) 6. Total receipts \$300000 \$300-00 (add 4 & 5) Column a + Column b EXPENDITURES Payments -\$390.15 (Total of Schedule E) \$390.15 Column a + 13 Column b 8. Accrued expenses (unpaid bills) -0-(Total of Schedule F) (Total at beginning (Net Change for (Total at end of period) period) of period) Total expenditures -0-\$390.15 \$390.15 (add 7 & 8) Column a + Column b STATEMENT OF CHANGES IN FINANCIAL CONDITION 10. Cash on hand at beginning this period. 11. Cash receipts this period (Line 1; column b + Line 5, column b) \$300.00 12. Cash Payments this period (Line 7, column b) 13. Cash on hand at closing date
(Line 10 + 11 - 12) 14. Liabilities (Line 5, column C + Line 8, column c) 15. Surplus (if line 13 is greater than line 14, subtract line 14 from line 13) Deficit (if line 14 is greater than 13, subtract line 13 from line 14.

f Pages

SUMMARY THIS PAGE

SCHEDULE A

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

HONETARY CONTRIBUTIONS Total monetary contributions of \$100 or more

(must be itemized on this schedule) Total monetary contributions - under \$100 s_300.00 + 130.00

Abee Instruction Manual for directions and examples)

(need not be itemized) TOTAL MONETARY CONTRIBUTIONS

(enter this total on line no. 1,

430.00

יקיינים b of Summary Sheet)

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

741040 Committee I.D. No.

Subtotal this Page \$ 300.00 KXXXXXXX

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	Restaurant Owner	BLUE DOLPHIN	200.00	,
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(Attach additional information on page 2 of Schedule A.)

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

1NUICATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.

SUMMARY THIS PERIOD

|--|

PAYHENTS

(See Instruction Manual for directions and examples.)

Covering Period from _1/1/74: to 3/12/74

1. Total payments - \$100 or more

(must be itemized on this schedule) 2. Total payments - under \$100

\$ 300.00

(need not be itemized)

+ 90.15

3. Total accrued expenses paid this period (total from Schedule F, Line No 3) Grand total payments

390 15

4. (Enter this total on Line No. 7, Column b summary sheet)

\$390.15

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

Committee 1.D. No.

PAID TO: Full Name **	City	Mall	Broadcast Advertising (include pro-	Newspaper Advertising	Outdoor Advertising	Other		Cumula- tive
	(& State if not Calif.)	·	duction costs)	(c)	(d)	Description (e)	Amount	Expendi- tures
DAVE HOUSER	SAN LEANDRO					Salary for Campaign Mgr.	200.00	
CITY OF SAN LEANDRO	SAN LEANDRO					File Statement of Oualification	100.00	
	•			·			<u> : </u>	
	•							
		·				<u> </u>		
}						,		
	·.				·	j,		
ttach additional	Subtotals \$					***********	300.00	xxxxxxxx

information on approoriately labeled continuation sheets.)

if expenditure is made to a committee, list the committee's name and 1.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 🤼

4

· · · · · · · · · · · · · · · · · · ·	the second second
Name of Committee MALTESTER CAMPAIGN 1.D. Number 7	41040
Address 114 Parrott Street, San Leandro, Ca. 945777	
Telephone Number (415) 483-3900	
Name of Treasurer <u>GERALD P. CONNITT</u>	
Residential AddressResidential Telepl	none 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 <u>January 1, 1974</u> to <u>March 12,</u>	1974
VERIFICATION	
I declare under penalty of perjury that this campaign statement is true complete and that I have used all reasonable diligence in its preparati	e, correct and on.
Executed on March 12, 1974 at San Leandro, C	alifornia 94577
Signature of Tre	onnitt,

