





STATEMENT OF TERMINATION OF ALAMEDA

This form must be completed by Candidates or Recipient Committees. | 2 that wish to terminate pursuant to Government Code Section 84214.

REGEIVED / FILED

(Type or Print in Ink)

DEPUTY REGISTRAR_____

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In the	office of the	0	ecre	stary of State
1	JUN	1	8	1982
ALA	RCH FONG	Ė	U. S	exetery of State

A	OFFICIAL USE ONLY
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	- D.

CANDIDATE:					,	
NAME OF CANDIDATE:	Gunner Seupe	, h	NUMB	CE SOUGHT OR HEL ER IF APPLICABLE)	Of San	Life horo
RESIDENTIAL ADDRESS:		CITY	STATE	/ ZIP CODE	AREA CODE	PHONE NUMBER
1339	Glen Drive	San heardro	CA	94577	(415)	638-2406
BUSINESS ADDRESS:	NO. AND STREET	CITY /	STATE	ZIP CODE	AREA CODE	PHONE NUMBER
Fabric	Lune 14313	E. 14th Street,	San he	endro PA	94597	483-4422

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 heard to CA by June Stymon (CITY AND STATE)

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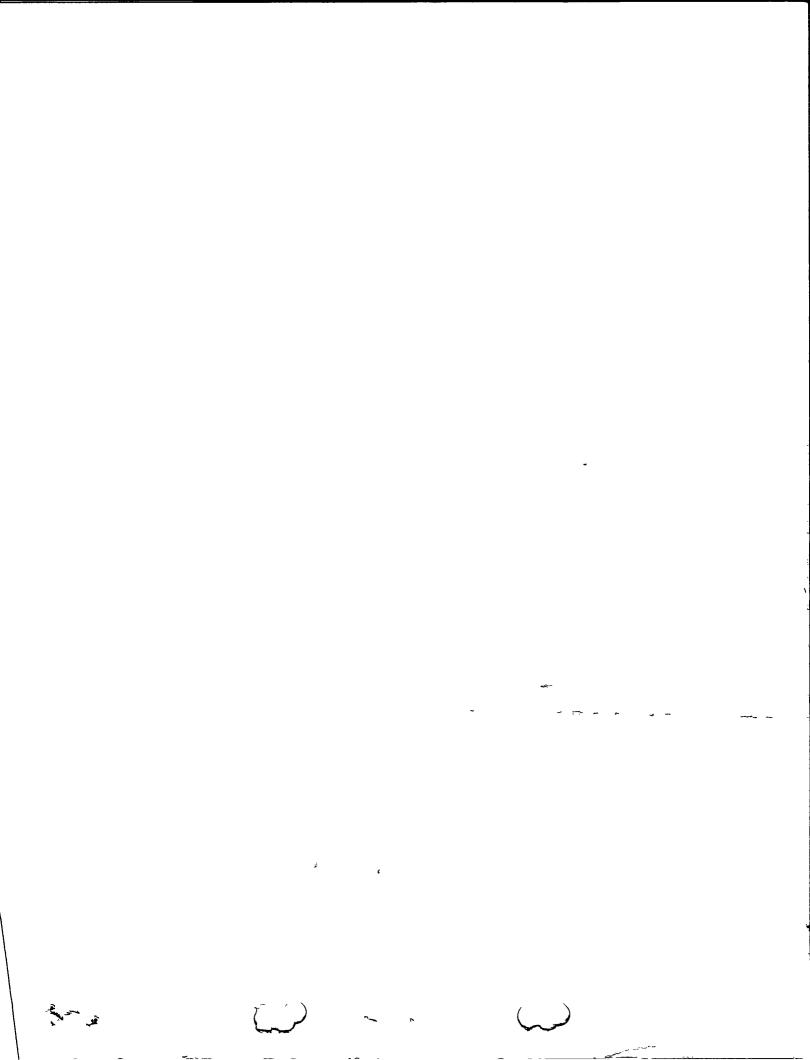
				THE PARTY OF THE P
NAME OF COMMITTEE:			1.0	. NUMBER
Seymon For Mayor	9		8	20684
ADDRESS OF COMMITTEE! NO. AND STREET V CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER
771 Superior Ave, San hea	ndro CA	94517	(415)	568-8086
Allan Gates	,			
PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER
1615 Graff Ct. San heard	vo CA	94577	H15)	483-7286
SALITA CONTRACTOR OF THE PROPERTY OF THE PROPE				

VERIF ATION

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 Sea heardy CA by Clare (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.





1981

FILE AN ORIGINAL ANC Secretary of State Political Reform Division P. O. Box 1467 Sacramento, CA 95807

CPY OF THIS FORM WITH:



AND FILED

In the office of the Secretary of State of the State of California

MAR 0 1 1982

MARCH FONG EU, Secretary of State

STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE) (Government Code Section 84 105) VOTERS

ALAMEDA

				(Government Code	Sec	CITOU 1934 I A/II	194 IT
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an visa gradual is	(Type or Print jagak)	AR -5 AM 1:25	
FULL NAME OF C	mon For Mayor Committee per		NT, INCLUDE I.D. NO.:
STREET AGORES:	Superior Avenue, San Lean bro	STATE ZIP CODE A	IS 568-8086
DATE QUALIFIED	Ebruary 19, 1982	ЭТПИ-Д	
I TREAS	URER AND OTHER PRINCIPAL OFFICERS		
POSITION	NAME AND PERMANENT S	FREET ADDRESS	(AREA PHONE CODE) NO.
TREASURI	ER Allan Gates, 1615 Graft	Ct. San beaudro, CA 94577	(415) 483-9286
Chair Person	A FIR. MMID A	or Ave., Sundreundro, CA 99577	(415) 568-8086
Attach additional in	nformation on appropriately labeled continuation sheets.		
III CANDI	YES (Complete Section III) DATES AND COMMITTEES BY WHICH THIS OINTLY	[] NO (Section III is not app	
FOR OFFICIAL USE ONLY	NAME OF CANDIDATE OR COMMITTEE	IDENTIFICATION NUMBER TREASURER'S NAME AND PERMA	OF COMMITTEE OR
SSE SIVE?	Gunner Seymon	Alan Gates, 1615 Gran	Car la proceeding
	Enelose (5th	Policeple - Ear This	Not 4
A Principles and the second		14 January Landson	
S			
			Section 1988 188
	nformation on appropriately labeled continuation sheets.		ONNEGTED
IV ORGAN	IZATIONS, IF ANY, WITH WHICH THIS COM		AREA PHONE
	NAME AND STREET ADDRESS	Herolyised Cherit	CODE) NO.
		<u> </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.



CANDIDATE'S NAME/MEASU		SUPPORT	OPPOSE	CANDIDATE'S OFFICE/MEASU (Include district number, city or cou	unty, as applicable.)
Gunner Seym	on	3) X	on military	Of San head by In Al	
202 275 (314) 2	A LEATH	3. 916.	A re been	Company Avenue.	VELY 2.2
				284 14 Warney	
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Attach additional information on appro			L		2.035
VI COMMITTEE'S PRING OR MEASURES	CIPAL ACTIVITY	WHEN NO	T SUPPORT	TING OR OPPOSING SPECIF	IC CANDIDATES
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Attach additional information on appro		tion about			3
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reasonable diligence in its preparat		ry knowledge	mis statemer	nt is true, correct and complete and	, that I have used all
1				1 6	
Executed on tab. 24 Mar at _	Sen Jenacho	by	-66	(SIGNATURE OF TREASURER)	



DIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT - SHORT FORM

(Government Code Section 84205)

CITY OF SAN LEANDRO

JAN 1-4 1982

CITY CLERK'S OFFICE

less than \$500, or on whose behalf less than \$500 has been raised or spent for the

For use by candidates and officeholders who raise or spend, or will raise or spend,

OFFICIAL USE ONLY calendar year. (Type or Print in Ink) / through Statement covers period from NAME OF CANDIDATE: Busness RUCINOSS ADDRESS: iResident Apr. 1974 LIST ALL COMMITTEES OF WHICH YOU HAVE KNOWLEDGE WHICH HAVE RECEIVED CONTRIBUTIONS OR MADE EXPENDITURES ON BEHALF OF YOUR CANDIDACY CONTROLLED COMMITTEE *? COMMITTEE NAME COMMITTEE TREASURER YES AND I.D. NUMBER **ADDRESS** · (A controlled committee is one which is controlled directly or indirectly by you or which acts jointly with you or one of your con trolled 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.



CAMPIDATE AND OFFICEHOLDER CAMPION STATEMENT - SHORT FORM

ISTATEMENT - SHORT FORM

(Government Code Section 84205)

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 co	overs period from	1/1	/81	through	6/30/8	1	•	
NAME OF CANDIDATE:					6	ISTRICT NUMBI	em if applic	LD (metues e	CATION AND
G UNA		SEYMON	CITY		STATE		NCILA	ANEA COOK	-
	GLEN DE	_		ANDRO	CA	94:	577	415	638-2406
		set St 81	CITY N) / E	ANDRO	STATE CA-	9.1	577	415	483 -442
DATE OF ELECTION (MATERIAL APR.	O., DAY, YR.):	(IF APPLICABLE)							
I LIST ALL	COMMITTE	ES OF WHICH	H YOU H	AVE KNO	NLEDG IALF O	E WHICH F YOUR (CANDID	ACY	
COMMITTEE NAM	E	COMMITTEE		EDC 46			CONTRO	LLED COMMI	TTEE"?
AND I.D. NUMBER	- 1	ADDRESS		TREAS	UHEH		YES		NO
trolled commi	ittees in conne	one which is con ction with the i	naking of	expanditure:	. You co	entrol a con	nmittee if	y with you of you, your ag	r one of your co ent or any othe
I declare under pexpended or will mittee of which I	be received	or expended o	the best	RIFICATION t of my kno of or in su	wiedge	not more f my cand	than \$50 idacy, by	0 has been myself or b	received or by any com-
xecuted on Ju	ine 19	81	at	SAN	LEAI	NDRO	CA-		
	(DATE)	**************************************	ai		Isigna	Unner	Sly NOIDATE	Man OR OFFICEHO	LOSE

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 Referen Act," Part X.



CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT — SHORT FORM

(Government Code Section 84200-84216)

CITY OF SAN LEANDRO

JAN 2 0 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.

(Type or Print in Ink)

OFFICIAL USE ONLY

Statement covers period from 7-1	12.31 three	ough		
NAME OF CANDIDATE: SEYMON	, , , , , , , , , , , , , , , , , , ,	OFFICE SOUGHT	OR HELD (INCLUDE APPLICABLE): COUNCIL	
RESIDENTIAL ADDRESS: NO. AND STREET CITY		STATE ZIP CODE	AREA CODE	PHONE NUMBER
1339 GLENDR SANLER	· · · · · · · · · · · · · · · · · · ·	7A 94577	415	638.2406
BUSINESS ADDRESS: NO. AND STREET CITY	_	STATE ZIF CODE	AREA CODE	PHONE NUMBER
1443 E.1445+ SAN LEA	ANDRO O	4 9457	2 415	483-442
TYPE OF ELECTION (CIRCLE ONE IF APPLICABLE): CIRCLE	HE APPLICABLE:	DATEO	FELECTION (MO.,	DAY, YR.):
PRIMARY GENERAL SPECIAL RECALL SEMI-ANNUAL	CAMPAIGN STATEME	NT		
•				
· VED	VEIO ATION	****	-	
[†] VER	RIFICATION			
I declare under penalty of perjury that to the best of m				ved or expended
on behalf of or in support of my candidacy, by myself or	r by any comm	ittee of which I ha	ve knowledge.	
	_			
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Executed on Jan . 19 81 atatatat	San L	Candro	, la.	
(DATE)		(CITY AND STA	(TE)	
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	<u>///</u>	SIGNATURE OF CANDI	SATE OF OFFICE	(HOLDER)
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CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT - SHORT FORM

(Government Code Section 84200-84216)

CITY OF SAN LEANDRO JUL 2 2 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 c	overs period fro	m <u>1/1/80</u>	through	7/1/80	·	
NAME OF CANDIDATE: Gunner Seymo	······································	· · · · · · · · · · · · · · · · · · ·			OFFICE SOUGHT OR DISTRICT NUMBER IF AFF	LICABLE):	
RESIDENTIAL ADDRESS		EET	CITY	STAT	ZIF CODE	AREA CODE	PHONE NUMBER
1339 Glen Dr	ive	Sar	n Leandro		fornia 94577	415	638–2406
BUSINESS ADDRESS:	NO. AND STR		CITY	STAT		AREA CODE	PHONE NUMBER
1443 East 14	th Street	Sar	n Leandro	Cali	fornia 94577	415	483-4422
TYPE OF ELECTION	•	APPLICABLE): ' RECALL	CIRCLE IF AF		DATE OF E	LECTION (MO.,	OAY, YR.):
	•	•					
			· VERIFIC	CATION			•
.I declare under pena on behalf of or in su							
		•					
Executed on Jul	y 21, 1980		at San L	eandro, Cal	ifornia	;	
•				(G		7	

Janice Kon 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.



CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT – SHORT FORM

(Government Code Section 84200-84216)

CITY OF SAN LEANDRO

JAN 8 7980

CITY CLERK'S OFFICE,

Δ 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 through (INCLUDE LOCATION AND SEYMON GUNNER SAN LEANDRO COUNCIL RESIDENTIAL ADDRESS: LEANDRO **ほしいり** 32Y BUSINESS ADDRESS: 94517 415 LEANDRO 483 . 4421 DATE OF ELECTION (MO., DAY, YR.): CIRCLE 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. 5 80	at	San	Leanelro	Calif.	
	(DATE)			(CITY AND STA	TE)	

(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)



CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT - SHORT FORM

(Government Code Section 84200-84216)

CITY OF SAN LEANDRO JUL 3 1979

CITY CLERK'S OFFICE

A FOR 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 co	vers period from $\frac{1}{2}$	/1/79 throu	gh6/30/79		
NAME OF CANDIDATE	: 4	SEYMON		OFFICE SOUGHT number if applicab		
RESIDENTIAL ADDRE	SS: NO. AND STREET	BLVD SAN LE	STATE ANDRO CA	21P COOE 94577	415. 638	2406 '.2406
BUSINESS ADDRESS:	NO. AND STREET	CITY T. SAN LEAN	STATE DAD CÂ	21P CODE 94577	415- 483	PHONE NO. 3 . 4422
	FION (Circle one if applicable eneral Special Recall	sem	APPLICABLE: i-annual in statement	DATE O	FELECTION (MO. DAY	YR.);

VERIFICATION

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

JUNE 29 (CITY AND STATE)

(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

CITY OF SAN LEANDRO JUL 3 1979 CITY CLERK'S OFFICE

()





 \bigcirc

CITY OF SAN LEANDR

JAN 13 1979

RICHARD H. WEST

CITY CLERK

FOR OFFICIAL USE ONLY

(Government Code Section 84200-84216)

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.

Statement covers period from OFFICE SOUGHT OR HELD (Include location and district NAME OF CANDIDATE: number if applicable): COUNCILMAN SEYMON GUNNER AREA CODE PHONE NO. NO. AND STREET STATE. ZIP CODE RESIDENTIAL ADDRESS: 94577 638-2406 1324 415. OAKES **BLUD** EANDRO AREA CODE PHONE NO. **BUSINESS ADDRESS:** NO. AND STREET CITY STATE ZIP CODE 94577 415-483-4422 1443 E-14 45 SAN LEANDRD CIRCLE LE APPLICABLE: DATE OF ELECTION (MO. DAY YR.): TYPE OF ELECTION (Circle one if applicable): semi-annual Recall Primary General Special campaign statement

(Type or Print in Ink)

VERIFICATION

declare	under pe	naity of	perjury	that to	the	best o	ř my	knowledge	not	more	than	\$200	has bee	n receive	d or	r expended	on	benair	OT	OF I	ın
upport (of my cano	didacy, l	oy mysai	f or by	any c	ommit	tee o	of which I ha	ive k	cnowle	edge.										

Executed on JAN . 13 79 SAN LEANDRO CA (CITY AND STATE)

(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)



Form 470

(interim Form)

CANDIDATES CAMPAIGN STATEMENT

SHORT FORM

(GOVERNMENT CODE SECTION 84200-84214)

Period Jan. 177 through June 3077

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			
			_	94527	
Residential address _	1324 OAK	ES BLVD.	SAN LEANOR	Phone	415.638.2406
					415-483-4422
· ·	INO. AND STREET	(CITY) (STA	TE) ZIP COE	Εj	AREA CODE)
			Data of alac	tion	
Type of election	(PRIMARY, GEN	ERAL, SPECIAL)	Date of elec	CIOII (MONTH, DAY, YEAR)
Office for which you a	are a candidate				
Political party and di	strict number (if applica	ole)		,	
				g	
		VERIFICAT	ION		
I declare under penals behalf of or in suppor	ly of perjury that to the l t of my candidacy, by my	pest of my knowledge n rself or by any committ	ot more than \$200 ha ee of which I have k	s been receiv	ved or expended on
Executed on	June 13 77	at	Son Lee	nelvo	Glif.
	(DATE)		Com us	. Lu	M.G.
		7	(SIGN.	TURE OF CAN	DIDATE



Form 470

(Interim Form)

CANDIDATES CAMPAIGN STATEMENT

y SHORT FORM

(GOVERNMENT CODE SECTION 84200-84214)

Period July 1 76 through DEC 31 76

RECEIVED

JAN 21 1977

RICHARD H. WEST

							·	
A candidate for whom NOTE: Once contribu	not more than \$200 tions or expenditur	0 has been received res exceed \$200 for	or spent on the ENTIRE	behalf of h CAMPAIG	nis candidad	y may fil idate mus	le this short form. st file Form 430.	
Name of candidate	GUNNER	SEYM	0 N					
								,
Residential address	1324	DAKES BLV	D SAN LA	EANDRO 1	(A-9457)	Phone .	638.240	<u> </u>
Business address	1443 E-14	'45 ST SANLE	ANDRO	CA- 9	34577	_ Phone .	483-44	22_
Dusiness address	(NO. AND STREET)	(CITY)	(STATE)		ZIP CODE		AREA CODE)	
Type of election				Date	of election.		MONTH DAY YEAR)	
	(PRIMAF	RY, GENERAL, SPECIAL						
Office for which you	are a candidate		· · · · · · · · · · · · · · · · · · ·				·	
Political party and d	istrict number (if a	pplicable)						
		VE	RIFICATION					
I declare under penal behalf of or in suppo	Ity of perjury that t rt of my candidacy,	o the best of my kno , by myself or by any	owledge not r y committee	nore than to of which I	\$200 has be have knowl	en receiv edge.	ed or expended or	1
-7	- 17	1977	. 5	54N 1	FANDA	20	CALIF.	
Executed on	(DATE)	, , , ,	_ at		ICITY	AND STA	TE)	
				-	2			
Executed on				//	sher	slym	ou	
					ISIGNATUR	E OF CAN	DIDATE)	



Form 470

Political party and district number (if applicable)

(Interim Form)

CANDIDATES CAMPAIGN STATEMENT

SHORT FORM

REGISTRAR OF VOTERS COUNTY OF ALAMEDA

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1975 JUL 24 AM 8: 52

(GOVERNMENT CODE SECTION 84200-84214)

RECEIVED / FILED

Period Jan. 7, 1975 t	hrough <u>June 30, 1975</u> DEPUTY	
•	REGISTR	AR
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•	AND A SECRETARIA	Company and the Company of the Compa

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. Gunner Seymon Name of candidate _ Phone (415) 638-2406 1324 Oakes Blvd., San Leandro, Calif. 94577 Residential address (NO. AND STREET) 1443 East 14th Street, San Leandro, Calif. 94577 Business address _ (STATE) (NO. AND STREET) . Date of election. Off-year Report Type of election. (PRIMARY, GENERAL, SPECIAL) City Councilman Office for which you are a candidate _

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

(SIGNATURE OF CANDIDATE)

REGISTRAN OF VOTERS COUNTY OF ALAMEDA DIS JUL 24 PH P. SZ RECEIVED / FILED

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(Interim Form)

