



Form 415  
1982

REGISTRAR OF VOTERS  
STATEMENT OF TERMINATION OF ALAMEDA

This form must be completed by Candidates or Recipient Committees that wish to terminate pursuant to Government Code Section 84214.

RECEIVED / FILED

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

(Type or Print in Ink)

RECEIVED AND FILED  
In the office of the Secretary of State of the State of California  
JUN 18 1982  
MARCH FONG EU, Secretary of State

A OFFICIAL USE ONLY

T.D.

CANDIDATE:

NAME OF CANDIDATE: <u>Banner Seymour</u>		OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) <u>Mayor, City of San Leandro</u>				
RESIDENTIAL ADDRESS:	NO. AND STREET <u>1339 Glen Drive</u>	CITY <u>San Leandro</u>	STATE <u>CA</u>	ZIP CODE <u>94577</u>	AREA CODE <u>(415)</u>	PHONE NUMBER <u>638-2406</u>
BUSINESS ADDRESS:	NO. AND STREET <u>Fabric Lane 14413</u>	CITY <u>E. 14th Street</u>	STATE <u>San Leandro</u>	ZIP CODE <u>CA 94577</u>	AREA CODE <u>483</u>	PHONE NUMBER <u>4422</u>

VERIFICATION

I declare under penalty of perjury that I have ceased to receive contributions and make expenditures, do not anticipate receiving contributions or making expenditures in the future, have eliminated or have declared that I have no intention or ability to discharge all debts, loans received and other obligations, have no surplus funds, and have filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

Executed on 6-15-82 at San Leandro CA by Banner Seymour  
(DATE) (CITY AND STATE) (SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

COMMITTEE:

NAME OF COMMITTEE: <u>Seymour For Mayor</u>					I.D. NUMBER <u>820684</u>	
ADDRESS OF COMMITTEE:	NO. AND STREET <u>771 Superior Ave.</u>	CITY <u>San Leandro</u>	STATE <u>CA</u>	ZIP CODE <u>94577</u>	AREA CODE <u>(415)</u>	PHONE NUMBER <u>568-8086</u>
NAME OF TREASURER: <u>Allan Gates</u>						
PERMANENT ADDRESS OF TREASURER:	NO. AND STREET <u>1615 Gruff Ct.</u>	CITY <u>San Leandro</u>	STATE <u>CA</u>	ZIP CODE <u>94577</u>	AREA CODE <u>(415)</u>	PHONE NUMBER <u>483-7286</u>

VERIFICATION

I declare under penalty of perjury that this committee has ceased to receive contributions and make expenditures, does not anticipate receiving contributions or making expenditures in the future, has eliminated or has declared that it has no intention or ability to discharge all debts, loans received and other obligations, has no surplus funds, and has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

Executed on 6-15-82 at San Leandro, CA by Allan A. Gates  
(DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)

NOTE: Additional filing obligations will be incurred if a candidate or committee begins raising or spending funds or receives the forgiveness of a loan.

1

2

3

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FILE AN ORIGINAL AND COPY OF THIS FORM WITH:  
 Secretary of State  
 Political Reform Division  
 P. O. Box 1467  
 Sacramento, CA 95807

R-01

RECEIVED AND FILED SL  
 In the office of the Secretary of State of the State of California  
 MAR 01 1982  
 MARCH FONG EU, Secretary of State

Form 410  
 1981

STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)

(Government Code Section 84101-84105) VOTERS  
 COUNTY OF ALAMEDA

820684

(Type or Print Name) MAR -5 AM 1:25

FULL NAME OF COMMITTEE: Seymour For Mayor Committee RECEIVED / FILED

STREET ADDRESS OF COMMITTEE: (NOT P.O. BOX) 771 Superior Avenue, San Leandro, CA NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER  
94597 (415) 568-8086

DATE QUALIFIED AS COMMITTEE (MO., DAY, YR.): February 19, 1982 DEPUTY REGISTRAR A OFFICIAL USE ONLY B OFFICIAL USE ONLY

I TREASURER AND OTHER PRINCIPAL OFFICERS

POSITION	NAME AND PERMANENT STREET ADDRESS	(AREA CODE)	PHONE NO.
TREASURER	<u>Allan Gates, 1615 Graff Ct., San Leandro, CA</u>	<u>94597</u>	<u>(415) 483-7286</u>
<u>Chair Person</u>	<u>George B. Felton, 771 Superior Ave., San Leandro, CA</u>	<u>94597</u>	<u>(415) 568-8086</u>

Attach additional information on appropriately labeled continuation sheets.

II IS THIS A CONTROLLED COMMITTEE?

(A controlled committee is one which is controlled directly or indirectly by a candidate or which acts jointly with a candidate or controlled committee in connection with the making of expenditures. A candidate controls a committee, if he, his agent or any other committee he controls, has significant influence on the actions or decisions of the committee.)

YES (Complete Section III)  NO (Section III is not applicable)

III CANDIDATES AND COMMITTEES BY WHICH THIS COMMITTEE IS CONTROLLED OR WITH WHICH IT ACTS JOINTLY

FOR OFFICIAL USE ONLY	NAME OF CANDIDATE OR COMMITTEE	IDENTIFICATION NUMBER OF COMMITTEE OR TREASURER'S NAME AND PERMANENT STREET ADDRESS
	<u>Gunner Seymour</u>	<u>Allan Gates, 1615 Graff Ct., San Leandro, CA 94597</u>

Attach additional information on appropriately labeled continuation sheets.

IV ORGANIZATIONS, IF ANY, WITH WHICH THIS COMMITTEE IS AFFILIATED OR CONNECTED

NAME AND STREET ADDRESS	(AREA CODE)	PHONE NO.
<u>-0-</u>		

Attach additional information on appropriately labeled continuation sheets.

YOU MUST COMPLETE THE VERIFICATION ON PAGE 2

For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act," Part X.

NAME OF COMMITTEE

Seymour Mayor Committee

V CANDIDATES AND MEASURES SUPPORTED OR OPPOSED AS A PRINCIPAL ACTIVITY OF THE COMMITTEE

CANDIDATE'S NAME/MEASURE'S FULL TITLE INCLUDING BALLOT NUMBER OR LETTER	SUPPORT	OPPOSE	CANDIDATE'S OFFICE/MEASURE'S LOCATION (Include district number, city or county, as applicable.)
Gunner Seymour	X		Candidate For Mayor of City of San Leandro In Alameda County.

Attach additional information on appropriately labeled continuation sheets.

VI COMMITTEE'S PRINCIPAL ACTIVITY WHEN NOT SUPPORTING OR OPPOSING SPECIFIC CANDIDATES OR MEASURES

Not Applicable - For This Purpose Only.