GERALD P. CONNITT

MALTESTER CAMPAIGN COMMITTEE

Name of Committee

741040 1.D. Number

Covering Period from 1/1/74

_t6_3/12/74

	•			
		Column a	Column b	Column c
RE	CEIPTS	Total from Previous Period	This Period	Cumulative to Date
1.	Nonetary contributions - (Total of Schedule A)		\$3165.00	\$3165.00 Column a +
2.	Non-monetary contributions (Total of Schedule B)	0		Column b -0- Column a +
3.	Pledges (Total of Schedule C)	-0-	-0-	Column b
4.	Total and the first of the same	•	3	Column a + Column b
7.	Total contributions (add 1,2, & 3)		\$3165.00	\$3165.00 Column a +
·5.	Unpaid loans (Total of Schedule D)	-0- (Total at beginnin of period)	-0- g (Het Change for period)	Column b -0- (Total at end of period)
6.	Total receipts (add 4 & 5)		\$3165.00	\$3165:00
				Column a +
EXF	ENDITURES .			
7.	Payments - (Total of Schedulc E)	-0-	\$901.88	\$ 901.88
8.	Accived expenses (unpaid bills) . (Total of Schedule F)	-0-	O	Column a + Column b
	-	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
9.	Total expenditures - (add 7 & 8)	· -0-	\$901.88= 5	\$ 901.88
.•		•		Column a +
STA	TEMENT OF CHANGES IN FINANCIAL CONDITION	3, .	· ·	- Column b
10.	Cash on hand at beginning this period.	0- ·		
11.	Cash receipts this period (Line 1, column b ÷ Line 5, column b)	\$3165.00		**************************************
12.	Cash Payments this period (Line 7, column b)	901.88	•	~* ~**
13.	Cash on hand at closing date (Line 10 + 11 - 12)	\$2263.12		, ;
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)	\$2263.12	·	
16.	peficit (if line 14 is greater than 13, subtract line 13 from line 14.	-0-	•	,
				ı

SUMMARY THIS PAGE

SCHEDULE A

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

HONETARY CONTRIBUTIONS

Total monetary contributions of \$100 or more (must be itemized on this schedule)
Total monetary contributions - under \$100

(See Instruction Manual for directions and examples) (need not be itemized)
TOTAL MONETARY CONTRIBUTIONS
(enter this total on line no. 1,
column b of Summary Sheet)

\$₂3165.00

₹ 2675.00

490.00

MALTESTER CAMPAIGN COMMITTEE Full Name of Candidate or Committee

741040 Committee I.D. No.

**************************************		· · · · · · · · · · · · · · · · · · ·	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. BARNET	T 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 Blv San Leandro; Ca			
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 XXXXXXX

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

^{**15} CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NUMBER (OR I'LL 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

Full Name of Candidate or Committee

741040

Committee I.D. No.

rull name of Cand	ildate or Committe	·e	Commi	ttee 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 Lændro, 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	
M. LUBKER .	SAN LEANDRO	Unk.	Unk.	100.00	
				٠	•
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<u>-</u>		Sub	total this Page \$	575.00	······································

(Attach additional information on appropriately labeled continuation sheets.)

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

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

SCHEDULE E		Coverin	g Period from	1/1/74 to 3/	12/74	- .	:		
PAYMENTS (See Instruction for directions examples.)		1. Total (mus 2. Total (need 3. Total (tota) Grand 4. (Enter summa	payments - \$1 t be itemized payments - une not be itemized accrued expens I from Schedule total payments r this total or ary sheet)	OO or more on this schedule) der \$100 ed) ses paid this period F, Line No 3) this period COMMITTEE	\$ <u>767.1</u> + <u>134.7</u>	38	Page 1 of To	1 Pages	<i>;;</i> •
PAID TO: Full Name **	City (& State ∙if n		Mail	Broadcast Advertising (include pro- duction costs) (b)	Newspaper Advertising	Outdoor Advertising 	Other Description (e)	Amount	Cumula- tive Expendi- tures
DAVE HOUSER	SAN LEAND	RO					Salary for Campaign Mgr.	\$200.00	
DAVE CORRY SIGN	SAN LEAND	RO .				x			
DAVE HOUSER	SAN LEAND		_	12	:		Salary for Campaign Mgr.	\$200.00	
			•	:				-	
			·			·			
									•
			,		***************************************		<i>j</i> ;		
Attach additional	Subto	tals \$				\$367.14		,400.00	xxxxxxxx

information on approoriately labeled con-tinuation sheets.)

half expenditure is made to a committee, list the committee's name and 1.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) 9

RECEIVED CITY OF SAN LEANDRO

MAR 1 5 1974

Page 1 RICHARD H. WEST.