CANDIDATES CAMPAIGN STATEMENT

SHORT FORM

REGISTRAR OF VOTERS COUNTY OF ALAMEDA

(GOVERNMENT CODE SECTION 84200-84214)

1975 JUL 24 AM 8: 52

Period Jan. 7, 1975 t	hrough <u>June 30, 1975</u>	RECEIVED / FILED
	•	DEPUTY REGISTRAR

A candidate for whom not more than \$200 has been received or spent on behalf of his candidacy may frie this short form. NOTE: Once contributions or expenditures exceed \$200 for the ENTIRE CAMPAIGN, the candidate must file Form 430. Gunner Seymon Name of candidate 1324 Oakes Blvd., San Leandro, Calif. 94577 Residential address (NO. AND STREET) . Phone (415) 483-4422 1443 East 14th Street, San Leandro, Calif. 94577 Business address _ (STATE) (CITY) INO. AND STREET) . Date of election. Off-year Report Type of election (PRIMARY, GENERAL, SPECIAL) City Councilman 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. San Leandro, July 22, 1975 Executed on _ (DATE)

REGISTRATOF VOTERS
COUNTY OF ALABEDA
BOS DIL 21 TH 9 52
RECOVED FILED
REGISTRATA

FORM 703 - COMMITTEE

COMMITTEE'S

CAMPAIGN STATEMENT

SUMMARY REPORT

(Election Code Sections 11500 - 11614)

Page 1

Name of Committee Saymon Campaiga Com. 1.D. Number Not Reed. 4	e+
Address 211 A Jaquin Arl San Leanelso	
Name of Committee Seymon Campaign Comm. 1.D. Number Not Reed. 4 Address 211 A Jaquin Avl San Leanelso Telephone Number 483-5678	
Name of Treasurer Myron Cataldo	
Residential Address 934 Bridge Red Residential Telephone Number 35 Sau Leandro	<u> 2-6117</u>
Business Address above Business Telephone Number 48:	3-5778
Type of Election (Primary, General or Special) General Date of Election Apr: 1 9 79	
Covering Period from Mar. 15 to Apr. 2	
Covering Period from /10x.13 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 Place	
Date Place	
Myron R. Cataldo	
Signature of Treasurer	

Name of Committee 1.D. Number

	Covering Period from	1	6	_
	P 7			-
	• •	Column a Cumulative	Column b	Column c
REC	EIPTS ·	Total from Previous Period	This Period	Cumulative to Date
1.	Monetary contributions - (Total of Schedule A)	1431.91	· ······	1931.91 Column a +
2.	Non-monetary contributions (Total of Schedule B)	66.40		Column b 66. Yo Column a +
3.	Pledges (Total of Schedule C)	Parallel 1		Column a +
4.	Total contributions (add 1,2, & 3)	. (************************************	·	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 +
EXP	ENDITURES			
7.	Payments - (Total of Schedule E)	1185.48		1/85-48 Column a +
8.	Accrued expenses (unpaid bills) . (Total of Schedule F)			Column b
	-	(Total at beginning of period)	(Net Change for period)	(Total at end of period)
9.	Total expenditures - (add 7 & 8)	1185.48		1185:48
		41		Column a +
	TEMENT OF CHANGES IN FINANCIAL CONDITION	None		
10.	Cash on hand at beginning this period.	•		
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.		(

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SCHEDULE A		Covering Pe	mmary this page riod from Ma	√ 13 t	°	Apr.	
HONETARY CONTRIBU	JTIONS	Total monet (must be	ary contribution itemized on thi ary contribution	s of \$100 or s schedule)	more	\$	
(See Instruction Nanual for directions and examples) (need not be itemized) TOTAL MONETARY CONTRIBUTIONS (enter this total on line no. 1, column b of Summary Sheet)						==	
Full Name of Cano	lidate	or Committe	e		Commi	ttee I.D	· No.
Received From		City		Employ		Amount	Cumu-
Full Name**		State if alifornia)	Occupation	(Place of Bu			lative Amount
None							
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(Attach additional information on page 2 of Schedule A.)

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

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

Subtotal this Page \$

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SCHEDULE A - (Continued)

Covering	Period	from		to)
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Received From Full Name**	. City (& State if not California)		Employer (Place of Business If Self-Employed)	Amount This Period	Cumu- lativ Amoun
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(Attach additional information on appropriately labeled continuation sheets.)

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

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

SCHEDULE B IGH-MONETARY CONTRIBUTIONS	Covering Period of Total non-monetary (must be itemize	on this schedule	\$100 or more \$	P	ageof Total :	Pages
(See Instruction Manual for directions and examples)	iotal non-monetar (need not be iter Total non-monetary	/ contributions of mized)	less than \$100	Mond		·
	Full Name of Cand	idate or Committe	e - Committee !. D.	No	•	
Full Name>>>	City (& State if not Calif.)	Occupation ,	Employer (place of business, if self-employed)	Description of Contributio	Fair Market Amt. of Contrib this Period	
Non	•					
						
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	<u> </u>	<u> </u>				·
(Attach additional info appropriately labeled		•		Subtotal this Page	\$	_ xxxxxxxxxxxx
	**1F CONTRIBUTOR NUMBER (OR FULL N	IS A COMMITTEE, LI AME AND STREET ADD	ST THE COMMITTEE'S NAM DRESS OF TREASURER.)	ME AND I.D.		
	INDICATE IF CONTR	IBUTION MADE BY IN	TERMEDIARY AND PROVID	E INFORMATION		
						

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SCHEDULE C	4	. م	MMARY THIS PE	RIOD		,	_	_
PLEDGES (See Instruction for directions examples)	on Manual S and	Pledges (total of Subtract (total of Total Ple (enter th Line No.	Period from	\$ \$	Page		of to	Page tal
		Full Name	of Candidate	or Committee	Commit	tee 1.D.	No.	
Full Name**	Cit (& State	ty if not Calif	Occupation F)	Name of Employer	Amount of Pledge to Period	this Ple thi (al on	unt of dge Paid s Period so enter Sched.A) (b)	tive Pledge
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THE 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]	nstru	ction
Manual	for	directions
and ex	cample	es

	202		22222
SUMMARY	FUR	THIS	PERTUD

Oages_	of	Pares
	to	ts.

Covering Period	from	:o
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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.

	Total loans - \$100 or more (must be itemized this schedule)	\$
2.	Total loans - under \$100 (need not be itemized) -	+
	Total loans received 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)

F	ull	Name	of	Cand	idate	or	Committ	ee

Committee I.D. No.

Full Name of Lender and Any Guarantors or Cosigners	City	County (& State If Not California)	Int. Rate	Date	Unpaid Balance
		· 1			1

Part 1

Cosigners	City	Not Calliornia	Period	Rate	Date	Balance
						t
			·			
	-	·				
(Attach additional	information	Subtotal	\$ <u>'</u>		XXXXXXXXX	XXXXXXXXX

(Attach additional information on appropriately labeled continuation sheets.)

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

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

SUMMARY THIS PERIOD

Pages

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SUMMARY THIS PERIOD SCHEDULE E Covering Period from PAYMENTS 1. Total payments - \$100 or more (must be itemized on this schedule) (See Instruction Manual 2. Total payments - under \$100 for directions and (need not be itemized) examples.) 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: Broadcast Newspaper Outdoor Other Cumula-Full Name ** City Mail Advertising Advertising Advertising tive (& State • if not Calif.) (include pro-Expendiduction costs) Description Amount tures (b) (c) (d) (e)

(Attach additional information on appropriately labeled continuation sheets.)

Subtotals

make and I.D. number (or the full name and street address of the treasurer).

XXXXXXXXXX

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

SUMMARY THIS PERIOD

SCHEDULE F AUCRUED EXPENSES (Unpaid Bills) (See Instruction Manual for directions and examples) (Inced no entered 4. Total actions august 2. Total actions	itemized this carued expenses of be itemized) accrued expensis-period - ot be itemized by on Schedule E, carued expenses	- under \$100 es ut must be Line No. 3) ne No. 8, column	\$b	No.	Pageof to	Pag otal	ges
City . (& State if not Calif.)	Mail	Broadcast Advertising (include pro- duction costs) (b)	Newspaper Advertising (c)	Outdoor Advertising (d)	Description (e)	Amount	Cumulative Expendentures
		·				,	
						•	`
O			:				
Subtotals \$ (Attach additional information on appropriately labeled continuation sheets.)	malf expenditur name and 1.D. N the treasurer).	re is made to a co	ommittee, list	the committee's	xxxxxxxxxxxxxxxxxxxxxxxx		xxxxx
	if the person p	providing goods of thath persons! for	r services is a ull name, city	different from and state.			

SCHEDULE G

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

(See Instruction Manual for directions and examples)

Page		Pages
	Total	

XXXXXXXXXXXXX

* · · · · ·	. Number	<u> </u>			
Covering Period from	to		<u></u>	 .	
Full Name of Candidate and Office he is seeking			Allocate Expenditures by Candidate or Measure		
and Full Name of Ballot Measure and Ballot Number or Letter	Support	Oppose '	Expenditures	Amount of Cumulative Expenditures	
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FORM 703 - COMMITTEE

COMMITTEE'S

CAMPAIGN STATEMENT

SUMMARY REPORT

(Election Code Sections 11500 - 11614)

Page 1

Name of Committee Day won Campaign Com. 1.D. Number Not Reed. 427
Address 211 A Joaquin Ave San Leaners
Name of Committee Seymon Campaign Com. 1.D. Number Not Reed. yet Address 211 A Jaquin Ave San Leanelso Telephone Number 483-5678
Name of Treasurer Myron Cataldo
Residential Address 934 Bridge Red Residential Telephone Number 352-6117 San Leandro
Business Address <u>above</u> Business Telephone Number <u>483-5778</u>
Type of Election (Primary, General or Special) General Date of Election Apr: 1 9 79
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 Place
Myson R. Catalas Signature of Treasurer

