FORM 703 - CANDIDATE

CANDIDATE'S

CAMPAIGN STATEMENT

SUMMARY REPORT

(Election Code Sections 11500 - 11614)

		•	Page 1					
Name of Candidate	Мукон Е.	1EMPLE	raye i					
Residential Address $\underline{\mathcal{E}}$	71 EINERALD AUG	Residental Telep	phone Number 48	3-4671				
<u>ئــ</u>	SAN (GANDRO CA.							
Business Address	18-E.14- ST.	Business Telephon	ne Number <u>638</u>	-1016				
<u></u>	an ceans.		•	-				
	mary, General or Special							
Date of Election April 9 1974 Month Day Year								
Office for which you are a Candidate Councilms+								
Political Party and D	istrict Number (if appli	icable)#/_						
	Covering Period from $3-20-74$ to $4-9-74$							
COMMITTEE NAME	COMMITTEE Address	TREASURER	ADDRESS	PHONE NUMBER				
CONCERNES	1524 GAZMER BLUS	Myron & TEMBLE	871 Eng-2400 A	483-4671				
	SAN LEAMOND	; -						
Comm. TTEE								
	al committees of which weres on behalf of your ca		hich have receive	d contributions				
COMMITTEE NAME	COMMITTEE ADDRESS	TREASURER	ADDRESS	PHONE NUMBER				
MONIE	1		·	NOTISEN.				
742612								
	<u> </u>	<u> </u>						
	VERIFICAT	ION						
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	4 24 19 34 at	SAN LEAN	0 20 C4.					
misson & Sancie.								

Signature

FORM 703 - COMMITTEE

COMMITTEE'S

CAMPAIGN STATEMENT

SUMMARY REPORT

(Election Code Sections 11500 - 11614) Page 1

Name of Committee CONCERNED CITIZENS CUM.	
Address 1524 GARMER BLUD. SANCEA	MDRO CA.
Telephone Number	•
Name of Treasurer MYROH & TEMPLE	
Residential Address 871 Emgano Aux Re	esidential Telephone Number <u>483-467</u> /
SAN LEANBRU CA.	
Business Address 858-8.1445- Be	usiness Telephone Number 638-1016.
SAN LEAMORD CA.	
Type of Election (Primary, General or Special)	Durice DAL.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•
Covering Period from MA2CH 20 1974 to	1 pail 4 1974
VERIFICATION	
I declare under penalty of perjury that this campaign complete and that I have used all reasonable diligence	
Executed on	Place
	Signature of Treasurer
	\ /

FORM 703

CANDIDATES

Covering Period from 3-20-74

		Column a	Column b	Column c
		Cumulative Total from		Cumulative
REC	IPTS	Previous Period	This Period	to Date
1.	Monetary contributions - (Total of Schedule A)			Column a +
2.	Non-monetary contributions (Total of Schedule B)			Column a +
3.	Pledges (Total of Schedule C)		0	Column a + Column b
4.	Total contributions (add 1,2, & 3)	<u> </u>		Column a +
·5-	Unpaid loans (Total of Schedule D)	(Total at beginning of period)	(Het Change for period)	(Total at end of period)
6.	Total receipts (add 4 & 5)			Column a +
	. 1	•		COTOMIT D
EXF	ENDITURES	~		•
7.	Payments - (Total of Schedule E)	97238	97238	972.38 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)	972.38		972.38 Column a +
ST	ATEMENT OF CHANGES IN FINANCIAL CONDITION		•	Column b
10	. Cash on hand at beginning this period.	<u> </u>		
11	Cash receipts this period (Line 1, column b + Line 5, column b)			
12	. Cash Payments this period (Line 7, column b)	972.38		
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)	<u> </u>		
16	Deficit (if line 14 is greater than 13, subtract line 13 from line 14.		•	

