

State of California



Fair Political Practices Commission

P.O. BOX 807 • SACRAMENTO, 95804 • • • 1100 K STREET BUILDING, SACRAMENTO, 95814

Technical Assistance • • Administration • • Executive/Legal • • Enforcement
(916) 322-5662 322-5660 322-5901 322-6441

June 1, 1984

Assemblyman Art Agnos
State Capitol, Room 3151
Sacramento, CA 95814

Re: Advice Letter No. A-84-149

Dear Assemblyman Agnos:

Thank you for your letter dated May 24, 1984, concerning the campaign statements of Californians for Justice, a committee which you control. You included a copy of the Committee's most recent campaign statement, covering the period March 18, 1984, through May 24, 1984. On Schedule A (Monetary Contributions Received), the names, addresses and employers of the contributors were intentionally deleted. You stated in your letter that you believe that "public disclosure of these contributors may place these individuals at risk of their personal safety as well as personal property."

The Commission does not have the authority to exempt the committee from any of the campaign disclosure requirements of the Political Reform Act. At one time, the Commission did have a procedure for granting exemptions from the requirements for disclosure of contributors' identities for reasons such as the ones you raise in your letter. The Commission's procedure was based upon the United States Supreme Court's ruling (Buckley v. Valeo, 424 U.S. 1 (1976)) that such exemptions may be constitutionally required in some circumstances. However, the Commission's authority to grant exemptions was repealed by the Legislature in 1977, when it enacted Section 84400 of the Political Reform Act:

Notwithstanding any other provision of the law, the commission shall have no power to exempt any person, including any candidate or committee, from any of the requirements imposed by the provisions of this chapter.

Gov. Code Section 84400.

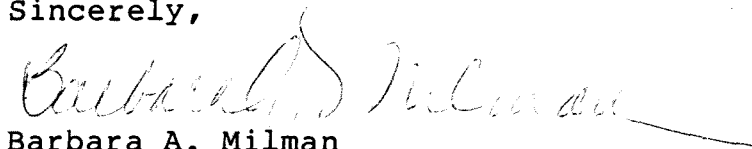
Assemblyman Art Agnos
June 1, 1984
Page 2

Since the enactment of Section 84400, only the courts may grant the type of exemption from the disclosure requirements that you have requested. The Commission is under a continuing obligation to enforce the disclosure provisions of the Political Reform Act with respect to all committees absent a judicial determination exempting a committee from the Act's disclosure requirements.

You stated in your letter that you are willing to provide the contributor information to the Commission and its staff at any time upon our guarantee and assurance that the information will be kept confidential. Since the Commission may not grant exemptions from disclosure, and the Act clearly provides for full disclosure of the information that you omitted from the campaign statement, we can not agree to keep the information confidential. As you know, the paramount purpose of the Political Reform Act is to provide for full disclosure of all campaign contributions and expenditures, and, absent a court order, we may not make agreements which contravene this purpose.

We hope that you understand that, no matter how sympathetic we may be to your concerns, the Commission has no choice at this time other than to enforce the Act's campaign disclosure requirements against Californians for Justice. Therefore, if you believe that your committee is entitled to an exemption from the disclosure requirements of the Act, we suggest that you ask the courts for a declaratory judgment to that effect. If you would like to discuss this matter further, please feel free to contact me at (916) 322-5901.

Sincerely,


Barbara A. Milman
General Counsel

BAM:plh
cc: Marian Ash

SACRAMENTO ADDRESS
STATE CAPITOL
SACRAMENTO 95814
(916) 445-8253
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1064 STATE BUILDING
350 McALLISTER
SAN FRANCISCO, CA 94102
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COMMITTEES:
AGING
ELECTIONS AND REAPPORTIONMENT
FINANCE, INSURANCE & COMMERCE
RULES
WAYS AND MEANS C

Assembly California Legislature

MAY 29 2 38 PM '84



ART AGNOS

ASSEMBLYMAN, SIXTEENTH DISTRICT

DEMOCRATIC CAUCUS SECRETARY
CHAIRMAN

WAYS AND MEANS SUBCOMMITTEE ON HEALTH AND WELFARE

May 24, 1984

Mr. Dan Stanford
Chairman
Fair Political Practices Commission
1100 K Street
Sacramento, California 95814

Dear Dan:

In accordance with the law and our telephone conversation today, I have prepared and am submitting the campaign contribution/spending report for the period March 18, 1984 through May 24, 1984.