COI	unitare.			rage 2	
LUI	MITTEES				
		Name of Committee	I.D. Numbe	er	
	•	Covering Period from		tớ	
		·			
		,	Column a	Column b	Column c
	:		Cumulative Total from		Cumulative
REC	EIPTS	•	Previous Period	This Period	to Date
1.	Monetary con	tributions -	1431.91		1431.91
• •	(Total of Sc				Column a +
2.	Non-monetary	contributions •	66.40		Column b 66. Yo
	(Total of Sc	hedule B).			Column a +
3.	Pledges (Tot	al of Schedule C)			Column b
		•			Column a +
					CO1dilli D
4.	Total contri	butions (add 1,2, & 3)		•	Column a +
_		•			Column b
·5.	Unpaid loans (Total of Sc		(Total at beginning	(Net Change for	(Total at end
	•	•	of period)	period)	of period)
6.	Total receip	ts ·	1498.31 -		1498.31
•	(add 4 & 5)				Column a +
_	•		•	~	Column b
FYP	ENDITURES				•
<u></u>			••		• •
7.	Payments - (Total of Sc	hedule E)	1185.48	. – ·	1185.48
	(•		Column a +
8.	Accrued expe	nses (unpaid bills) .	•		Column b
	(Total of Sc		(Total at beginning	(Not Change for	(Total at end
		•	of period)	period) .	of period)
Q.	Total expend	itires =	1.44		
-	(add 7 & 8)	_ ·	1185.48	- •	1182:48
. •		•			Column a +
	TENENT OF CUA	NCEC IN FINANCIAL CONDITION	11.	•	Column b
SIA	TEMENT OF CHA	NGES IN FINANCIAL CONDITION	word.		
10.	Cash on han	d at beginning			
	·		•		
11.		ts this period Numn b + Line 5, column b)	. •		
••	•	•			
12.	column b)	ts this period (Line 7,	•		
10	Cash on han	d at closing date			
13.	(Line 10 + 1				
14.	Liabilities	(Line 5, column C +			
17.	Line 8, colu			<i>*.</i>	•

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.

•	ļ			()	Page	of tota	_Pages	
•		SU	MMARY THIS PAGE					
SCHEDULE A		Covering Pe	mmary this page riod from Mo	v 15	to	Apr.	2_	
CONETARY CONTRIBU	TIONS	Total monet (must be Total monet	ary contribution itemized on thi ary contribution	s of \$100 or s schedule)	more	\$	tore	
Manual for direct and examples)	ions	TOTAL MONET	(need not be itemized) TAL MONETARY CONTRIBUTIONS (enter this total on line no. 1, column b of Summary Sheet)					
Full Name of Cano	lidate	or Committe	· e		Commi	ttee I.D	. No.	
Received From		City	1	Emplo		Amount	Cumu-	
Full Name**		State if alifornia)	Occupation	(Place of B			lative Amount	
None		\	-					
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	•		S	ubtotal this	Page \$		xxxxxxx	

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

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

1ND1CATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR. .

Page_	oſ	Pages
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SCHEDULE A - (Continued)

Covering Period from	to
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Received From	ndidate or Committe	1	Employer	Amount	Cumu-
Full Name**	(& State if not California)	Occupation	(Place of Business If Self-Employed)	This	lativ Amoun
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(Attach additional information on appropriately labeled continuation sheets.)

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

Subtotal this Page \$1

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

SCHEDULE B IGH-MONETARY CONTRIBUTIONS (See Instruction Manual for directions and examples)	Covering Period : Total non-monetar (must be itemize Total non-monetar (need not be iter Total non-monetar	on this schedule y contributions of mized)	\$100 or more \$	Mono-	Page	ofof	Pages
.							
•	Full Name of Cand	idate or Committe	e . Committee I. D.	No.			,
Full Name>>>	City (& State if not Calif.)	Occupation ,	Employer (place of business, if self-employed)	Description of Contribu	tion	<u>Fair Market Va</u> Amt. of Contrib. this Period	Amt. of Cumula tive contribu- tion.
Non		· .					
		 				 	
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		<u> </u>		•			
(Attach additional info	rmation on continuation sheets.)	·.		Subtotal this F	'age	\$	xxxxxxxxxxxxxx
	**IF CONTRIBUTOR NUMBEN (OR FULL N	IS A COMMITTEE, LI AME AND STREET ADD	ST THE COMMITTEE'S NAM PRESS OF TREASURER.)	ME AND I.D.			
	INDICATE IF CONTR	IBUTION MADE BY IN	TERMEDIARY AND PROVID	E INFORMATION			
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##IF CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NO. (OR FULL NAME AND STREET ADDRESS OF TREASURER.)

continuation sheets.)

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

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	to:	t

	Dominiti Tox 1122 12120D	S41	tots.
tion	Covering Period from	to	
directions	Part 1 of this form should con Part 2, on the reverse, should loans paid by a third party an	d contain loan	s repaid,
	oans - \$100 or more	\$	_ :
	oans - under \$100 ed not be itemized)	+	
4. Subtrac	oans received t loans paid or forgiven t be itemized on page 2)		-
(ent	ange of unpaid loans this period er this total on line no. 5, umn 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 Ir Period Ra	nt. nte Date	Unpaid Balance
,					
					
					-
			·		
(Attach additional on appropriately la		Subtotal	3	xxxxxxxx	xxxxxxxx

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

Rart 2 of SCHEDULE D LOANS (See Instruction Manual for directions and examples	1.Total loans (must be column (2.Total loans (must be column (3.Total loans party-\$1 (must be column (4.Total loans and loan -under \$ (need ne 5.Total loans and loan and loan	e itemized- a)) i forgiven- itemized- b)) i paid by a 00 or more itemized- c)) i repaid, l is paid by it be itemi repaid, l is paid by on Line 4 o Part 2 the Loan, B	.00 or moretotal of \$100 or mototal of thirdtotal of .oans forgi a third pa .zed) oans forgi a third pa .f Schedule	ven, surty ven, s B	of	Pages
	and rayment C	, che Loai	(a)	(b)	(c)	<u> </u>
Full Name	City (& State If Not California)	Date	Amount Repaid	Amount Forgiven (also enter on Sched. A)	Amount Paid by a Third Party (also enter on Sched. A)	Unpaid Balance
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Subtotal

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SUMMARY THIS PERIOD SCHEOULE E Covering Period from ___ PAYMENTS 1. Total payments - \$100 or more (must be itemized on this schedule) (See Instruction Manual 2. Total payments - under \$100 for directions and (need not be itemized) examples.) 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: Broadcast Newspaper Outdoor Other Cumula-Full Name ** City Mail Advertising Advertising Advertising tive (& State if not Calif.) (include pro-Expendiduction costs) Description Amount tures (b) (c) (d) (e)

(Attach additional information on appropriately labeled continuation sheets.)

Subtotals

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make and I.D. number (or the full name and street address of the treasurer).

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXX

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

SUMMARY THIS PERIOD

				•				
•		Period from	to		•			
SCHEDULE F ACCRUED EXPENSES (Unpaid Bills) (See Instruction Manual directions and example)	(must be all for all f	accrued expenses be itemized this accrued expenses not be itemized) at accrued expens ais period = not be itemized l ad on Schedule E accrued expenses	- under \$100 ses out must be Line No. 3)	\$		Pageof	Pag	ges
Э	(enter summar	this total on Li y sheet)	ne No. 8, column	Committee 1.D.	. No.	·,*		
rAID TO: Full Name **	City . (& State if not Calif.)	Mail	Broadcast Advertising (include pro- duction costs) (b)	Newspaper Advertising (c)	Outdoor Advertising (d)	Description (e)	Amount	Cumula tive Expend tures
•							<u> </u>	<u> </u>
							<u> </u>	<u> · · </u>
·						·	•	
<u> </u>								
(Attach additional	Subtotals !	X			·	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		xxxxx
on appropriately continuation sheet	labeled ·	half expenditu name and 1.D. the treasurer)	re is made to a co	ommittee, list name and stre	the committee's et address of		· · ·	
		If the person the payee, lis	providing goods on t both persons! f	r services is all name, city	different from and state.			

SCHEDULE G COMMITTEE'S SUPPORTING OR OPPOSING MORE THAN ONE CANDIDATE OR BALLOT MEASURE (See Instruction Manual for directions.and examples) 1.D. Number Full Name of Committee Covering Period from Allocate Expenditures by Candidate or Measure Full Name of Candidate and Office he is seeking and Full Name of Ballot Heasure and Ballot Amount of. Amount of Number or Letter . Support **Oppose** Expenditures Cumulative This Period Expenditures

XXXXXXXXXXX

CANDIDATE'S

CAMPAIGN STATEMENT

SUMMARY REPORT

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

APR 1 1974

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Page 1 RICHARD H. WEST

Name of Candidate	Gunner So	ynon	rage i	, CITY C
Residential Address	1188 Glen Dr	/ Residental Tele	phone Number 6	38.2406
	San Leandro			<u> </u>
Business Address <u>(</u>	143 E.14th St Son Leandro	Business Telepho	one Number <u>48</u>	3.4422
Type of Election (Pri	mary. General or Specia	all Gene	ral	
Nate of Flection	mary, General or Special April	92	74	· · · · · · · · · · · · · · · · · · ·
	Month	Day	Year	
Office for which you	are a Candidate	City Counci	1	
Political Party and D	District Number (if app	licable)		
Covering Period from	Mar 15	to	Apr. 2	
 a. List all committee expenditures on b 	ees subject to your cont pehalf of your candidacy	trol which have recei Y•	ved contribution	s or made
COMMITTEE NAME	COMMITTEE Address	TREASURER	ADDRESS	PHONE NUMBER
Seymon Campaign				
Comm.	211 A Juaquia	Myron Cataldo	Sane	483-5678
	211 A Juaquin	1		
 List all addition or made expenditu 	nal committees of which ures on behalf of your o	you have knowledge w candidacy.	3 1	•
COMMITTEE NAME	COMMITTEE ADDRESS	TREASURER		PHONE NUMBER
·····				
	VERIFICAT	TION		
declare under penal statements of each co-complete to the best xecuted on	ty of perjury that I hammittee listed in Section of my knowledge.	on a above and that	n statement and these statements	he campaign
	-	Signature	er Seyr	noz

Name of Candidate

	Covering Period from		to	 .
REC	: EIPTS	Column a Cumulative Total from Previous Period	Column b This Period	Column c Cumulative to Date
	Honetary contributions - (Total of Schedule A)	1431.91		1431.91 Column a +
2.	Non-monetary contributions (Total of Schedule B)	66.40		Column b (6, 40 Column a +
3.	Pledges (Total of Schedule C)	graph and the second se		Column b Column a + Column b
4.	Total contributions (add 1,2, & 3)			Column a +
·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 +
Е ХР	ENDITURES			
7.	Payments - (Total of Schedule E)	1182.48	· ·	· /185.48
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		1185-40
STA	TEMENT OF CHANGES IN FINANCIAL CONDITION	11.	·,	Column a + Column b
10.		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)		4	
. 16.	peficit (if line 14 is greater than 13, subtract line 13 from line 14.			