CONCERNED	CITIZENS	Comm

Name of Committee

i.D. Number

Covering Period from MARCH 201974 to April 9 1434

		Column a	Column b	Column c
REC	EIPTS	Cumulative Total from Previous Period	This Period	Cumulative to Date
1.	Monetary contributions - (Total of Schedule A)	<u> </u>	<u> </u>	Column a +
2.	Non-monetary contributions (Total of Schedule B)	<u> </u>	6	Column a +
3.	Pledges (Total of Schedule C)	<u> </u>	<u> </u>	Column b Column a + Column b
4.	Total contributions (add 1,2, & 3)	6	<u>~</u>	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)			Column a +
EXP	ENDITURES	5		
7.	Payments - (Total of Schedulc E)	-	•	972.38 Column a +
8.	Accrued expenses (unpaid bills) . (Total of Schedule F)	Total at beginning	(Net Change for	Column b G- (Total at enc
	-	of period)	period) .	of period)
9.	Total expenditures - (add 7 & 8)			97238
٠.	. :	•		Column a + Column b
STA	TEMENT OF CHANGES IN FINANCIAL CONDITION	•		
10.	Cash on hand at beginning this period.			
11.	(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.	peficit (if line 14 is greater than 13. subtract line 13 from line 14 .			

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	to	tal	-

SUMMARY THIS PAGE

SCHEDULE A	Covering Period from	mil 9 1974.
	m-4-7 4	
HONETARY CONTRIBUTIONS	Total monetary contributions of \$100 or more (must be itemized on this schedule)	<u> </u>
	Total monetary contributions - under \$100	
(See Instruction	(need not be itemized)	†
Manual for directions	TOTAL MONETARY CONTRIBUTIONS	•
and examples)	(enter this total on line no. 1.	•
and exemples)	column h of Summary Sheet)	

MYRON E. 12mole.

Received From	City		Employer	Amount	Cumu-
	(& State if		Place of Business	This	lative
Full Name**	not California)	Occupation	If Self-Employed)	Period	Amoun
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(Attach additional information on page 2 of Schedule A.)

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

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

<u>,</u>	SUMM	ARY THIS PERIOD					
SCHEDULE B	Covering Period	from MAR 20197	4 to Apail 9 1974	<u>. </u>	Page _	of	_Pages
ION-MONETARY CONTRIBUTIONS (See Instruction Manual for directions and examples)	Total non-monetar (must be itemize Total non-monetar (need not be ite Total non-monetar	y contributions of d on this schedule y contributions of mized)	\$100 or more \$	0.			
C	•	,					
	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 Cor	ntribution	Fair Market V Amt. of Contrib. this Period	
None.							tion.
	<u> </u>				· · · · · · · · · · · · · · · · · · ·	-	
	· · · · · · · · · · · · · · · · · · ·						
							
\bigcirc							
(Attach additional info	rmation on		<u> </u>	Subtotal	this Page	\$ 0	xxxxxxxxxx
	*#IF CONTRIBUTOR	IS A COMMITTEE, L	IST THE COMMITTEE'S NA DRESS OF TREASURER.)	ME AND I.D.			
,			NTERMEDIARY AND PROVIDE PRINCIPAL CONTRIBUTOR				-
•							

Full Name** //o/42	City (& State if not Calif	Occupation)	Name of Employer	Amount of Pledge this Period	Amount of Pledge Paid this Period (also enter on Sched.A) (b)	Amount of Cumula- tive Piedge Unpaid (c)
70,00				6		
				-		
	<u> </u>					
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(Attach additional Information on appropriately labeled continuation sheets.)

** F 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 ROVIDE INFORMATION-FOR BOTH THE INTERMEDIARY AND THE PRINCIPAL CONTRIBUTOR.