Attach additional information on appropriately labeled continuation sheets.

VII IN THE EVENT OF TERMINATION, WHAT DISPOSITION WILL BE MADE OF SURPLUS FUNDS?

Give To A Recognised Charity.

VERIFICATION

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

Executed on Feb. 24, 2002 at San Leandro by Allan H. Gates



Form 470  
1981

# CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT - SHORT FORM

(Government Code Section 84205)

CITY OF SAN LEANDRO

JAN 14 1982

CITY CLERK'S OFFICE

For use by candidates and officeholders who raise or spend, or will raise or spend, less than \$500, or on whose behalf less than \$500 has been raised or spent for the calendar year.

A OFFICIAL USE ONLY

(Type or Print in Ink)

Statement covers period from JULY 1 '81 through DEC. 31 '81.

NAME OF CANDIDATE: <u>GUNNER SEYMON</u>				OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): <u>COUNCILMAN</u>			
RESIDENTIAL ADDRESS: NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER		
<i>Business</i> <u>1443 E. 14th St</u>	<u>SAN LEANDRO</u>	<u>CA</u>	<u>94577</u>	<u>415</u>	<u>483-4422</u>		
BUSINESS ADDRESS: NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER		
<i>Resident</i> <u>1339 GLEN DR.</u>	<u>SAN LEANDRO</u>	<u>CA</u>	<u>94577</u>	<u>415</u>	<u>483-4422</u>		
DATE OF ELECTION (MO., DAY, YR.): (IF APPLICABLE)							
<u>Apr. 1974</u>							

LIST ALL COMMITTEES OF WHICH YOU HAVE KNOWLEDGE WHICH HAVE RECEIVED CONTRIBUTIONS OR MADE EXPENDITURES ON BEHALF OF YOUR CANDIDACY

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	CONTROLLED COMMITTEE**	
			YES	NO
—				

\* (A controlled committee is one which is controlled directly or indirectly by you or which acts jointly with you or one of your controlled committees in connection with the making of expenditures. You control a committee if you, your agent or any other committee you control has significant influence on the actions or decisions of the committee.)

## VERIFICATION

I declare under penalty of perjury that to the best of my knowledge not more than \$500 has been received or expended or will be 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 Jan. 13 '82 at SAN LEANDRO, CA  
(DATE) (CITY AND STATE)

Gunner Seymour  
(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)



# CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT - SHORT FORM

(Government Code Section 84205)

Form 470  
1981

For use by candidates and officeholders who raise or spend, or will raise or spend, less than \$500, or on whose behalf less than \$500 has been raised or spent for the calendar year.

A OFFICIAL USE ONLY

(Type or Print in Ink)

Statement covers period from 1/1/81 through 6/30/81

NAME OF CANDIDATE: <u>GUNNER SEYMON</u>				OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): <u>COUNCILMAN</u>			
RESIDENTIAL ADDRESS:	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER	
	<u>1339 GLEN DR.</u>	<u>SAN LEANDRO</u>	<u>CA</u>	<u>94577</u>	<u>415</u>	<u>638-2406</u>	
BUSINESS ADDRESS:	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER	
	<u>1443 E-14<sup>th</sup> ST</u>	<u>SAN LEANDRO</u>	<u>CA</u>	<u>94577</u>	<u>415</u>	<u>483-4422</u>	
DATE OF ELECTION (MO., DAY, YR.): (IF APPLICABLE)							
<u>APR. 1974</u>							

## LIST ALL COMMITTEES OF WHICH YOU HAVE KNOWLEDGE WHICH HAVE RECEIVED CONTRIBUTIONS OR MADE EXPENDITURES ON BEHALF OF YOUR CANDIDACY

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	CONTROLLED COMMITTEE*	
			YES	NO

\* (A controlled committee is one which is controlled directly or indirectly by you or which acts jointly with you or one of your controlled committees in connection with the making of expenditures. You control a committee if you, your agent or any other committee you control has significant influence on the actions or decisions of the committee.)

## VERIFICATION

I declare under penalty of perjury that to the best of my knowledge not more than \$500 has been received or expended or will be 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 June 19 81 at SAN LEANDRO, CA  
(DATE) (CITY AND STATE)

Gunner Seymon  
(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)



Form 470  
1980

### CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT – SHORT FORM

(Government Code Section 84200-84216)

CITY OF SAN LEANDRO

JAN 20 1981

CITY CLERK'S OFFICE

For use by candidates and officeholders who receive or spend not more than \$200 or on whose behalf not more than \$200 has been raised or spent for the entire campaign.

A OFFICIAL USE ONLY

(Type or Print in Ink)

Statement covers period from 7-1 to 12-31<sup>'80</sup> through \_\_\_\_\_.

NAME OF CANDIDATE: <u>GUNNER SEYMON</u>				OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): <u>CITY COUNCIL</u>			
RESIDENTIAL ADDRESS: NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER		
<u>1339 GLENDR</u>	<u>SAN LEANDRO</u>	<u>CA</u>	<u>94577</u>	<u>415</u>	<u>638-2406</u>		
BUSINESS ADDRESS: NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER		
<u>1443 E. 14th ST</u>	<u>SAN LEANDRO</u>	<u>CA</u>	<u>94577</u>	<u>415</u>	<u>483-4422</u>		
TYPE OF ELECTION (CIRCLE ONE IF APPLICABLE):				CIRCLE IF APPLICABLE:		DATE OF ELECTION (MO., DAY, YR.):	
<input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> RECALL				<input checked="" type="checkbox"/> SEMI-ANNUAL CAMPAIGN STATEMENT			

### 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 Jan. 19 81 at San Leandro, Ca.  
(DATE) (CITY AND STATE)

Gunner Seymour  
(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)



Form 470  
1980

# CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT – SHORT FORM

(Government Code Section 84200-84216)

CITY OF SAN LEANDRO

JUL 22 1980

CITY CLERK'S OFFICE

A OFFICIAL USE ONLY

For use by candidates and officeholders who receive or spend not more than \$200 or on whose behalf not more than \$200 has been raised or spent for the entire campaign.