Name of Candidate	JACK D. MA	LTESTER		CITY CLERK
Residential Address	715 Woodland Ave	Posidonta	I Talashara Number	639-4400
	94577	nesidenta	re reptione number	638-4490
	94577			ŗ
Business Address	835 E. 14th St. San Leandro, Ca.	Business To	elephone Number 63	38-4100
·	San Leandro, Ca.	94577	•	
				•
	rimary, General or Spe	-		
Date of Election	April Month	9	· 1974	
		•		
Office for which you	are a Candidate	Mayor of S	San Leandro	
Political Party and	District Number (if a	pplicable) <u>n/a</u>	, !	
	January 1. 197			
	•			
a. List all committ	ees subject to your c	ontrol which have	received contribution	ons or made
expenditures on	behalf of your candid	acy.	•	
COUNTTEE	COMMITTEE	705454070		
COMMITTEE NAME	COMMITTEE Address	TREASURER	ADDRESS	PHONE . NUMBER
MALTESTER	114 Parrott ST			
CAMPAIGN	San Leandro, Ca	. GERALD P.	CONNITT same	(415) 483-390
·				
		İ		
			_	
·				
 b. List all additions or made expendit 	onal committees of which	ch you have knowler candidacy.	edge which have rece	ived contributions
COMMITTEE	COMMITTEE	TREASURER	ADDRESS	PHONE
NAME NAME	ADDRESS			NUMBER
			:	
				
•	VERIFI	CATION		
l doolone		•		•
statements of each c	Ity of perjury that I ommittee listed in Sec	have read this ca ction a above and	impaign statement and that these statement	the campaign
complete to the best	of my knowledge.		the these statement	.s die Liue allu
R.E	arah 12 3074	Carrie T	annama 0-145	min:04577
Executed onDat	arch 12, 1974	_atsan' i	eandro, Califor	m1a: 945//
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Jacke Mallerto Signature

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ASR ...

RICHARD H. WEST

Page 2

Name of Candidate

Covering Period from January 1, 1974 to March 12

Column a Column b Column c Cumulative Total from. Cumulative-RECEIPTS Previous Period to Date This Period \$300.00 \$300.00 1. Monetary contributions -(Total of Schedule A) Column a + Column b Non-monetary contributions (Total of Schedule B) Column a + Column b Pledges (Total of Schedule C) Column a + Column b -0-Total contributions (add 1,2, & 3) \$300.00 \$300.00 Column a + -0-Unpaid loans -0-(Total of Schedule D) (Total at beginning (Net Change for Total at end period) of period) of period) \$300000 \$300.00 Total receipts (add 4 & 5) Column a + Column b **EXPENDITURES** 7. Payments -(Total of Schedule É) \$390.15 Column a + 1. Column b Accrued expenses (unpaid bills) -0-(Total of Schedule F) (Total at beginning (Net Change for (Total at end of period) period) of period) Total expenditures -0-\$390.15 \$390.15 (add 7 & 8) Column a + Column b STATEMENT OF CHANGES IN FINANCIAL CONDITION 10. Cash on hand at beginning this period. 11. Cash receipts this period (Line 1; column b + Line 5, column b) \$300.00 12. Cash Payments this period (Line 7, column b) Cash on hand at closing date (Line 10 + 11 - 12) 14. Liabilities (Line 5, column C + · Line 8, column c) 15. Surplus (if line 13 is greater than line 14, subtract line 14 from line 13) Deficit (if line 14 is greater than 13, subtract line 13 from line 14.

SUMMARY THIS PAGE

SCHEDULE A

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

\$ 300.00 MONETARY CONTRIBUTIONS Total monetary contributions of \$100 or more (must be itemized on this schedule)

Total monetary contributions - under \$100

+ 130.00

thee Instruction Manual for directions and examples)

(need not be itemized) TOTAL MONETARY CONTRIBUTIONS

(enter this total on line no. 1, n b of Summary Sheet)

430.00

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	
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<u>Omnored and the formation of the continuous operators</u>					
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- 29					
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Subtotal this Page \$ 300.00 KXXXXXXX

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

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

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

SUMMARY THIS PERIOD

SCHEDULE E	'
PAYHENTS	`
(See Instruction Manual	

for directions and

examples.)

Covering Period from 1/1/74.

1. Total payments - \$100 or more (must be itemized on this schedule)

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)

\$ 300.00

Grand total payments

390 75

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 1.D. No.