CANDIDATE'S

CAMPAIGN STATEMENT

SUMMARY REPORT

(Election Code Sections 11500 - 11614)

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A Section of the

11500 - 11614) (Junner Name of Candidate Residential Address _ 1188 Glen Dr 638.2406 Residental Telephone Number Business Telephone Number Business Address Type of Election (Primary, General or Special) Date of Election ____. April Council Office for which you are a Candidate _ Political Party and District Number (if applicable) Mar 15 Covering Period from List all committees subject to your control which have received contributions or made expenditures on behalf of your candidacy. COMMITTEE COMMITTEE **TREASURER ADDRESS PHONE** NAME **ADDRESS** NUMBER Joaquin A Myron 211A 483-5678 Same Cataldo List all additional committees of which you have knowledge which have received contributions or made expenditures on behalf of your candidacy. COMMITTEE COMMITTEE **TREASURER ADDRESS PHONE** NAME ADDRESS 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 Place

RECEIVED

Signature

MAR 1 4 1974

RICHARD H. WEST

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CAND	IDATES Name of Candi	date		
	Covering Period from		to	
		Column a Cumulative Total from	Column b	Column c
RECE	<u>IPTS</u>	Previous Period	This Period	to Date
1.	Monetary contributions - (Total of Schedule A)	,	1431.91	Column a +
2.	Non-monetary contributions (Total of Schedule B)		66.40	Column a +
3.	Pledges (Total of Schedule C)			Column a +
Ŀ.	Total contributions (add 1,2, & 3)			Column a +
5.	Unpaid loans (Total of Schedule D)	(Total at beginning of period)	period)	(Total at end of period)
6.	Total receipts (add 4 & 5)		1498.31	Column a +
EXP	ENDITURES			Column b
7.	Payments - (Total of Schedule E)		1185.48	
8.	Accrued expenses (unpaid bills) . (Total of Schedule F)	Total at beginning	(Net Change for	Column a + Column b (Total at end
9.	Total expenditures - (add 7 & 8)	of period)	period) 1185-48	of period)
STA	TEMENT OF CHANGES IN FINANCIAL CONDITION		•	Column a +
10.			•	
11.	Cash receipts this period (Line 1, column b)	1431.91		
12.	Cash Payments this period (Line 7, column b)	11.85.48		
13.	Cash on hand at closing date (Line 10 + 11 - 12)	246.43	•	
14.	Liabilities (Line 5, column C +			•

15. Surplus (if line 13 is greater than line 14, subtract line 14 from line 13)

Deficit (if line 14 is greater than 13, subtract line 13 from line 14.

~Page	of	Pages
<u> </u>	tot	al

SCHEDULE A

(See Instruction Manual for directions and examples)

D 01 2 11 12 12	****	

Mar 15 Covering Period from

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

(need not be itemized) TOTAL MONETARY CONTRIBUTIONS

(enter this total on line no. 1,

column b of Summary Sheet)

Committee I.D. No.

916.91

515.00

Full Name of Cand	lidate or Committe	e 	Commi	ttee I.D	. No.
Received From Full Name**	City (& State if not California)	Occupation	Employer (Place of Business If Self-Employed)		Cumu- lative Amount
G. Seymon	San Leandro	Retail Buriness		116.91	
G. Seyman Citizens for Good Gort.	Lee Bruner, Trees	P.O. By 986	San Leandro	20000	
Mark Ehrlich	San Leandro	Retail Business		100.00	
Michael Bellini	. 4	Druggist		100.00	
Stephen Chandler	ч	Aforney		100.00	
Al Rinetti	и	Realter		100.00	
Andy Anderson	લ	Refail Business		101.00	
Andy Anderson Minger Gironx + Davini	и	Accomtants		100.00	
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## ## ################################	l	Sul	ototal this Page \$		xxxxxxx

(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).

¹ ND1CATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.

SCHEDULE A - (Continued)

			•	·	
ıll Name of Car	ndidate or Committee		Commi	ttce I.D	. No.
Received From	City (& State if not California)		Employer (Place of Business If Self-Employed)	Amount This Period	Cumu- lativ Amoun
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			ubtotal this Page		×××××

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

SCHEDULE B	SUMM/ Covering Period	ARY THIS PERIOD from	to Mar 15		Page	of	Pages
GN-MONETARY GNTRIBUTIONS See Instruction Manual for directions and examples)	Total non-monetar (need not be iter Total non-monetar (Enter this total summary sheet)	d on this schedule y contributions of mized) y contributions I on Line No. 2, o	e) less than \$100 solumn b	66.40 66.40			
Full Name**	City (& State if not Calif.)	Occupation	e - Committee I. D. Employer (place of business, if self-employed)	No. Description of Contribu		Fair Market Va Amt. of Contrib. this Period	lue Amt. of Cumula
			serr-emproyed)	Description of contribu	1011	Lilis relitou	tion.
						·····	
		<u> </u>					
•				· · · · · · · · · · · · · · · · · · ·	· ·	•	
(Attach additional infor appropriately labeled o		· · · · · · · · · · · · · · · · · · ·	I	Subtotal this i	age	\$	xxxxxxxxxxxxx
			ST THE COMMITTEE'S NA DRESS OF TREASURER.)	ME AND I.D.			
at a second	INDICATE IF CONTR	IBUTION MADE BY-II	ITERMEDIARY AND PROVID PRINCIPAL CONTRIBUTOR.	E INFORMATION	سيسم	* ·	. ar =

(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.)

Subtotal This Page

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SCHEDULE D LOANS

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NS		

(See Instruction . Manual for directions and examples

	SUMMARY	FOR	THIS	PERIOD
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	LOT	L. ن

Covering Period fr	omto
Part 2, on the rev	n should contain loans received. erse, should contain loans repaid, ird party and loans forgiven.

	Total loans - \$100 or more (must be itemized this schedule)	\$
	Total loans - under \$100 (need not be itemized)	+
2	Total loans received	
1.	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.

Full Name of ender and Any Guarantors or Cosigners	City	County (& State If Not California)	Amount of Loan This Period	Int. Rate	Date	Unpaid Balance
None.						
	·		:			
						·
			·		_	
		 				
Attach additional	information	Subtotal	3 ′		XXXXXXXX	xxxxxxx

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

<i>3</i> e ≛	t · ×			<u></u>	of	Pages
Rart 2 of	of Contract of Con	MMARY THIS	5 PERIOD	\bigcirc	·	10848
SCHEDULE D	1.Total loans	repaid-\$1		\$		
LOANS .	column (a))				
(See Instruction	2.Total loans	forgiven- itemized-	\$100 or mo -total of	re		
Manual for direc-	column (
tions and examples			third			
cions and examples	party-\$1	00 or more				
	(must be column (itemized-	-total of			
•	4.Total loans	repaid, 1			·····	
	and loan -under S	s paid by	a third pa	rty		
	(need no	t be itemi				
	5.Total loans	repaid, 1	oans forgi	ven, .\$		
	and loan	s paid by on Line 4 o	a third pa	rty		
	(enter c	Part 2	r penedare	. Б)		
	(Repayment of t		orgiveness	of the Lo	an	
	and Payment of	of the Loan	by a Thir	d Party)		
			(a)	(b)	(c)	
	1			Amount	Amount Paid by	
•				Forgiven	a Third	
	City			(also	Party (also	
	(& State If		Amount	enter on	enter on	Unpaid
Full Name	Not California)	Date	Repaid	Sched. A)	Sched. A)	Balance
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Subtotal

SUMMARY THIS PERIOD "

SCHEDULE E PAYMENTS (See Instruction for directions examples.)	1.7 Manual 2.7 and 3.7	Total payments - (must be itemiz Total payments - (need not be ite Total accrued ex (total from Sche Grand total paym (Enter this total summary sheet)	ed on this schedule) under \$100 mized) penses paid this perior dule F, Line No 3)	\$d +		Page of To	Pages	-
PAID TO: Full Name **	City (& State if not Calif	Mail	Advertising (include production costs)	Newspaper Advertising (c)	Outdoor Advertising (d)	Other Description (e)	Amount	Cumula- tive Expendi- tures
None					(3)			
		<u> </u>						
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)	·					1;		
(Attach additional	Subtotals	\$:		**********	•	. xxxxxxxxx
information on appro- priately labeled con- tinuation sheets.)		the treasure	iture is made to a comm), number (or the full er). on providing goods or so list both persons' full	name and stree ervices is dif	t address of			

SUMMARY THIS PERIOD

SCHEDULE F AUCRUED EXPENSES (Unpaid Bills) (See Instruction Manual for directions and examples) Aucrued Expenses (need no entered to center to summary)	Period from ccrued expenses e itemized this ccrued expenses ot be itemized) t accrued expense is period - ot be itemized be d on Schedule E, ccrued expenses this total on Ling y sheet)	- \$100 or more schedule) - under \$100 es ut must be Line No. 3) ne No. 8, column	\$b Committee 1.D.	No.	Pageofto	Pag	g es
rAID TO: Full Name ** (& State if not Calif.)	Mail	Broadcast Advertising (include pro- duction costs) (b)	Newspaper Advertising (c)	Outdoor Advertising (d)	Other Description (e)	Ámount	Cumula tive Expend tures
None							
						•	<u> </u>
							<u> </u>
· · · · · · · · · · · · · · · · ·						·	
Subtotals \$ (Attach additional information on appropriately labeled continuation sheets.)	**If expenditur name and I.D. N the treasurer).	o. (or the full :	name and stree		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		xxxxx
•	the payee, list	roviding goods of toth persons! f	r services is outliname, city	airrerent from and state.			