(Type or Print in Ink)

Statement covers period from 1/1/80 through 7/1/80

NAME OF CANDIDATE: <u>Gunner Seymon</u>				OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): <u>Council Member District 5</u>			
RESIDENTIAL ADDRESS: NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER		
<u>1339 Glen Drive</u>	<u>San Leandro</u>	<u>California</u>	<u>94577</u>	<u>415</u>	<u>638-2406</u>		
BUSINESS ADDRESS: NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER		
<u>1443 East 14th Street</u>	<u>San Leandro</u>	<u>California</u>	<u>94577</u>	<u>415</u>	<u>483-4422</u>		
TYPE OF ELECTION (CIRCLE ONE IF APPLICABLE): PRIMARY    GENERAL    SPECIAL    RECALL		CIRCLE IF APPLICABLE: XXXXXX SEMI-ANNUAL CAMPAIGN STATEMENT		DATE OF ELECTION (MO., DAY, YR.):			

## 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 21, 1980 at San Leandro, California  
(DATE) (CITY AND STATE)

  
(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)



*Janice Koh*

Assistant Registrar of Voters  
Alameda County

TO: City Clerk

The attached copies of Statements of Organization, pertaining to your city, are to be filed in your office in accordance with Government Code Section 84101 as amended by Chapter 531, 1979 Statutes.



Form 470  
1980

# CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT - SHORT FORM

(Government Code Section 84200-84216)

CITY OF SAN LEANDRO

JAN 8 1980

CITY CLERK'S OFFICE

For use by candidates and officeholders who receive or spend not more than \$200 or on whose behalf not more than \$200 has been raised or spent for the entire campaign.

A OFFICIAL USE ONLY

(Type or Print in Ink)

Statement covers period from JULY 1 through DEC 31 '79

NAME OF CANDIDATE: <u>GUNNER SEYMON</u>				OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): <u>CITY COUNCIL SAN LEANDRO #5</u>			
RESIDENTIAL ADDRESS:	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER	
	<u>1324 OAKES BLVD</u>	<u>SAN LEANDRO</u>	<u>CA</u>	<u>94577</u>	<u>415</u>	<u>638-2906</u>	
BUSINESS ADDRESS:	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER	
	<u>1443 E. 14th ST</u>	<u>SAN LEANDRO</u>	<u>CA</u>	<u>94577</u>	<u>415</u>	<u>483-4422</u>	
TYPE OF ELECTION (CIRCLE ONE IF APPLICABLE):			CIRCLE IF APPLICABLE:		DATE OF ELECTION (MO., DAY, YR.):		
<input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> RECALL			<input type="checkbox"/> SEMI-ANNUAL CAMPAIGN STATEMENT				

## 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 Jan. 5 '80 at San Leandro, Calif.  
(DATE) (CITY AND STATE)

Gunner Seymon  
(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)



Form 470

# CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT - SHORT FORM

(Government Code Section 84200-84216)

CITY OF SAN LEANDRO

JUL 3 1979

CITY CLERK'S OFFICE

For use by candidates and officeholders who receive or spend not more than \$200 or on whose behalf not more than \$200 has been raised or spent for the entire campaign.

A FOR OFFICIAL USE ONLY

(Type or Print in Ink)

Statement covers period from 1/1/79 through 6/30/79

NAME OF CANDIDATE: <u>GUNNER SEYMON</u>				OFFICE SOUGHT OR HELD (Include location and district number if applicable): <u>COUNCILMAN</u>			
RESIDENTIAL ADDRESS:	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.	
	<u>1324 OAKES BLVD</u>	<u>SAN LEANDRO</u>	<u>CA</u>	<u>94577</u>	<u>415</u>	<u>638-2406</u>	
BUSINESS ADDRESS:	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.	
	<u>1443 E. 14th ST.</u>	<u>SAN LEANDRO</u>	<u>CA</u>	<u>94577</u>	<u>415</u>	<u>483-4422</u>	
TYPE OF ELECTION (Circle one if applicable): Primary    General    Special    Recall			CIRCLE IF APPLICABLE: <u>semi-annual campaign statement</u>		DATE OF ELECTION (MO. DAY YR.): <u>APRIL 1979</u>		

## 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 JUNE 29 79 at SAN LEANDRO CA  
(DATE) (CITY AND STATE)

Gunner Seymour  
(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

CITY CLERK'S OFFICE  
JUL 3 1973  
CITY OF SAN FRANCISCO



Form 470

### CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT - SHORT FORM

(Government Code Section 84200-84216)

# RECEIVED

CITY OF SAN LEANDRO

JAN 13 1979

**RICHARD H. WEST**  
CITY CLERK

For use by candidates and officeholders who receive or spend not more than \$200 or on whose behalf not more than \$200 has been raised or spent for the entire campaign.

A FOR OFFICIAL USE ONLY

(Type or Print in Ink)

Statement covers period from 7-1-78 through 12-31-78

NAME OF CANDIDATE: <u>GUNNER SEYMON</u>				OFFICE SOUGHT OR HELD (include location and district number if applicable): <u>COUNCILMAN #5</u>			
RESIDENTIAL ADDRESS: NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.		
<u>1324 OAKES BLVD</u>	<u>SAN LEANDRO</u>	<u>CA</u>	<u>94577</u>	<u>415</u>	<u>638-2406</u>		
BUSINESS ADDRESS: NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NO.		
<u>1443 E-14<sup>th</sup> ST</u>	<u>SAN LEANDRO</u>	<u>CA</u>	<u>94577</u>	<u>415</u>	<u>483-4422</u>		
TYPE OF ELECTION (Circle one if applicable): Primary    General    Special    Recall			CIRCLE IF APPLICABLE: <u>semi-annual campaign statement</u>		DATE OF ELECTION (MO. DAY YR.):		

### 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 JAN. 13 '79 at SAN LEANDRO, CA  
(DATE) (CITY AND STATE)

Gunner Seymour  
(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

(Interim Form)

CANDIDATES CAMPAIGN STATEMENT

SHORT FORM

(GOVERNMENT CODE SECTION 84200-84214)

Period Jan. 1 '77 through June 30 '77

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 GUNNER SEYMON

Residential address 1324 OAKES BLVD. SAN LEANDRO 94577 Phone 415-638-2406  
(NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE)

Business address 1443 E. 14th ST. SAN LEANDRO 94577 Phone 415-483-4422  
(NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE)

Type of election \_\_\_\_\_ 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 June 13 '77 at San Leandro, Calif.  
(DATE) (CITY AND STATE)

Gunner Seymon  
(SIGNATURE OF CANDIDATE)



Form 470

(Interim Form)

CANDIDATES CAMPAIGN STATEMENT  
SHORT FORM

(GOVERNMENT CODE SECTION 84200-84214)

Period JULY 1 '76 through DEC 31 '76

RECEIVED  
CITY OF SAN LEANDRO

JAN 21 1977

RICHARD H. WEST  
CITY CLERK

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 GUNNER SEYMON

Residential address 1324 OAKES BLVD SAN LEANDRO, CA 94577 Phone 638-2406  
(NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE)