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

(Attach additional information on approoriately labeled continuation sheets.)

if expenditure is made to a committee, list the committee's name and 1.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

•	t of
Name of Committee MALTESTER CAM	PAIGN .D. Number 741040
Address <u>114 Parrott Street.</u>	San Leandro, Ca. 945777
Telephone Number <u>(415) 483-390</u>	0
Name of Treasurer <u>GERALD P</u> CO	יייידאאכ
Residential Address	Residential Telephone Number
Business Address <u>114 Parrott St</u> .	Business Telephone Number <u>(415)</u> 483-3900
San Leandro, Ca	a. 94577
Type of Election (Primary, General or	Special)
Date of Election April 9,	1974
Covering Period from <u>January 1, </u>	1974 to <u>March 12, 1974</u>
	VERIFICATION .
I declare under penalty of perjury that complete and that I have used all reas	at this campaign statement is true, correct and conable diligence in its preparation.
Executed on <u>March 12, 1974</u> Date	at San Leandro, California 94577 Place Hydrald Canada
	Signature of Treasurer

GERALD P. CONNITT

MALTESTER CAMPAIGN COMMITTEE

Name of Committee

741040 1.D. Number

Covering Period from 1/1/74

_t6 _3/12/74

	•	Column a	Column b	Column c
RE	CEIPTS	Total from Previous Period	This Period	Cumulative
1.	Honetary contributions - (Total of Schedule A)	-0-	\$3165.00	to Date \$3165.00
2.	Non-monetary contributions (Total of Schedule B)			Column a + Column b -0-
3.	Pledges (Total of Schedule C)	-0-	-0-	Column a +
1.	Total contains to () ()	•		Column a + Column b
	Total contributions (add 1,2, & 3)	-0-	\$3165.00	\$3165.00 Column a + Column b
·5.	Unpaid loans (Total of Schedule D)	Total at beginning of period)	-0- (Net Change for period)	-0- (Total at end of period)
6.	Total receipts (add 4 & 5)		\$3165.00	\$3165.00
		٠		Column a +
EXP	ENDITURES			
7.	Payments - (Total of Schedule E)	-0-	- \$901.88	\$ 901.88
8.	Accrued expenses (unpaid bills) . (Total of Schedule F)	-0-		Column a + Column b
	-	(Total at beginning of period)	Net Change for period)	(Total at end of period)
9.	Total expenditures - (add 7 & 8)	-0-	\$901.88= %	\$ 901.88
STA	TEMENT OF CHANGES IN FINANCIAL CONDITION	:,	•	Column a +
10.	Cash on hand at beginning	•		
•	this period.	0 .		
11.	Cash receipts this period (Line 1, column b + Line 5, column b)	\$3165.00	,	
12.	Cash Payments this period (Line 7, column b)	901.88	•	* *
13.	Cash on hand at closing date (Line 10 + 11 - 12)	\$2263.12	٠	•
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)	\$2263.12		
16.	peficit (if line 14 is greater than 13, subtract line 13 from line 14.	-0-	• .	e s

SUMMARY THIS PAGE

SCHEDULE A

March 12, 1974 vering Period from January 1,

CONETARY CONTRIBUTIONS

Total monetary contributions of \$100 or more (must be itemized on this schedule) Total monetary contributions - under \$100

Abee Instruction Manual for directions and examples)

(need not be itemized) TOTAL MONETARY CONTRIBUTIONS (enter this total on line no. 1, column b of Summary Sheet)

^{\$}_3165.00

7 11

MALTESTER CAMPAIGN COMMITTEE Full Name of Candidate or Committee

741040 Committee I.D. No.

		:	<u>*</u>		. 16
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. BARNET	T 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	4	·
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	•

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

Subtotal this Page \$

^{**15} CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NUMBER (OR FILL 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	City (& State if		Employer	Amount	Cumu-
Full Name**	not California)	Occupation	(Place of Business If Self-Employed)		lativ Amoun
OE BELLINI	SAN LEANDRO	Pharmacist	215 Estudillo San Lendro, Ca	100.00	
HANUEL NEWMAN &	SAN LEANDRO	Taxi Service	22547 Watkins Hayward, Ca	175.00	
T. NAHAS	OAKLAND	Unk.	44 Farragut Ave Piedmont, Ca.	100.00	
UGENE A. FALSCHI	OAKLAND.	Unk.	Unk.	100.00	
M. LÜBKER .	SAN LEANDRO	Unk.	Unk.	100.00	
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(Attach additional information on appropriately labeled continuation sheets.)