•	()			\sim	/	
Rart 2 of	st	MMARY THI	s PERIOD	Page	of	Pages
SCHEDULE D	1.Total leans	repaid+\$1		s	2	
LOANS	column (a))·			D	
(See Instruction		itemized-		Te		
Manual for direc- tions and examples	column (paid by a	third		0	•
	party-\$1	00 or more				
∞ •*	column (4.Total loans	c))		von.	ð	
	and loan	s paid by	a third pa	rty		
		r be itemi		¢	4_	
•	and loan	s paid by n Line 4 c	a third pa of Schedule	rty ==		
	(Repayment of t	Part 2	Corriveness	s of the Lo	an	
	and Payment of	f the Loar	by a Thir	rd Party)		
			(a)	(b)	(c) Amount Paid by	
				#mount Forgiven	a Third Party	
	City (& State If		Amount	(also	(also	77
Full Name	Not California)	Date	Repaid	Sched. A)	enter on Sched. A)	Unpaid Balance
	<u> </u>		<u> </u>			
HON 2						
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	-					
	! !				4~~	
	Su	ibtotal	15	\$ -0-	5	XXXXXXX

SCHEDULE D LOANS

(See Instruction Manual for directions and examples

SUMMARY FOR THIS PERIOD

Covering Period from

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)	5_6_
2.	Total loans - under \$100 (need not be itemized)	+
3. 4.	Total loans received Subtract loans paid or forgiven (must be itemized on page 2)	6

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

1GenOLE 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)		nt. ate Date	Unpaid Balance
None		•	-0-		
				-	
	· · · · · · · · · · · · · · · · · · ·		-		
					<u> </u>
•					
·			·		
					-
					
.		Subtotal	. 6		XXXXXXXX

en 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).

AMMILE	DV T	นเรา	PFRI	กก

SCHEDULE	E		
PAYMENTS		•	

(See Instruction Manual for directions and examples.)

· · · · · · · · · · · · · · · · · · ·						
Covering Period	From 3-20-74 to	4-9-74.				

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

\$867.60

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)	Newspaper Advertising	Outdoor Advertising	Other		Cumula- tive Expendi-
			(b)	(c)	(d)	Description (e)	Amount	tures
DAILY LEVIEW	HAYLVARD. SAN LEANSRO			220.90				220,9
FRIANY UBSERVER	SAN LEANDRO			175.50				396.4
PUSTOMIZE / RIMING	SAM CEANDRO.					CARSS 4 HAMDBILLS	471.20	867.60
MISC. EXDENSE		,					104.78	972.38
		·	· · · · · · · · · · · · · · · · · · ·					
		·.						
<u> </u>								;
						1/2		
Attach additional	Subtotals \$			395.40		**************************************	\$75.98	XXXXXXXXXXX

(Attach additional information on approbriately 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 PE						1
SCHEDULE F AUCRUED EXPENSES (Unpaid Bills) (See Instruction Manual for directions and examples) (Instruction Manual for directions and examples) (need to entered 4. Total at (enter	accrued expenses be itemized this accrued expenses not be itemized) ct accrued expen- nis period = not be itemized ed on Schedule E accrued expenses this total on L	- under \$100 ses but must be . Line No. 3)	\$ 6 6 \$		Pageof to	∕∴ Pag tal	es
	ry sheet) 1804 E. TE me of Candidate	mple of Committee	Committee 1.D.	No.		٠	
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)	Amount	Cumula- tive Expendi- tures
· NONE.							6-
		· · · · · · · · · · · · · · · · · · ·		· ·			
		1					
							<u>`</u>
The state of the s			-		:	•	
							
Subtotals (Attach additional information	\$			•	xxxxxxxxxxxxxxxxxx	· •	xxxxxxx
on appropriately labeled continuation sheets.)	name and 1.D. the treasurer)	providing goods of toth persons of	name and stre	et address of '		• .	i .