Business address 1443 E-14th ST SAN LEANDRO CA 94577 Phone 483-4422  
(NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE)

Type of election \_\_\_\_\_ 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 JAN 17 1977 at SAN LEANDRO, CALIF.  
(DATE) (CITY AND STATE)

Gunner Seymon  
(SIGNATURE OF CANDIDATE)



(Interim Form)

CANDIDATES CAMPAIGN STATEMENT  
SHORT FORM

REGISTRAR OF VOTERS  
COUNTY OF ALAMEDA

1975 JUL 24 AM 8:52

(GOVERNMENT CODE SECTION 84200-84214)

RECEIVED / FILED

Period Jan. 7, 1975 through June 30, 1975

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 Gunner Seymon

Residential address 1324 Oakes Blvd., San Leandro, Calif. 94577 Phone (415) 638-2406  
(NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE)

Business address 1443 East 14th Street, San Leandro, Calif. 94577 Phone (415) 483-4422  
(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 City Councilman

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 94577  
(DATE) (CITY AND STATE)

Gunner Seymon  
(SIGNATURE OF CANDIDATE)



*Handwritten signature or scribble*

32

REGISTRAR  
DEBORA  
RECEIVED  
1012 707 ST NW 8 25  
COUNCIL OF WYOMING  
REGISTRAR OF VOTERS



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 8:52

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 Gunner Seymon

Residential address 1324 Oakes Blvd., San Leandro, Calif. 94577 Phone (415) 638-2406  
(NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE)

Business address 1443 East 14th Street, San Leandro, Calif. 94577 Phone (415) 483-4422  
(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 City Councilman

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 94577  
(DATE) (CITY AND STATE)

Gunner Seymon  
(SIGNATURE OF CANDIDATE)

REC'D  
DEPT. OF STATE  
RECEIVED  
JUN 25 1951  
COMMISSIONER OF IMMIGRATION  
RECEIVED

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

Name of Committee Seymour Campaign Comm. I.D. Number Not Recd. yet  
 Address 211A Joaquin Ave San Leandro  
 Telephone Number 483-5678  
 Name of Treasurer Myron Cataldo  
 Residential Address 934 Bridge Rd San Leandro Residential Telephone Number 352-6117  
 Business Address above Business Telephone Number 483-5678  
 Type of Election (Primary, General or Special) General  
 Date of Election April 9 '74  
 Covering Period from Mar. 15 to Apr. 2

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, California  
Date Place

Myron R. Cataldo  
Signature of Treasurer

Name of Committee \_\_\_\_\_ I.D. Number \_\_\_\_\_  
Covering Period from \_\_\_\_\_ to \_\_\_\_\_

	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)	1431.91	-	1431.91
2. Non-monetary contributions (Total of Schedule B)	66.40	-	66.40
3. Pledges (Total of Schedule C)			Column a + Column b
4. Total contributions (add 1, 2, & 3)			Column a + Column b
5. Unpaid loans (Total of Schedule D)	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
6. Total receipts (add 4 & 5)	1498.31	-	1498.31
			Column a + Column b

**EXPENDITURES**

7. Payments - (Total of Schedule E)	1185.48	-	1185.48
8. Accrued expenses (unpaid bills) (Total of Schedule F)			Column a + Column b
9. Total expenditures - (add 7 & 8)	1185.48	-	1185.48
			Column a + Column b

**STATEMENT OF CHANGES IN FINANCIAL CONDITION**

10. Cash on hand at beginning this period.	None
11. Cash receipts this period (Line 1, column b + Line 5, column b)	
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)	
16. Deficit (if line 14 is greater than 13, subtract line 13 from line 14.	

**SUMMARY THIS PAGE**

**SCHEDULE A**

Covering Period from Mar 15 to Apr. 2

**MONETARY CONTRIBUTIONS**

(See Instruction Manual for directions and examples)

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

Total monetary contributions - under \$100 (need not be itemized) + None

**TOTAL MONETARY CONTRIBUTIONS** \$ \_\_\_\_\_  
 (enter this total on line no. 1, column b of Summary Sheet)

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>None</u>					

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.

SCHEDULE A - (Continued)

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

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  
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 B

NON-MONETARY CONTRIBUTIONS

(See Instruction Manual for directions and examples)

SUMMARY THIS PERIOD

Covering Period from Mar. 15 to Apr. 2

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
Total

Total non-monetary contributions of \$100 or more (must be itemized on this schedule) \$ 1  
 Total non-monetary contributions of less than \$100 (need not be itemized) None  
 Total non-monetary contributions (Enter this total on Line No. 2, column b summary sheet) \$ 1

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.
<u>None</u>						

(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 E**

**PAYMENTS**

(See Instruction Manual for directions and examples.)

SUMMARY THIS PERIOD

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
Total

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

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	
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. 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 \_\_\_\_\_ to \_\_\_\_\_

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

Page \_\_\_\_\_ of \_\_\_\_\_ Pages total

SCHEDULE F

ACCRUED EXPENSES

(Unpaid Bills)

(See Instruction Manual for directions and examples)

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		
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.



FORM 703 - COMMITTEE

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

Page 1

Name of Committee Seymour Campaign Comm. I.D. Number Not Recd. yet  
Address 211A Joaquin Ave San Leandro  
Telephone Number 483-5678  
Name of Treasurer Myron Cataldo  
Residential Address 934 Bridge Rd San Leandro Residential Telephone Number 352-6117  
Business Address above Business Telephone Number 483-5678  
Type of Election (Primary, General or Special) General  
Date of Election April 9 74  
Covering Period from Mar. 15 to Apr. 2

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, California  
Date Place

Myron R. Cataldo  
Signature of Treasurer

Name of Committee \_\_\_\_\_ I.D. Number \_\_\_\_\_  
Covering Period from \_\_\_\_\_ to \_\_\_\_\_

	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)	1431.91	-	1431.91
2. Non-monetary contributions (Total of Schedule B)	66.40	-	66.40
3. Pledges (Total of Schedule C)			Column a + Column b
4. Total contributions (add 1, 2, & 3)			Column a + Column b
5. Unpaid loans (Total of Schedule D)	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
6. Total receipts (add 4 & 5)	1498.31	-	1498.31
			Column a + Column b

<b>EXPENDITURES</b>			
7. Payments - (Total of Schedule E)	1185.48	-	1185.48
8. Accrued expenses (unpaid bills) (Total of Schedule F)	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
9. Total expenditures - (add 7 & 8)	1185.48	-	1185.48
			Column a + Column b

STATEMENT OF CHANGES IN FINANCIAL CONDITION

10. Cash on hand at beginning this period.	None
11. Cash receipts this period (Line 1, column b + Line 5, column b)	
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)	
16. Deficit (if line 14 is greater than 13, subtract line 13 from line 14.)	