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

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

SUMMARY THIS PERIOD

SCHEDULE E	Cove	ering Period from	1/1/74 _{to} 3/	12/74	.	•		
PAYMENTS (See Instruction for directions examples.)	1. To (Manual 2. To (n) 3. To (t) 4. (E s) MALTES	tal payments - \$1 must be itemized tal payments - undeed not be itemized tal accrued expensotal from Schedula and total payments	00 or more on this schedule) der \$100 ed) ses paid this perior e F, Line No 3) s n Line No. 7, Column	\$ <u>767.1</u> + <u>134.7</u>	38	Page 1 of To	Pages	<i>;;</i> ·
PAID TO: Full Name **	City (& State of not Calif.	Mail	Broadcast Advertising (include pro- duction costs)	Newspaper Advertising (c)	Outdoor Advertising (d)	Other Description (e)	Amount	Cumula- tive Expendi- tures
DAVE HOUSER	SAN LEANDRO			(6)	(9/	Salary for Campaign Mgr.	\$200.00	
DAVE CORRY SIGN	SAN LEANDRO	•.			х	Campaign Figi.	3200.00	
DAVE HOUSER	SAN LEANDRO					Salary for Campaign Mgr.	\$200.00	
•								
>		·		<u> </u>				
						:/,		-
(Attach additional	Subtotals .	\$			\$367.14	**********	\$400.00	xxxxxxxxx
information on appro- priately labeled con- tinuation sheets.)	,	mif expenditure name and 1.D. no the treasurer).	e is made to a community of the full	littee, list the	e committee's t address of		•	
	•	If the person pothe payee, list	roviding goods or so both persons; full	ervices is different and and area of the contract of the contr	ferent from	·		
•	•				; .			



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: TACK D. MALTES TE Office which you hold (if applicable) MAYOR - CITY OF SAN LEAN DRO District No. Office for which you are a candidate (if applicable) MAYOK 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. AMOUNT * NAME (Contributors other than political committees)

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

RECEIP 13—Commueu	,
NAME (Contributors other than political committees)	AMOUNT *
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NAME OF POLITICAL COMMITTEE NAME OF OFFICER, ADDRESS, TELEPHONE	* TNUOMA
	\$
Nanc	\$
NONE	_ ,\$
	_ \$
	_ \$
* Must be shown for each contributor who contributed a total of more than \$500.	ıl \$
Amount Contributed by Candidat	
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.)	ਭ ⊐ \$
TOTAL PLEDGES (The name of each person, organization or committee which has promised to contribute mor than \$500, and the amount each such contributor has promised, must be stated on a separate attached page.	e .) \$
TOTAL VALUE OF NON-MONETARY CONTRIBUTIONS (The name of each person, organization or committee	e
making in-kind contributions, the nature of each contribution and its fair market value must be stated on separate attached page.)	a \$

Grand Total Received \$

EXPENDITURES

(Attach extra pages if additional space is needed.)

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	INUOMA
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, , ,	MONG		
	- W	Total Spen	ŧ \$
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	MUOMA
	Notice		,
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			7.34
•		Total Spen	t \$
For rent, furnishing, and	maintaining headquarters and halls and	Total Spen rooms for public meetings, including light, he	
NAME OF PAYEE (Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES	rooms for public meetings, including light, h	
NAME OF PAYEE	NAME OF PERSON OR ORGANIZATION	-	eat, and teleph
NAME OF PAYEE (Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES	rooms for public meetings, including light, h	eat, and teleph
NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	rooms for public meetings, including light, he DESCRIPTION OF GOODS AND SERVICES	eat, and teleph
NAME OF PAYEE (Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	rooms for public meetings, including light, he description of goods and services	eat, and teleph
NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	rooms for public meetings, including light, he DESCRIPTION OF GOODS AND SERVICES	eat, and teleph
NAME OF PAYEE (Person or Organization Receiving Payment) For payment of personne	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	rooms for public meetings, including light, he description of goods and services	eat, and teleph
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NAME OF PAYEE (Person or Organization Receiving Payment) For payment of personne Campaign manager or mo NAME OF PAYEE (Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same") //one //one NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES	Total Spen	AMOUN
NAME OF PAYEE (Person or Organization Receiving Payment) For payment of personne Campaign manager or mo NAME OF PAYEE (Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same") NONE NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	Total Spen	eat, and teleph

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES	Propinting of accessing any		1
Receiving rayment)	(If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	A	MOUNT
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Stenographers and clerks.		Total Spent	\$	-
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	Α,	MOUN'
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Precinct workers.		Total Spent	\$	
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	AA	MOUNT
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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	AM	OUNT
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A				
		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