SCHEDULE G

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

(See Instruction Manual for directions and examples)

Page ______of___Pages

Full Name of Committee 1.0). Number	· · · · · · · · · · · · · · · · · · ·		
Covering Period from MAR. 20 193	74_to	Apric	9 1474	
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	Oppose '	Amount of Expenditures This Period	Amount of Cumulative Expenditures
NOUE.			0	-0
•				
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·-	-	<u> </u>	· · · · ·	
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	<u> </u>	·		
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	-		6	
				XXXXXXXXXXX

CANDIDATE'S CAMPAIGN STATEMENT

RECEIVED CITY OF SAN LEANDRO

APR 1 - 1974

SHORT FORM

FORM 703-Z

RICHARD H. WEST

(Elections Code Section 11559)

A candidate for whom not more than \$500 has been received or spent on behalf of his candidacy may file this short form. A candidate for whom more than \$500 has been received or spent must file Form 703.
Name of Candidate MYRON E. IEMPLE.
Residential Address 871 EMERACO Aut Business Address 558-8.14457.
SAN LEAMORD SAN LEAMORD
Residential Telephone No. 483-467/ Business Telephone No. 638-18/6
Type of Election (Primary, General or Special)
Date of Election 4/9/74 Office for Which You Are A Candidate Cauxicil man
Political Party and District No. (if applicable)
Covering Period from <u>START</u> to <u>MADCH 30,1974 INC</u>
I declare under penalty of perjury that to the best of my knowledge not more than \$500 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 MARCH 311974 at San Leandra place
Same & Joneson

Signature

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SECELAFD

RICHARD H. WEST

CANDIDATE'S CAMPAIGN STATEMENT

RECEIVED CITY OF SAN LEANDRO

SHORT FORM

APR 1 1974

FORM 703-Z

(Elections Code Section 11559)

RICHARD H. WEST

A candidate for whom not more than \$500 has been received or spent on behalf of his candidacy may file this short form. A candidate for whom more than \$500 has been received or spent must file Form 703.
Name of Candidate MYRON E. IEMPLE.
Residential Address 871 EMERACO Aux Business Address 558-8.14457.
SAN LEAMORD SAN LEAMORD
Residential Telephone No. 483-467/ Business Telephone No. 638-18/6
Type of Election (Primary, General or Special)
Date of Election 4/9/74 Office for Which You Are A Candidate COUNCIL MAR
Political Party and District No. (if applicable)
·Covering Period from START to MADCH 30, 1974 INC
I declare under penalty of perjury that to the best of my knowledge not more than \$500 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 MARCH 311974 at San Leandrd. date place
Myson & Semsle Signature

FORM O

CANDIDATES AND OFFICEHOLDERS

Short Form

This form may be used only if no contributions have been received and no expenditures have been made subsequent to the filing of the last campaign statement. (Candidates and officeholders for whom contributions have been received or expenditures made must file Form C.)

THIS FORM MUST BE FILED BY MARCH 1, 1974

Name				
Office	y Council		District Number	1
Residential Addre	871 Emerald Avenue		Residential Telephone _	483-4671
	San Leandro, Californi	a 94577		
Business Address	858 East 14th Street		Business Telephone _	638-1016
	San Leandro, Californi	la 94577		
I declare under penditures have	penalty of perjury that to the best of r been made on behalf of or in support o	ny knowledge no contr f my candidacy or possib	ibutions have been received ble future candidacy.	d and no ex-
I declare under penditures have	penalty of perjury that to the best of r been made on behalf of or in support o 28 February 1974	f my candidacy or possib	ibutions have been received ble future candidacy. andro, California	d and no ex-

FORM O

CANDIDATES AND OFFICEHOLDERS

Short Form

This form may be used only if no contributions have been received and no expenditures have been made subsequent to the filing of the last campaign statement. (Candidates and officeholders for whom contributions have been received or expenditures made must file Form C.)

THIS FORM MUST BE FILED BY MARCH 1, 1974

Name	E. Tempie			
Office	Council		# District Number	1
Residential Address _	871 Emerald Avenue		Residential Telephone _	483-4671
	San Leandro, California	94577		
Business Address	858 East 14th Street		Business Telephone _	638-1016
	San Leandro, California	94577		
	alty of perjury that to the best of my ke n made on behalf of or in support of my			d and no ex-
Executed at	28 February 1974	San Le	eandro, California	
Executed di	Date	myra	n E Ample Signature	