SCHEDULE A - (Continued)

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

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 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 B

NON-MONETARY CONTRIBUTIONS

(See Instruction Manual for directions and examples)

SUMMARY THIS PERIOD

Covering Period from Mar. 15 to Apr. 2

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
Total

Total non-monetary contributions of \$100 or more (must be itemized on this schedule) \$ 1  
 Total non-monetary contributions of less than \$100 (need not be itemized) None  
 Total non-monetary contributions (Enter this total on Line No. 2, column b summary sheet) \$ 1

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.
<u>None</u>						

(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 \_\_\_\_\_ of \_\_\_\_\_ Pages  
 total

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

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

Pledges \$ \_\_\_\_\_  
 (total of column a)

Subtract Pledges Paid - \_\_\_\_\_  
 (total of column b)

Total Pledges Unpaid \$ \_\_\_\_\_  
 (enter this total on  
 Line No. 3, Column b,  
 of summary sheet)

Full Name of Candidate or Committee \_\_\_\_\_ Committee I.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)	Amount of Cumula- tive Pledge Unpaid
				(a)	(b)	(c)
Subtotal This Page				\$ _____	\$ _____	XXXXXXXXXX

(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        of        Pages  
tot.       

Covering Period from                      to                     

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)
- 2. Total loans - under \$100 +             
(need not be itemized)
- 3. 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)

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

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

**\*\*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.

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

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 \_\_\_\_\_ to \_\_\_\_\_

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

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
Total

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	
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. 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 \_\_\_\_\_ to \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
total

SCHEDULE F

ACCRUED EXPENSES

(Unpaid Bills)

(See Instruction Manual for directions and examples)

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

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		XXXXXX

(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.



**SCHEDULE G**

**COMMITTEE'S SUPPORTING OR  
OPPOSING MORE THAN ONE  
CANDIDATE OR BALLOT MEASURE**

(See Instruction Manual  
for directions and  
examples)

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
Total

Full Name of Committee \_\_\_\_\_

I.D. Number \_\_\_\_\_

Covering Period from \_\_\_\_\_

to \_\_\_\_\_

Full Name of Candidate and Office he is seeking and Full Name of Ballot Measure and Ballot Number or Letter	Support	Oppose	Allocate Expenditures by Candidate or Measure	
			Amount of Expenditures This Period	Amount of Cumulative Expenditures

XXXXXXXXXXXX

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

RECEIVED  
CITY OF SAN LEANDRO

APR 1 1974

Page 1

RICHARD H. WEST  
CITY CLERK

Name of Candidate Gunner Seymour

Residential Address 1188 Glen Dr Residential Telephone Number 698-2406  
San Leandro

Business Address 1443 E. 14th St Business Telephone Number 483-4422  
San Leandro

Type of Election (Primary, General or Special) General

Date of Election April 9th '74  
Month Day Year

Office for which you are a Candidate City Council

Political Party and District Number (if applicable) \_\_\_\_\_

Covering Period from Mar 15 to Apr. 2

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
<u>Seymour Campaign Comm.</u>	<u>211 A Joaquin Ave</u> <u>San Leandro</u>	<u>Myron Cataldo</u>	<u>Same</u>	<u>483-5678</u>

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 Apr. 1 '74 at San Leandro  
Date Place

Gunner Seymour  
Signature

Name of Candidate \_\_\_\_\_

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

	<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>1431.91</u>	<u>—</u>	<u>1431.91</u> Column a + Column b
2. Non-monetary contributions (Total of Schedule B)	<u>66.40</u>	<u>—</u>	<u>66.40</u> Column a + Column b
3. Pledges (Total of Schedule C)	_____	_____	Column a + Column b
4. Total contributions (add 1, 2, & 3)	_____	_____	Column a + Column b
5. Unpaid loans (Total of Schedule D)	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
6. Total receipts (add 4 & 5)	<u>1498.31</u>	<u>—</u>	<u>1498.31</u> Column a + Column b

**EXPENDITURES**

7. Payments - (Total of Schedule E)	<u>1185.48</u>	<u>—</u>	<u>1185.48</u> Column a + Column b
8. Accrued expenses (unpaid bills) (Total of Schedule F)	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
9. Total expenditures - (add 7 & 8)	<u>1185.48</u>	<u>—</u>	<u>1185.48</u> Column a + Column b

**STATEMENT OF CHANGES IN FINANCIAL CONDITION**

10. Cash on hand at beginning this period.	<u>None</u>
11. Cash receipts this period (Line 1, column b + Line 5, column b)	_____
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)	_____
16. Deficit (if line 14 is greater than 13, subtract line 13 from line 14.)	_____

CANDIDATE'S  
CAMPAIGN STATEMENT  
SUMMARY REPORT

(Election Code Sections  
11500 - 11614)

Name of Candidate Gunner Seymon

Residential Address 1188 Glen Dr Residential Telephone Number 638-2406  
San Leandro

Business Address 1443 E-14th St Business Telephone Number 483-4422  
San Leandro

Type of Election (Primary, General or Special) General

Date of Election April 9 74  
Month Day Year

Office for which you are a Candidate City Council

Political Party and District Number (if applicable) \_\_\_\_\_

Covering Period from Feb. 1 to Mar 15

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
<u>Seymon Campaign Committee</u>	<u>211A Joaquin St</u> <u>San Leandro</u>	<u>Myron Cataldo</u>	<u>Same</u>	<u>483-5678</u>

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 \_\_\_\_\_ at \_\_\_\_\_  
Date Place

RECEIVED  
CITY OF SAN LEANDRO

MAR 14 1974

RICHARD H. WEST  
CITY CLERK

\_\_\_\_\_  
Signature

CANDIDATES

Name of Candidate \_\_\_\_\_

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

	<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)	_____	1431.91	Column a + Column b
2. Non-monetary contributions (Total of Schedule B)	_____	66.40	Column a + Column b
3. Pledges (Total of Schedule C)	_____	_____	Column a + Column b
4. Total contributions (add 1, 2, & 3)	_____	_____	Column a + Column b
5. Unpaid loans (Total of Schedule D)	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
6. Total receipts (add 4 & 5)	_____	1498.31	Column a + Column b
<b>EXPENDITURES</b>			
7. Payments - (Total of Schedule E)	_____	1185.48	Column a + Column b
8. Accrued expenses (unpaid bills) (Total of Schedule F)	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
9. Total expenditures - (add 7 & 8)	_____	1185.48	Column a + Column b
<b>STATEMENT OF CHANGES IN FINANCIAL CONDITION</b>			
10. Cash on hand at beginning this period.	_____		
11. Cash receipts this period (Line 1, column b + Line 5, column b)	_____	1431.91	
12. Cash Payments this period (Line 7, column b)	_____	1185.48	
13. Cash on hand at closing date (Line 10 + 11 - 12)	_____	246.43	
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)	_____		
16. Deficit (if line 14 is greater than 13, subtract line 13 from line 14.	_____		