		Total Spent	\$
or the preparing, printing	g and posting of billboards, signs and po		
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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a sha mananina matasia	an and distribution of the sales has been been	Total Spent	\$
NAME OF PAYEE	NAME OF PERSON OR ORGANIZATION	t mail, including postage, throwaways and hand	abilis.
(Person or Organization Receiving Payment)	PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
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	NONE		
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or newspaper advertisin	g.	Total Spelli	Φ
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	AMOUN
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NAME OF PAYEE (Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES		
Receiving Payment)	(If same as payee enter-"same")	DESCRIPTION OF GOODS AND SERVICES	TAUOMA
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For office supplies, precin candidacy.	ct lists, postage other than that provide	d for in subdivision (f), expressage and telegro	ıphing relative
NAME OF PAYEE	NAME OF PERSON OR ORGANIZATION		
(Person or Organization Receiving Payment)	PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
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(Person or Organization Receiving Payment)	PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	TNUOMA
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_		Total Spent	\$
For conveying voters to an	d 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	AHOUNT
	NONE	PERSONAL FOR STATE OF GOODS AND SERVICES	AMOUNT
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_	•	Total Spent	\$

ation of voters.	, , , , , , , , , , , , , , , , , , ,	
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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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		
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NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES	DESCRIPTION OF COORS AND SERVICES	AMOUN
(11 Suite us puyee etitet Suite)	DESCRIPTION OF GOODS AND SERVICES	AMOON
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Does the above report reflect all colout your candidacy?	tions, loans, and pledges furnished	directly indirectly and all exper	nditures on behalf of
	45		
	(YES or NO)		
of answer is No, then list below the name of coledges or has made or may have made number of the treasurer or other responsible.	expenditures on behalf of your car	hich has or may have received co ndidacy, along with the name, ad	ntributions, loans, or dress and telephone
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	The state of the s	,	
have used all reasonable diligence in th		nd it is true and is as full and exp	licit as I am able to
declare under penalty of perjury that the f	oregoing is true and correct.		
ated 2-26-74			
	ggnat	Lekel Maltisto	•
	Addres		
	SA City. 5	N LEANDRO CALIF.	94577
	Teleph	(15) 638-449	2



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

MALTESTER Office which you hold (if applicable) MAYOR - CITY OF JAN LEANDRS District No. Office for which you are a candidate (if applicable) MAYOR **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. AMOUNT * NAME (Contributors other than political committees)

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

Form C Page 1

RECEIPTS—Continued

NAME	* TRUOMA
(Contributors other than political committees)	7
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NAME OF POLITICAL COMMITTEE NAME OF OFFICER, ADDRESS, TELEPHONE	AMOUNT *
	*
NONE	Φ
	\$
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	\$
	\$
** Must be shown for each contributor who contributed a total of more than \$500.	¢
Total	Φ
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.)

Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	ТИВОМА
	NONE		
er th' district and		Total Spent	\$
NAME OF PAYEE (Person or Organization	campaign personnel's personal traveling NAME OF PERSON OR ORGANIZATION	g expenses.	22
(Person or Organization Receiving Payment)	PROVIDING GOODS AND SERVICES (If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	TNUOMA
•			
	NONE		
	r		
	,	Total Spent	\$
For root furnishing and		rooms for public meetings, including light, he	at. and teleph
NAME OF PAYEE (Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES	Tooms for posite meetings, meeting light, in	
Receiving Payment)	(If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	ИВОМА
	41		
	NON		
			,
		,	,
For payment of personne		, Total Spent	, ; ;
For payment of personne Campaign manager or mo	1.	, Total Spent	· \$
Campaign manager or mo NAME OF PAYEE (Person or Organization	I. inagers. NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES		, , , , , , , , , , , , , , , , , , ,
Campaign manager or mo	l. inagers. NAME OF PERSON OR ORGANIZATION	Total Spent DESCRIPTION OF GOODS AND SERVICES	······································
Campaign manager or mo NAME OF PAYEE (Person or Organization	I. inagers. NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES		
Campaign manager or mo NAME OF PAYEE (Person or Organization	I. inagers. NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES		
Campaign manager or mo NAME OF PAYEE (Person or Organization	I. inagers. NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES		······································