CAMPAIGN STATEMENT

SUMMARY REPORT

(Election Code Sections 11500 - 11614)

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Page 1 (yunner Name of Candidate 1188 Glen Dr Residential Address Residental Telephone Number Leandro 54 Business Address Business Telephone Number Type of Election (Primary, General or Special) Date of Election Year Office for which you are a Candidate Political Party and District Number (if applicable) Mar Covering Period from List all committees subject to your control which have received contributions or made expenditures on behalf of your candidacy. COMMITTEE COMMITTEE **TREASURER ADDRESS PHONE** NAME **ADDRESS** NUMBER Myron Joaquin 4 211A 483-5678 b. List all additional committees of which you have knowledge which have received contributions or made expenditures on behalf of your candidacy. COMMITTEE COMMITTEE TREASURER **ADDRESS** PHONE NAME **ADDRESS** NUMBER **VERIFICATION** ${f l}$ declare under penalty of perjury that ${f l}$ 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 _ Place

Signature

Name of Candidate

	Covering Period from		to	
		Column a Cumulative Total from	Column b	Column c
REC	IPTS	Previous Period	This Period	to Date
1.	Monetary contributions - (Total of Schedule A)	•	1431.91	Column a +
2.	Non-monetary contributions (Total of Schedule B)		66.40	Column a +
3.	Pledges (Total of Schedule C)			Column a +
	Total contributions (add 1,2, & 3)	•		Column a +
	Unpaid loans (Total of Schedule D)	(Total at beginning of period)	(Net Change for period) 1498.31	(Total at end of period)
6.	Total receipts (add 4 & 5)			Column a +
EXP	ENDITURES		1	
7.	Payments - (Total of Schedule E)	•	1185.48	Column a +
8.	Accrued expenses (unpaid bills) . (Total of Schedule F)	(Total at beginning of period)	(Net Change for period)	(Total at enof period)
9.	Total expenditures - (add 7 & 8)		1185-48	
STA	TEMENT OF CHANGES IN FINANCIAL CONDITION	: .	· .	Column a +
10.	Cash on hand at beginning this period.			
11.	Cash receipts this period (Line 1, column b + Line 5, column b)	1431.41		
12.	Cash Payments this period (Line 7, column b)	11.85.48		
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.

Page	of	Pages
)	tota	a1

SUMMARY THIS PAGE

SCHEDULE A

Feb-1 Covering Period from

(need not be itemized)

Mar 15

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

916.91 Total monetary contributions - under \$100

515.00

(See Instruction Manual for directions and examples)

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

1431.91

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. Seyman	San Leandro	Retail Business		116.91	
G. Seymon Catizens for Good Goot.	Lee Bruner, Treas	P.O. Bor 986	San Leandro	20000	
Mark Ehrlich	San Leandro	Refail Business		100.00	
Michael Bellini	. 4	Druggist		100.00	
Stephen Chandler	4	Attorney		100.00	
Al Rinelli	и	Realtor.		100.00	
Andy Anderson	فز	Refail Business		100.00	
Minger Girons + Davini	и	Accomitants		100.00	
	٠				
•		:			
	,			-	
		Sul	ototal this Page \$		xxxxxx

(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).

Page	of	Pages
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SCHEDULE A - (Continued)

Covering Period from	to
----------------------	----

Committee I.D. No. Full Name of Candidate or Committee Employer Amount Cumu-Received From City This lative (Place of Business (& State if If Self-Employed) Period Amount not California) **Occupation** Full Name** Subtotal this Page \$

(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).

	. AMMUZ	RY THIS PERIOD					
SCHEDULE B	Covering Period f	rom <u>7.6 1</u>	_to _ Mar 15		Page _	ofof	_ _Pages
GN-MONETARY GNTRIBUTIONS See Instruction Manual for directions and examples)	lotal non-monetary (need not be item Total non-monetary	on this schedule contributions of ized)	less than \$100	66.40 66.40		Total	
Э	Full Name of Cand	yma. Idate or Committee	e - Committee I. D.	No.	·		
Full Name***	City (& State if not Calif.)	Occupation ,	Employer (place of business, if self-employed)	Description o	f Contribution	Fair Market V Amt. of Contrib. this Period	Amt. of Cumula tive contribu-
·	·	•					
•					•		
				·			
						<u> </u>	
<u> </u>				·			·
(Attach additional information appropriately labeled co	mation on . ontinuation sheets.)	•		Subto	otal this Page	\$.	xxxxxxxxxxxx
•	**IF CONTRIBUTOR I	S A COMMITTEE, LI	ST THE COMMITTEE'S NAME OF TREASURER.)	ME AND 1.D.	.•		
ugan as y pasede un ya	INDICATE IF CONTRI	BUTION MADE BY IN	TERMEDIARY AND PROVID	E INFORMATION		processing the same	

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SCHEDULE C) <u>su</u>	MARY THIS PER	RIOD	\bigcirc		
PLEDGES (See Instruction for directions	on Manual	Covering Pledges	Period from	to	Page	of to	Pages tal
examples)		(total of Subtract I (total of Total Pled (enter the Line No.	column a) Pledges Paid column b) dges Unpaid is total on 3, Column b, ry sheet)			·	
·.		Full Name	of Candidate	or Committee	Committee	I.D. No.	
Full Name**	Cit (& State i	y f not Calif	Occupation)	Name of Employer	Amount of Pledge this Period	Amount of Pledge Paid this Period (also enter on Sched.A) (b)	Amount of Cumula- tive Pledge Unpaid (c)
		•			(6)	(8)	(6)
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(Attach addition on	nal		Subtot	al This Page	\$	\$	xxxxxxxx

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.

appropriately labeled continuation sheets.)

SCHEDULE D LOANS

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SUMMARY FOR THIS PERIOD

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(See Instruction .	Covering Per
Manual for directions	Part 1 of th
and examples	Don't O am t

iod from

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

1. Total loans - \$100 or more (must be itemized this schedule) Total loans - under \$100 (need not be itemized) Total loans received 4. Subtract loans paid or forgiven

(must be itemized on page 2) 5. Net change of unpaid loans this period (enter this total on line no. 5, column b of summary sheet)

Committee I.D. No.

Full Name of Candidate or Committee

rull Name of Sund.	244.00 01 00	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
None						
	~				£29	
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(Attach additional	 information	Subtotal	8'		XXXXXXXX	XXXXXXXX

on appropriately labeled continuation sheets.)

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

. Rart 2 of	st st	MMARY THIS	PERIOD	Öse	of	Pages
SCHEDULE D	1. Total loans			\$		
LOANS	column (
(See Instruction	2.Total loans (must be	forgiven-		re		
Manual for direc-	column () 3.Total loans	ь)) [']				
tions and examples)	party-\$1	00 or more	_			
	must be	itemized-	-total of			
ı	4. Total loans	repaid, less and by				
	-under \$	100		ı cy		
	5.Total loans	t be itemi: repaid, l	oans forgi	ven, .\$		
	and loan (enter o	s paid by n Line 4 o	a third pa f Schedule	rty ————————————————————————————————————		
		Part 2	· · · · · · · · · · · · · · · · · · ·		 	•
(Repayment of t and Payment o	he Loan, F f the Loan	orgiveness by a Thir	of the Lo	an	
			(a)	(b)	(c) Amount Paid by	
			-	Amount Forgiven	Paid by a Third	
	City			(also	Party (also	
	(& State If ot California)	70-4-	Amount	enter on Sched. A)	enter on	Unpaid
Full Name N	ot Calliornia;	Date	Repaid	Sched. A)	Sched. A)	Balance
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	St	ıbtotal	\$	s	\$	XXXXXXX

Attach additional information on appropriately labeled continuation sheets.

SUMMARY THIS PERIOD

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SCHEDULE E	Coveri	ng Period from _	to	· ·	•	*		
PAYMENTS (See Instruction M for directions an examples.)	anual (mu: d 2. Tota (nee 3. Tota (tot: Grand 4. (Ento	l payments — und I not be itemize I accrued expens Il from Schedule I total payments	n this schedule) er \$100 d) es paid this period F, Line No 3) Line No. 7, Column	ь \$	- - -	Page of To:	. Pages	- -;
PAID TO: Full Name **	City & State if not Calif.)	Mail	Broadcast Advertising (include pro- duction costs)	Newspaper Advertising	Outdoor Advertising	Other Description . (e)	Amount	Cumula- tive Expendi- tures
None						· ·	,	
							:	
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J	•	·		•		<i>i</i> ;		
(Attach additional	Subtotals	ş <u> </u>		<u>'</u>		***********	· · · · · · · · · · · · · · · · · · ·	XXXXXXXXXXX
information on appro- priately labeled con- tinuation sheets.)	1	**If expenditure name and l.D. no the treasurer).	e is made to a commumber (or the full	ittee, list the	e committee's t address of			
		If the person pr the payee, list	roviding goods or so both persons! full	ervices is dif	ferent from			
•	'	•		•	•	•		

4

SCHEDULE F ACCRUED EXPENSES (Unpaid Bills) (See Instruction Manual directions and examples	for) Covering 1. Total a (must b) 2. Total a (need no paid th (need no entered no entered a (enter the form))	e itemized this corued expense of be itemized to accrued expense is period - ot be itemized on Schedule accrued expense	tototo	\$ b\$		Pageofto	Pag	es ·
rAID TO: Full Name **	Full Nam City (& State if not Calif.)	Mail	Broadcast Advertising (include production costs)	Committee 1.D. Newspaper Advertising . (c)	No. Outdoor Advertising (d)	Other Description (e)	Amount	Cumula- tive Expendi tures
None			·					
· · · · · · · · · · · · · · · · · · ·								
	1						•	
(Attach additional in						xxxxxxxxxxxxxxxxxx		xxxxxxx
on appropriately lab continuation sheets.	peled .	name and 1.D. the treasure:	ture is made to a co. No. (or the full or). n providing goods or ist both persons! for	name and stre	et address of · different from		' .	ŧ

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FORM 703 - COMMITTEE

COMMITTEE'S

CAMPAIGN STATEMENT

SUMMARY REPORT

(Election Code Sections 11500 - 11614) RECEIVED

MAR 1 4 1974

RICHARD H. WEST

Page 1 Requested but not Name of Committee Seymon Campaign Committee 1.D. Number_ Received 2114 Joaqui 483 - 5678 Telephone Number Cataldo Name of Treasurer Residential Address Residential Telephone Number Business Telephone Number 483-5678above **Business Address** Type of Election (Primary, General or Special) Date of Election Covering Period from 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.