SUMMARY THIS PAGE

SCHEDULE A

Covering Period from Feb-1 to Mar 15

MONETARY CONTRIBUTIONS

(See Instruction Manual for directions and examples)

Total monetary contributions of \$100 or more \$ 916.91  
 (must be itemized on this schedule)  
 Total monetary contributions - under \$100 + 515.00  
 (need not be itemized)  
**TOTAL MONETARY CONTRIBUTIONS** \$ 1431.91  
 (enter this total on line no. 1, column b of Summary Sheet)

Guaner Seymour

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
G. Seymour	San Leandro	Retail Business		116.91	
Citizens for Good Govt.	Lee Bruner, Treas	P.O. Box 986	San Leandro	200.00	
Mark Ehrlich	San Leandro	Retail Business		100.00	
Michael Bellini	"	Druggist		100.00	
Stephen Chandler	"	Attorney		100.00	
Al Rinetti	"	Realtor		100.00	
Andy Anderson	"	Retail Business		100.00	
Minger, Giroux & Davini	"	Accountants		100.00	

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.

SCHEDULE A - (Continued)

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

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

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. 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 B

NON-MONETARY CONTRIBUTIONS

(See Instruction Manual for directions and examples)

SUMMARY THIS PERIOD

Covering Period from Feb 1 to Mar 15

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
Total

Total non-monetary contributions of \$100 or more (must be itemized on this schedule) \$ \_\_\_\_\_  
 Total non-monetary contributions of less than \$100 (need not be itemized) 66.40  
 Total non-monetary contributions \$ 66.40  
 (Enter this total on Line No. 2, column b summary sheet)

Gunner Seymour  
 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 \_\_\_\_\_ of \_\_\_\_\_ Pages total

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

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

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

Full Name of Candidate or Committee \_\_\_\_\_ Committee I.D. No. \_\_\_\_\_

Full Name**	City (& State if not Calif)	Occupation	Name of Employer	Amount of Pledge this Period (a)	Amount of Pledge Paid this Period (also enter on Sched.A) (b)	Amount of Cumulative Pledge Unpaid (c)
<i>None</i>						
Subtotal This Page				\$ _____	\$ _____	XXXXXXXXX

(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 \_\_\_\_ of \_\_\_\_ Pages  
total.

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

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) \$ \_\_\_\_\_
- 2. Total loans - under \$100 (need not be itemized) + \_\_\_\_\_
- 3. 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) \$ \_\_\_\_\_

Full Name of Candidate or Committee

Committee I.D. No.

**Part I**

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
<i>None</i>						

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

**\*\*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

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

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

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 \_\_\_\_\_ to \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
Total

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

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	
<i>None</i>								
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. 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 \_\_\_\_\_ to \_\_\_\_\_

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

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

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
  total

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	
<i>None</i>								
<b>Subtotals</b>		\$					XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX

(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)

Name of Candidate Gunner Seymon  
Residential Address 1188 Glen Dr Residential Telephone Number 638-2406  
San Leandro  
Business Address 1443 E-14th St Business Telephone Number 483-4422  
San Leandro  
Type of Election (Primary, General or Special) General  
Date of Election April 9 74  
Month Day Year  
Office for which you are a Candidate City Council  
Political Party and District Number (if applicable) \_\_\_\_\_  
Covering Period from Feb. 1 to Mar 15

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
<u>Seymon Campaign Committee</u>	<u>211A Joaquin St</u>	<u>Myron Cataldo</u>	<u>Same</u>	<u>483-5678</u>
	<u>S. Leandro</u>			

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 \_\_\_\_\_ at \_\_\_\_\_  
Date Place

\_\_\_\_\_  
Signature

Name of Candidate \_\_\_\_\_

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

	<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)	_____	1431.91	_____
2. Non-monetary contributions (Total of Schedule B)	_____	66.40	Column a + Column b
3. Pledges (Total of Schedule C)	_____	_____	Column a + Column b
4. Total contributions (add 1, 2, & 3)	_____	_____	Column a + Column b
5. Unpaid loans (Total of Schedule D)	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
6. Total receipts (add 4 & 5)	_____	1498.31	_____
			Column a + Column b
<b>EXPENDITURES</b>			
7. Payments - (Total of Schedule E)	_____	1185.48	_____
8. Accrued expenses (unpaid bills) (Total of Schedule F)	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
9. Total expenditures - (add 7 & 8)	_____	1185.48	_____
			Column a + Column b
<b>STATEMENT OF CHANGES IN FINANCIAL CONDITION</b>			
10. Cash on hand at beginning this period.	_____		
11. Cash receipts this period (Line 1, column b + Line 5, column b)	_____	1431.91	
12. Cash Payments this period (Line 7, column b)	_____	1185.48	
13. Cash on hand at closing date (Line 10 + 11 - 12)	_____	246.43	
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)	_____		
16. Deficit (if line 14 is greater than 13, subtract line 13 from line 14.	_____		

SUMMARY THIS PAGE

SCHEDULE A

Covering Period from Feb-1 to Mar 15

MONETARY CONTRIBUTIONS

(See Instruction Manual for directions and examples)

Total monetary contributions of \$100 or more \$ 916.91  
(must be itemized on this schedule)  
Total monetary contributions - under \$100 + 515.00  
(need not be itemized)  
TOTAL MONETARY CONTRIBUTIONS \$ 1431.91  
(enter this total on line no. 1, column b of Summary Sheet)

Guaner Seymour

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
G. Seymour	San Leandro	Retail Business		116.91	
Citizens for Good Govt.	Lee Bruner, Treas	P.O. Box 986	San Leandro	200.00	
Mark Ehrlich	San Leandro	Retail Business		100.00	
Michael Bellini	"	Druggist		100.00	
Stephen Chandler	"	Attorney		100.00	
Al Rinetti	"	Realtor		100.00	
Andy Anderson	"	Retail Business		100.00	
Muger, Giroux & Davini	"	Accountants		100.00	

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.