Form C Page 3

NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES		
Receiving Payment)	(If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOU
	Αι		
	NONE	•	
		~	
• •		Total Spent	\$
enographers and clerks.		<u>-</u>	
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	AMOU
	NONE		
1	- (V)		·
~		Total Spent	¢
ecinct workers.		ioidi Speni	Ψ
NAME OF PAYEE (Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES		
Receiving Payment)	(If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOU
	Mark		
· · · · · · · · · · · · · · · · · · ·	NONE	- 1	
			_
-			
• •			
-		Total Spent	\$
eakers.			
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	AMOUN
NAME OF PAYEE (Person or Organization	PROVIDING GOODS AND SERVICES	DESCRIPTION OF GOODS AND SERVICES	AMOUN

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	AMOUN
	NONE		
or the preparing, printing	g and posting of billboards, signs and po	Total Spent	\$
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	MOMA
	NONE		
-			2
-			> -
or the preparing, printin	ng, and distribution of literature by direc	Total Spent t mail, including postage, throwaways and han	
or the preparing, printin NAME OF PAYEE (Person or Organization Receiving Payment)	ng, and distribution of literature by direct NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")		dbills.
NAME OF PAYEE (Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES	t mail, including postage, throwaways and han	dbills.
NAME OF PAYEE (Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES	t mail, including postage, throwaways and han	dbills.
NAME OF PAYEE (Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES	t mail, including postage, throwaways and han	
NAME OF PAYEE (Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES	t mail, including postage, throwaways and han	dbills.
NAME OF PAYEE (Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES	t mail, including postage, throwaways and han	dbills.
NAME OF PAYEE (Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES	t mail, including postage, throwaways and han	AMOU
NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	t mail, including postage, throwaways and han	AMOU
NAME OF PAYEE (Person or Organization Receiving Payment)	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	t mail, including postage, throwaways and han	AMOU
NAME OF PAYEE (Person or Organization Receiving Payment) For newspaper advertisin NAME OF PAYEE (Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same") NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES	t mail, including postage, throwaways and han DESCRIPTION OF GOODS AND SERVICES Total Spent	AMOUI

Total Spent \$_____

(Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES (If same as payee enter "same")	·	
Receiving Payment)	(If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
<u> </u>		3	
		-	
	MONE		1
1		- ,	×.
	,	Total Spent	
canaidacy.		d for in subdivision (f), expressage and telegrap	hing relative to
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> </u>			
· 		,	
	NONE		
(
`			
For making canvasses of v	roters and public opinion surveys.	Total Spent \$	
NAME OF PAYEE (Person or Organization	NAME OF PERSON OR ORGANIZATION PROVIDING GOODS AND SERVICES		
Receiving Payment)	(If same as payee enter "same")	DESCRIPTION OF GOODS AND SERVICES	AMOUNT
	Marca		1
	NONE		
-			3
For conveying voters to ar	nd from the polls.	iotai Spent 🦠	
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	TNUOMA
	,		
	A/ ./ 1	· · · · · · · · · · · · · · · · · · ·	
1,~	None		

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	TNUOMA
<u> </u>			
	NONE	,	*
,	7/10/148		
			
For watching the polling	and counting of votes cast.	Total Spent	\$
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
	NONG	-	<u>.</u> . :
	••	Total Spent	\$
For photographs, mats, cu	ots, 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	INUOMA
•	l	,	
			,
ç	NONE		
* 1			<u></u>
÷	•		
-		Total Spent	\$
For petty cash items relat	ive 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	AMOUN
1	,		<u> </u>
•	NONE		2
. ,		1	,
	-		
•	•	Total Spent	\$
	-	Grand Total Spent	

Does the above report reflect all contributions, loans, and your candidacy?	d pledges furnished directly or indirectly and all expenditures on behalf of
your candidacy!	Vec
· , _ <u></u>	(YES or NO)
	(YES or NO)
If answer is No, then list below the name of each committed pledges or has made or may have made expenditures on number of the treasurer or other responsible officer of each committee.	ee known to you which has or may have received contributions, loans, or n behalf of your candidacy, along with the name, address and telephone ach committee.
1 3	•
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I have used all reasonable diligence in the preparation of	of this statement and it is true and is as full and explicit as I am able to
make 11.	
I declare under penalty of perjury that the foregoing is true	and correct.
Dated 2-26-74	
Dated 2-26-74	
•	Ω
,	`(////Q) # /
,	Meky) Malles
,	Signature of Candidate
•	1715 WOODLAND AUC.
•	Address
**	JAN LEANDRO, CALIF. 94577
	City, State, Zip Code
, ,	475 638 - 449 0 Telephone Number