Name of Candidate

Covering Period from		to	
	Column a Cumulative Total from	Column b	Column c
RECEIPTS	<u>Previous Period</u>	This Period	to Date
1. Honetary contributions - (Total of Schedule A)	•	\$ <u>[431.91</u>	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 +
'5. Unpaid loans (Total of Schedule D)	(Total at beginning of period)	period)	(Total at end of period)
6. Total receipts (add 4 & 5)		1498.31	Column a +
			00 (2
EXPENDITURES		•	
7. Payments - (Total of Schedule E)	· · · · · · · · · · · · · · · · · · ·	1185.48	Column a +
8. Accrued expenses (unpaid bills) . (Total of Schedule F)	(Total at beginning of period)	(Net Change for period)	(Total at en
9. Total expenditures - (add 7 & 8)		1185.48	
STATEMENT OF CHANGES IN FINANCIAL CONDITION	: •	s .	Column a + Column b
10. Cash on hand at beginning this period.			
<pre>11. Cash receipts this period (Line 1, column b + Line 5, column b)</pre>	1431.91		
<pre>12. Cash Payments this period (Line 7,</pre>	1185:48		
 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

(See Instruction Manual for directions and examples)

Mar. 15 Feb. 1st Covering Period from 916.91

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

Total monetary contributions - under \$100

515.00 431.

(need not be itemized) TOTAL MONETARY CONTRIBUTIONS

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

Comiltee Full Name of Candidate of Committee

Committee I.D. No.

1

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	Som Leambro	Retail Business		116.91	
Citizens for Good Gov	t. Lee Bruner, tr	as P.O. Box 986	San Leandro	200.00	
Mark Ehrlich	San Leandro	Retail Business		(00.00	
Michael Bellini	San' Leandro	Druggist		100.00	
Stephen Chandler	Altorney S	en Leandro		100.00	
Al Rinelli	1	an Leandpo		100.00	
Andy Anderson	San Leandro	Reafail Buriness		100.00	
Minger, Girons + Davini	San Loundro	Accountants		100.00	
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					,
		Sul	ototal this Page \$		xxxxxxx

(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).

Page	oſ	Pages
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SCHEDULE A - (Continued)

COV	ering Period from _		•		
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ll Name of Car	ndidate or Committe	e	Commi	ttee I.D.	No.
Received From	City (& State if not California)	Occupation	Employer (Place of Business If Self-Employed)	This	Cumu- lativ Amoun
Full Name**	not California)	Occupacion	II Bell Employeu,		
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^{**}IF CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND I.D. NUMBER (OR FULL NAME AND STREET ADDRESS OF TREASURER).

	•	SUMMAR'	THIS PERIOD			*		Set.
SCHEDULE B	Cover	ring Period fro	m Feb. 1	to Mar. 15		Page _	ofof	Pages
GN-MONETARY GNTRIBUTIONS See Instruction Manual for directions and examples)	(mus: Total (need Total (Ente	t be itemized of non-monetary of d not be itemi; non-monetary of	zed) .	e) f less than \$100	66-40			
)	Gunn	er Seymon (Name of Candid	Pamporign Committee	ee - Committee I. D.	No.			
Full Name≒*	City (& State if not	Calif.)	Occupation ,	Employer (place of business, if self-employed)	Description o	f Contribution	Fair Market Va Amt. of Contrib. this Period	Amt. of Cumula tive contribu- tion.
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(Attach additional infor	mation on . continuation sheet	ts.)	•		Subt	otal this Page	\$	XXXXXXXXXXXXXXX
	** I F NUMBE	CONTRIBUTOR IS	E AND STREET AD	IST THE COMMITTEE'S NA				

and the second control of the second control

**IF CONTRIBUTOR IS A COMMITTEE, LIST THE COMMITTEE'S NAME AND 1.D. NO. (OR FULL NAME AND STREET ADDRESS OF TREASURER.)

continuation sheets.)

SCHEDULE D

L	AC	N	S

(See Instruc Manual for d and examples

continuation sheets.)

SUMMARY	FOR	THIS	PERIOD
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LOANS	i				·	tots.			
See Instruction	Covering	Period from		to					
anual for directions and examples	Part 2, o	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.							
(mu 2. Total (ne 3. Total 4. Subtra (mu 5. Net ch	loans - under ed not be ite loans receive act loans paid ust be itemize ange of unpaid ter this tota olumn b of sum	d this schedule; \$100 mized) d or forgiven d on page 2) d loans this per l on line no. 5 mary sheet)	; riod \$_		ommittee	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			
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(Attach additional i		Subtotal	§ <u></u>		XXXXXXXX	XXXXXXXXX			

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

. Bout 2 of	i 🔾 sı	UMMARY THIS	5 PERIOD	O G	of	Pages						
SCHEDULE D LOANS LOANS (See Instruction Manual for directions and examples) A.Total loans paid by a third party-\$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—under \$100 (need not be itemized) 5.Total loans repaid, loans forgiven, \$100 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 o	of the Loan	by a Thir	d Party)								
Full Name	City (& State If Not California)	Date	(a) Amount Repaid	Amount Forgiven (also enter on Sched. A)	(c) Amount Paid by a Third Party (also enter on Sched, A)	Unpaid Balance						
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	Sı	ubtotal	s	s	\$	xxxxxxx						

Page _____ of ___ Pages

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

(total from Schedule F, Line No 3)

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Full Name of Candidate or Committee			Committee I.D. No.					
PAID TO: Full Name **	City (& State if not Calif.)	Mail	Broadcast Advertising (include pro- duction costs) (b)	Newspaper Advertising (c)	Outdoor Advertising (d)	Other Description	Amount	Cumula- tive Expendi- tures
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tach additional	Subtotals \$					xxxxxxxxxxxxxxxxxxxxxxxxxxxx	•	XXXXXXXXX

(Attach additional information on appropriately labeled continuation sheets.)

##If expenditure is made to a committee, list the committee's name and 1.D. number (or the full name and street address of the treasurer).

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

•		SUMMARY THIS PE	RIOD			·		
COUEDIN E E		Period from	•		•			
SCHEDULE F	. (must	be itemized this	- \$100 or more.	\$		Pageof	Pag	jes
(Unpaid Bills) (See Instruction Man directions and exam	2. Total (need 3. Subtra	accrued expenses not be itemized) ct accrued expen his period -	- under \$100			7 7 ° "	-4	
arrections and exam	(need	not be itemized	but must be		•			
•	4. Total	ed on Schedule E accrued expenses		\$	•			
		this total on L ry sheet)	Ine No. 8, column	b	•		•	
.	Full N	ame of Candidate	or Committee	Committee 1.D	. No.			
FAID TO:	City . (& State if not Calif.)	Mail	Broadcast Advertising (include pro-	Newspaper Advertising	Outdoor Advertising	Other		Cumula tive Expend
`			duction costs	(c)	(d)	Description (e)	Amount	tures
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on appropriately continuation she	labeled ·	mame and I.D. the treasurer	re is made to a c No. (or the full	ommittee, list name and stre	the committee's			1
j		If the person the payee, lis	providing goods of the paragraph of the	r services is ull name, city	different from and state.	·	-	
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SCHEDULE G

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

(See Instruction Manual for directions and examples)

Page		Pages
	Total	

Full Name of Committee I.D	. Number	•		
Covering Period from	to			 ·
Full Name of Candidate and Office he is seeking			Allocate Exp by Candidate	enditures or Measure
and Full Name of Ballot Measure and Ballot Number or Letter	Support		Amount of Expenditures This Period	Amount of Cumulative Expenditures
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CANDIDATE'S

CAMPAIGN STATEMENT

SUMMARY REPORT

(Election Code Sections 11500 - 11614)

RECEIVED CITY OF SAN LEANDRO

APR 1 1974

RICHARD H. WEST

		<u>, </u>	Page I	CITY CLI
Name of Candidate	(Junur)	eynon		
Residential Address _	1188 Glen Di	Residental Tele	phone Number_6	38.2406
	San Leandre			
Business Address 19	143 E.14 St	Business Telepho	one Number <u>48</u>	3.4422
	Son Leandro			
Type of Election (Pri	mary, General or Spec	cial) Gene	ral	
Date of Election	April	pay Gene	74	
	Month	Day	Year	····
Office for which you	are a Candidate	Gtz Counci	<u> </u>	
Political Party and D				·
Covering Period from	Mar 15	to	Apr. 2	
	es subject to your co ehalf of your candida	ontrol which have receincy.	ved contributions	s or made
COMMITTEE NAME	COMMITTEE Address	TREASURER	ADDRESS	PHONE NUMBER
Seymon Campaign				
Comm.	211 A Juaquia	Tre Myron Calaldo	Sane	483-5678
	San Leandro	7		
b. List all addition	<u> </u>	ch you have knowledge w	which have receive	contributions
NAME NAME	ADDRESS	TREASURER	ADDRESS	PHONE NUMBER
	VERIFIC	CATION		
i declare under penal statements of each co- complete to the best	mmittee listed in Sec	have read this campaid tion a above and that	n statement and these statements	he campaign
Executed on Apr	. 1 79	at San L	e andr	
Date	•	Place	n	
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		Signature		

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RICHARD H. WEST

Name of Candidate

	Covering Period from		to	
		Column a Cumulative Total from	Column b	Column c
RECE	IPTS	Previous Period	This Period .	to Date
1.	Monetary contributions - (Total of Schedule A)	1431.91	***************************************	Column a +
2.	Non-monetary contributions (Total of Schedule B)	66.40		Column a +
3.	Pledges (Total of Schedule C)	**************************************		Column a + Column b
4.	Total contributions (add 1,2, & 3)		•	Column a +
·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
EXP	ENDITURES			
7.	Payments - (Total of Schedule E)	1182.48		1185.48 Column a +
8.	Accrued expenses (unpaid bills) (Total of Schedule F)	(Total at beginning of period)	(Net Change for period)	(Total at en of period)
9.	Total expenditures - (add 7 & 8)	1185.48		1185-Y
STA	ATEMENT OF CHANGES IN FINANCIAL CONDITION	None.	•	Column b
10.	Cash on hand at beginning this period.			
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.			$\ddot{\cdot}$

FORM 703 - COMMITTEE

COMMITTEE'S

CAMPAIGN STATEMENT

SUMMARY REPORT

(Election Code Sections 11500 - 11614)

Page 1 Requested but not Name of Committee Seymon Campaign Committee 1.D. Number Received 2114 Joaqui 483 - 5678 Telephone Number Cataldo Name of Treasurer Residential Address Residential Telephone Number Business Telephone Number 483-5478Business Address Type of Election (Primary, General or Special) 74 Date of Election Covering Period from **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.