**SCHEDULE A - (Continued)**

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

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

Subtotal this Page \$ \_\_\_\_\_XXXXXXXXXX

(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 B

NON-MONETARY CONTRIBUTIONS

(See Instruction Manual for directions and examples)

SUMMARY THIS PERIOD

Covering Period from Feb 1 to Mar 15

Page \_\_\_\_\_ of \_\_\_\_\_ Pages Total

Total non-monetary contributions of \$100 or more (must be itemized on this schedule) \$ \_\_\_\_\_
Total non-monetary contributions of less than \$100 (need not be itemized) 66.40
Total non-monetary contributions \$ 66.40
(Enter this total on Line No. 2, column b summary sheet)

Gunner Seymour
Full Name of Candidate or Committee - Committee I. D. No.

Table with 7 columns: Full Name, City, Occupation, Employer, Description of Contribution, Fair Market Value (Amt. of Contrib. this Period, Amt. of Cumulative contribution). The table is currently empty.

(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

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

SUMMARY THIS PERIOD

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
total

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

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

Full Name of Candidate or Committee

Committee I.D. No.

Full Name**	City (& State if not Calif)	Occupation	Name of Employer	Amount of Pledge this Period (a)	Amount of Pledge Paid this Period (also enter on Sched.A) (b)	Amount of Cumula- tive Pledge Unpaid (c)
<i>None</i>						
Subtotal This Page				\$ _____	\$ _____	XXXXXXXXXX

(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 of Pages totals

Covering Period from to

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)
2. Total loans - under \$100 (need not be itemized)
3. 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)

Full Name of Candidate or Committee

Committee I.D. No.

Part 1

Table with 7 columns: 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. The first row contains the handwritten word 'None'.

(Attach additional information on appropriately labeled continuation sheets.)

Subtotal \$ XXXXXXXXXXXXXXXXXXXXX

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

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 \_\_\_\_\_ to \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_ Pages Total

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

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	
<i>None</i>								
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. 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)

RECEIVED  
CITY OF SAN LEANDRO

MAR 14 1974

RICHARD H. WEST  
CITY CLERK

Page 1

Name of Committee Seymour Campaign Committee I.D. Number Requested but not Received yet

Address 211A Joaquin Ave San Leandro

Telephone Number 483-5678

Name of Treasurer Myron Cataldo

Residential Address 934 BRIDGE ROAD Residential Telephone Number 352-6117  
SAN LEANDRO, CAL.

Business Address above Business Telephone Number 483-5678

Type of Election (Primary, General or Special) General

Date of Election April 9th '74

Covering Period from Feb. 1 to Mar. 15

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 13, 1974 at San Leandro, Cal.  
Date Place

Myron R. Cataldo  
Signature of Treasurer



Name of Candidate \_\_\_\_\_

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

	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)	_____	\$ 1431.91	Column a + Column b
2. Non-monetary contributions (Total of Schedule B)	_____	66.40	Column a + Column b
3. Pledges (Total of Schedule C)	_____	_____	Column a + Column b
4. Total contributions (add 1, 2, & 3)	_____	_____	Column a + Column b
5. Unpaid loans (Total of Schedule D)	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
6. Total receipts (add 4 & 5)	_____	1498.31	Column a + Column b

**EXPENDITURES**

7. Payments - (Total of Schedule E)	_____	1185.48	Column a + Column b
8. Accrued expenses (unpaid bills) (Total of Schedule F)	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
9. Total expenditures - (add 7 & 8)	_____	1185.48	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)	1431.91
12. Cash Payments this period (Line 7, column b)	1185.48
13. Cash on hand at closing date (Line 10 + 11 - 12)	246.43
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)	_____
16. Deficit (if line 14 is greater than 13, subtract line 13 from line 14.	_____

SUMMARY THIS PAGE

SCHEDULE A

Covering Period from Feb. 1st to Mar. 15<sup>th</sup>

MONETARY CONTRIBUTIONS

Total monetary contributions of \$100 or more \$ 916.91  
(must be itemized on this schedule)  
Total monetary contributions - under \$100 + 515.00  
(need not be itemized)  
TOTAL MONETARY CONTRIBUTIONS \$ 1431.91  
(enter this total on line no. 1, column b of Summary Sheet)

(See Instruction Manual for directions and examples)

Gunner Seymon Campaign Committee  
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
G. Seymon	San Leandro	Retail Business		116.91	
Citizens for Good Govt.	Lee Bruner, treas	P.O. Box 986	San Leandro	200.00	
Mark Ehrlich	San Leandro	Retail Business		100.00	
Michael Bellini	San Leandro	Druggist		100.00	
Stephen Chandler	Attorney	San Leandro		100.00	
Al Rinetti	Realtor	San Leandro		100.00	
Andy Anderson	San Leandro	Retail Business		100.00	
Minger, Giroux + Darini	San Leandro	Accountants		100.00	

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.

SCHEDULE A - (Continued)

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

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 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 B

SUMMARY THIS PERIOD

Covering Period from Feb. 1 to Mar. 15

Page \_\_\_\_\_ of \_\_\_\_\_ 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) \$ \_\_\_\_\_  
 Total non-monetary contributions of less than \$100 (need not be itemized) 66.40  
 Total non-monetary contributions \$ 66.40  
 (Enter this total on Line No. 2, column b summary sheet)

Gunner Seymour Campaign Committee

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 C**

**SUMMARY THIS PERIOD**

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
total

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

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

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

Full Name of Candidate or Committee

Committee I.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)	Amount of Cumula- tive Pledge Unpaid
				(a)	(b)	(c)
<b>Subtotal This Page</b>				\$ _____	\$ _____	XXXXXXXXXX

(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.

LOANS

(See Instruction Manual for directions and examples)

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

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) \$ \_\_\_\_\_
- 2. Total loans - under \$100 (need not be itemized) + \_\_\_\_\_
- 3. 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) \$ \_\_\_\_\_

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

(Attach additional information on appropriately labeled continuation sheets.)

Subtotal \$ \_\_\_\_\_ XXXXXXXXXXXXXXXXXXXXX

\*\*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

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

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

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 \_\_\_\_\_ to \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
Total

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

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	
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. 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 \_\_\_\_\_ to \_\_\_\_\_

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

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
total

**SCHEDULE F**

**ACCRUED EXPENSES**

(Unpaid Bills)

(See Instruction Manual for directions and examples)

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.



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

RECEIVED  
CITY OF SAN LEANDRO

APR 1 1974

RICHARD H. WEST  
CITY CLERK

Page 1

Name of Candidate Gunner Seymour  
Residential Address 1188 Glen Dr Residential Telephone Number 678-2406  
San Leandro  
Business Address 1443 E. 14th St Business Telephone Number 483-4422  
San Leandro  
Type of Election (Primary, General or Special) General  
Date of Election April 9th '74  
Month Day Year  
Office for which you are a Candidate City Council  
Political Party and District Number (if applicable) \_\_\_\_\_  
Covering Period from Mar 15 to Apr. 2

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
<u>Seymour Campaign Comm.</u>	<u>211 A Joaquin Ave San Leandro</u>	<u>Myron Cataldo</u>	<u>Same</u>	<u>483-5678</u>

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 Apr. 1 '74 at San Leandro  
Date Place

Gunner Seymour  
Signature

RECEIVED  
CITY OF BOSTON

NOV 1

RICHARD H. WEST  
CITY CLERK

Name of Candidate \_\_\_\_\_

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

	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)	<u>1431.91</u>	<u>—</u>	<u>1431.91</u>
2. Non-monetary contributions (Total of Schedule B)	<u>66.40</u>	<u>—</u>	<u>66.40</u>
3. Pledges (Total of Schedule C)	_____	_____	_____
4. Total contributions (add 1, 2, & 3)	_____	_____	_____
5. Unpaid loans (Total of Schedule D)	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
6. Total receipts (add 4 & 5)	<u>1498.31</u>	<u>—</u>	<u>1498.31</u>
			Column a + Column b

**EXPENDITURES**

7. Payments - (Total of Schedule E)	<u>1185.48</u>	<u>—</u>	<u>1185.48</u>
8. Accrued expenses (unpaid bills) (Total of Schedule F)	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
9. Total expenditures - (add 7 & 8)	<u>1185.48</u>	<u>—</u>	<u>1185.48</u>
			Column a + Column b

**STATEMENT OF CHANGES IN FINANCIAL CONDITION**

10. Cash on hand at beginning this period.	<u>None</u>
11. Cash receipts this period (Line 1, column b + Line 5, column b)	_____
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)	_____
16. Deficit (if line 14 is greater than 13, subtract line 13 from line 14.)	_____

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

Name of Committee Seymour Campaign Committee I.D. Number Requested but not Received yet  
 Address 211A Joaquin Ave San Leandro  
 Telephone Number 483-5678  
 Name of Treasurer Myron Cataldo  
 Residential Address 934 BRIDGE ROAD Residential Telephone Number 352-6117  
SAN LEANDRO, CAL.  
 Business Address above Business Telephone Number 483-5678  
 Type of Election (Primary, General or Special) General  
 Date of Election April 9th '74  
 Covering Period from Feb. 1 to Mar. 15

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 13, 1974 at San Leandro, Cal.  
Date Place

Myron R. Cataldo  
Signature of Treasurer

Name of Candidate \_\_\_\_\_

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

	<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)	_____	\$ 1431.91	Column a + Column b
2. Non-monetary contributions (Total of Schedule B)	_____	66.40	Column a + Column b
3. Pledges (Total of Schedule C)	_____	_____	Column a + Column b
4. Total contributions (add 1, 2, & 3)	_____	_____	Column a + Column b
5. Unpaid loans (Total of Schedule D)	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
6. Total receipts (add 4 & 5)	_____	1498.31	Column a + Column b
<b>EXPENDITURES</b>			
7. Payments - (Total of Schedule E)	_____	1185.48	Column a + Column b
8. Accrued expenses (unpaid bills) (Total of Schedule F)	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
9. Total expenditures - (add 7 & 8)	_____	1185.48	Column a + Column b
<b>STATEMENT OF CHANGES IN FINANCIAL CONDITION</b>			
10. Cash on hand at beginning this period.	—	_____	_____
11. Cash receipts this period (Line 1, column b + Line 5, column b)	_____	1431.91	_____
12. Cash Payments this period (Line 7, column b)	_____	1185.48	_____
13. Cash on hand at closing date (Line 10 + 11 - 12)	_____	246.43	_____
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)	—	_____	_____
16. Deficit (if line 14 is greater than 13, subtract line 13 from line 14.	—	_____	_____

SUMMARY THIS PAGE

SCHEDULE A

Covering Period from Feb. 1st to Mar. 15<sup>th</sup>

MONETARY CONTRIBUTIONS

Total monetary contributions of \$100 or more \$ 916.91  
(must be itemized on this schedule)  
Total monetary contributions - under \$100 + 515.00  
(need not be itemized)  
TOTAL MONETARY CONTRIBUTIONS \$ 1431.91  
(enter this total on line no. 1,  
column b of Summary Sheet)

(See Instruction Manual for directions and examples)

Gunner Seymour Campaign Committee  
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
G. Seymour	San Leandro	Retail Business		116.91	
Citizens for Good Govt.	Lee Bruner, treas	P.O. Box 986	San Leandro	200.00	
Mark Ehrlich	San Leandro	Retail Business		100.00	
Michael Bellini	San Leandro	Druggist		100.00	
Stephen Chandler	Attorney	San Leandro		100.00	
Al Rinetti	Realtor	San Leandro		100.00	
Andy Anderson	San Leandro	Retail Business		100.00	
Minger, Giroux + Davini	San Leandro	Accountants		100.00	

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.



**SCHEDULE A - (Continued)**

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

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 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 B

SUMMARY THIS PERIOD

Covering Period from Feb. 1 to Mar. 15

Page \_\_\_\_\_ of \_\_\_\_\_ 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) \$ \_\_\_\_\_  
 Total non-monetary contributions of less than \$100 (need not be itemized) 66.40  
 Total non-monetary contributions \$ 66.40  
 (Enter this total on Line No. 2, column b summary sheet)

Gunner Seymour Campaign Committee

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 contribu- tion.

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

(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 C**

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

**SUMMARY THIS PERIOD**

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_ Pages total

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

Full Name of Candidate or Committee

Committee I.D. No.

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

Subtotal This Page      \$ \_\_\_\_\_      \$ \_\_\_\_\_      XXXXXXXXX

(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

SUMMARY FOR THIS PERIOD

Pages \_\_\_ of \_\_\_ Pages  
tota. /

LOANS

(See Instruction Manual for directions and examples

Covering Period from \_\_\_\_\_ to \_\_\_\_\_

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)
- 2. Total loans - under \$100 + \_\_\_\_\_  
(need not be itemized)
- 3. 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)

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

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

**\*\*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

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

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

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 \_\_\_\_\_ to \_\_\_\_\_

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

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
Total

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	
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. 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 \_\_\_\_\_ to \_\_\_\_\_

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

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
total

SCHEDULE F

ACCRUED EXPENSES

(Unpaid Bills)

(See Instruction Manual for directions and examples)

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.