Name of Candidate

	Covering Period from		to	 .
RFCI	:IPTS	Column a Cumulative Total from Previous Period	Column b This Period	Column c Cumulative to Date
	Monetary contributions -		¢ 1431.91	
•	(Total of Schedule A)		66.40	Column a + Column b
2.	Non-monetary contributions (Total of Schedule B)	÷		Column a + Column b
3.	Pledges (Total of Schedule C)		<u> </u>	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) /498.31	(Total at end of period)
· 6.	Total receipts (add 4 & 5)			Column a +
EXP	ENDITURES			
7.	Payments - (Total of Schedule E)		1185-48	Column a +
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
STA	TEMENT 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)			· i
15.	Surplus (if line 13 is greater than line 14, subtract line 14 from line 13)	. ~		
. 16 <i>.</i>	Deficit (if line 14 is greater than 13, subtract line 13 from line 14.	<u></u>		

-	Page_	of tota	Pages
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SUMMARY THIS PAGE

SCHEDULE A Covering Period from Feb. 1st to Mar. 15th

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

. 515.00

(See Instruction Manual for directions and examples) (must be itemized on this schedule)
Total monetary contributions - under \$100
 (need not be itemized)

+ 313.00

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

<u>1431.91</u>

Gunner Seymon Campaign Committee
Full Name of Candidate of Committee

Committee I.D. No.

Al Rinelli Realtor San Leandro Realil Buriness 100.00 Audy Anderson San Leandro Realil Buriness 100.00 Audy Anderson San Leandro Realil Buriness 100.00 Minger, Girour + Darrini San Leandro Accountants 100.00		(& State if	·. Occupation	(Place of Business	This	lative
Mark Ehrlich San Leandro Refail 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 Reafail Business 100.00 Minger, Girent to Darini San Leandro Accountants 100.00	G. Seymon	Som Leandro	Retail Business		116.91	
Michael Bellini San Leandro Druggist 100.00 Stephen Chandler Attorney Sen Leandro 100.00 Al Rinelti Realtor San Leandro 100.00 Audy Anderson San Leandro Reatail Buriness 100.00 Minger, Girour to Davini San Leandro Accountants 100.00	Citizens for Good Gov	t. Lee Bruner, tre	as P.O. Box 986	San Leandro	200.00	
Stephen Chandler Attorney Sem Leandro 100.00 Al Rinetti Realtor San Leandro 100.00 Andy Anderson San Leandro Reatail Buriness 100.00 Minger, Girour + Davini San Leandro Accountants 100.00	Mark Ehrlich	San Leandro	Retail Business		100.00	
Al Rinelti Realtor San Leandro 100.00 Audy Anderson San Leandro Reafail Buriness 100.00 Minger, Giroux to Davini San Leandro Accountants 100.00	Michael Bellini	San Leandro	Druggist		100.00	
Audy Anderson San Leandro Reafail Buriness 100.00 Minger, Giroux + Davini San Leandro Accountants 100.00	Stephen Chandler	Altorney S	en Leandro		100.00	
Minger, Girant San Leandro Accountants 100.00	Al Rinelli	Realtor S	an Leandpo		100.00	
+ Davini San Llandro Heccountants	Andy Anderson	San Leandro	Reafail Buriness		100.00	
		San Leanelso	Accountants	, ,	100.00	
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Subtotal this Page \$ XXXXXXXX	•					
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			Sul	ototal this Page \$		XXXXXXX

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

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

1ND1CATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.

Page_	of	Pages
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SCHEDULE A - (Continued)

	•	•		:
ull Name of Car	ndidate or Committee	e	Commi	ttee I.D. No.
Received From Full Name**	City (& State if not California)	Occupation	Employer (Place of Business If Self-Employed)	Amount Cumu- This lative Period Amoun
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INDICATE IF CONTRIBUTION MADE BY INTERMEDIARY AND PROVIDE INFORMATION FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.

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

Ť		RY THIS PERIOD					•
SCHEDULE B	Covering Period f	rom <u>Feb. 1</u>	_to Mar. 15		Page	of Total	Pages
IGN-MONETARY CONTRIBUTIONS (See Instruction Manual for directions and examples)	Total non-monetary (must be itemized Total non-monetary (need not be item Total non-monetary (Enter this total summary sheet)	contributions of on this schedule contributions of ized) contributions	less than \$100	66-40			
)	Full Name of Candi	Camporign Condittee	miller Committee 1. D.	No.			
Full Name***	City (& State if not Calif.)	Occupation ,	Employer (place of business, if self-employed)	Description of Contri	oution	Fair Market Va Amt. of Contrib. this Period	
~					•		
		·					
(Attach additional info appropriately labeled	rmation on . continuation sheets.)	•		Subtotal this	Page	\$	**************
•	*** IF CONTRIBUTOR NUMBER (OR FULL N	IS A COMMITTEE, LI AME AND STREET ADD	ST THE COMMITTEE'S NA PRESS OF TREASURER.)	ME AND I.D.	•		
, na	INDICATE IF CONTR	IBUTION MADE BY IN	TERMEDIARY AND PROVIDE PRINCIPAL CONTRIBUTOR	DE INFORMATION		<u>.</u>	
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**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
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LOANS		1
(See Instruction	Covering Period from	to
Manual for directions and examples	Part 1 of this form should com Part 2, on the reverse, should loans paid by a third party an	contain loans repaid,
	oans - \$100 or more t be itemized this schedule)	\$, .

	(must be itemized this schedule)	
2	Total loans - under \$100	+
	(need not be itemized)	
٦.	Total loans received	
J.	Subtract loans paid or forgiven (must be itemized on page 2)	_
	(must be itemized on page 2)	***************************************
5	Net change of unpaid loans this period	\$
٠.	Net change of unpaid loans this period (enter this total on Line no. 5,	
	column b of summary sheet)	

Part 1

Full Name of Candidate or Committee

on appropriately labeled continuation sheets.)

Committee I.D. No.

Full Name of Lender and Any Guarantors or Cosigners	City	County (& State If Not California)	Int. Rate	Unpaid Balance
		•		

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					-
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(Attach additional	information	Subtotal	Š.	XXXXXXXXX	XXXXXXXXX

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

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

Rart 2 of SCHEDULE D LOANS (See Instruction Manual for directions and examples	1.Total loans (must be column (2.Total loans (must be column (3.Total loans party-\$1 (must be column (4.Total loans and loans under \$ (need no 5.Total loans and loan (enter column (4.Total loans and loan (enter column (4.Total loans and loan (enter column (4.Total loans and loan (enter column (enter	itemized- a)) forgiven- itemized- b)) paid by a 00 or more itemized- c)) repaid, l s paid by 100 t be itemi repaid, l s paid by n Line 4 c Part 2 the Loan, R	00 or more -total of \$100 or mo -total of third -total of oans forgi a third pa zed) oans forgi a third pa f Schedule	ven, rty ven, \$ rty B	of	Pages
	and Payment o	the Loar	(a)	(b)	(c)	
Full Name	City (& State If Not California)	Date	Amount Repaid	Amount Forgiven (also enter on Sched. A)		Unpaid Balance
						
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Subtotal

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SUMMARY THIS PERIOD

SCHEDULE E	 Cover	ing Period from _	to	:	e :			
(See Instruction for directions examples.)	Manual - 2-Tota (nee 3-Tota (tot Gran 4-(Ent	l payments - und d not be itemize l accrued expens al from Schedule d total payments er this total on mary sheet)	on this schedule) er \$100 d) es paid this period F, Line No 3) Line No. 7, Column			Page of To	<u>·</u> Pages	٠,
PAID TO: Full Name **	City (& State if not Calif.)	Mail	Broadcast Advertising (include pro- duction costs) (b)	Newspaper Advertising	Outdoor Advertising	Other Description . (e)		Cumula- tive Expendi- tures
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(Attach additional information on appro-	Subtotals	\$		1		**********	x:	XXXXXXXX;
printernation on appro- priately labeled con- tinuation sheets.)		the treasurer), If the person pr	is made to a commimber (or the full rootling goods or seboth persons! full	name and street	address of			

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		SUMMARY THIS PER	10 <u>D</u>					
•	Covering	Period from	to		•			
SCHEDULE F ACCRUED EXPENSES (Unpaid Bills) (See Instruction Manudirections and examp	(must b 2. Total a (need n 3. Subtrac paid th (need n entere 4. Total a (enter summar	ccrued expenses re itemized this recrued expenses recrued	schedule) - under \$100 es ut must be Line No. 3) ne No. 8, column	\$b\$Committee 1.D.	No	Pageofof	Pag	jes
rA10 TO: Full Name ☆☆	City . (& State if not Calif.)	Mail	Broadcast Advertising (include pro- duction costs)	Newspaper Advertising	Outdoor Advertising :: (d)	Other Description (e)	Amount	Cumul tive Exper tures
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on appropriately continuation sheet		mame and 1.D. Note the treasurer).	e is made to a co. (or the full	ommittee, list name and stre	the committee's et address of		•	•
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SCHEDULE G

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

(See Instruction Manual for directions and examples)

Page of Pages

Full Name of Committee 1.D	. Number	·			
Covering Period from	to				
Full Name of Candidate and Office he is seeking			Allocate Expenditures by Candidate or Measure		
and Full Name of Ballot Measure and Ballot Number or Letter	Support	Oppose '	Expenditures	Amount of Cumulative Expenditures	
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