As we discussed, in submitting the report the names and addresses listed on the reports have been deleted.

This is necessary in view of the death threats to me and my family both written and verbal, and the vandalism to my capital residence which has occurred since the passage of AB 1, my bill which would have outlawed discrimination in employment practices based upon sexual orientation.

In view of those threats and attacks on my capital residence, and in view of the fact that many of those contributing to Californians for Justice have done so to assist in the enactment of AB 1, I believe that public disclosure of these contributors may place these individuals at risk of their personal safety as well as personal property.

All other required information is contained on the report as prescribed by law.

Mr. Dan Stanford
Page 2
May 24, 1984.

I am most willing to cooperate with your commission to provide the names and addresses to your auditors, accountants, Commission staff members or the Commissioners themselves at any time in order to facilitate full investigation of any facts they may wish to certify.

I am also willing to make the names and addresses available to the Commission upon your assurance and guarantee that they will remain sealed in your files.

I am available to discuss this issue with you at your convenience.

Sincerely,

A handwritten signature in dark ink, appearing to be 'Art Agnos', written over the typed name.

ART AGNOS

Enclosure

cc: Office of the Secretary of State
Political Reform Division



FILE AN ORIGINAL AND ONE COPY OF THIS FORM WITH:

Secretary of State
Political Reform Division
P. O. Box 1467
Sacramento, CA 95807

Form 410
1984

STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)
(Government Code Section 84101-84103)

802246

IF AMENDMENT
ENTER I.D. NUMBER

(Type or Print in Ink)

FULL NAME OF COMMITTEE:

Californians for Justice

STREET ADDRESS OF COMMITTEE:
(NOT P.O. BOX)

NO. AND STREET

CITY

STATE

ZIP CODE

COUNTY:

637 Connecticut Street San Francisco, CA 94107 San Francisco

DATE QUALIFIED AS COMMITTEE (MO., DAY, YR.):

AREA CODE

PHONE NUMBER

A

OFFICIAL USE ONLY

B

OFFICIAL USE ONLY

October 19, 1980

(415) 824-6936

I TREASURER AND OTHER PRINCIPAL OFFICERS

POSITION	NAME AND PERMANENT STREET ADDRESS	(AREA CODE)	PHONE NO.
TREASURER	James Foster 1952 - 15th Street San Francisco, CA 94114	(415)	626-4512

Attach additional information on appropriately labeled continuation sheets.

II IS THIS A CONTROLLED COMMITTEE?

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

YES (Complete Section III below)

NO (Section III is not applicable)

III CANDIDATES OR STATE MEASURE PROPONENTS CONTROLLING THIS COMMITTEE; CANDIDATES, STATE MEASURE PROPONENTS OR COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY.

NOTE: If this committee is controlled by more than one candidate, the name of each controlling candidate must be listed below.

NAME OF CANDIDATE, STATE MEASURE PROPONENT OR COMMITTEE	IDENTIFICATION NUMBER OF COMMITTEE OR TREASURER'S NAME AND PERMANENT STREET ADDRESS
Art Agnos, Assemblyman	#802246

Attach additional information on appropriately labeled continuation sheets.

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

NAME AND STREET ADDRESS	(AREA CODE)	PHONE NO.

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.



Form 420
1984

RECIPIENT COMMITTEE
CAMPAIGN STATEMENT
(Government Code Sections 84200-84217)

For use by recipient committees which receive a cumulative contribution of \$100 or more from a single source.

(Type or Print in Ink)

Statement covers period from 3/18/84 through 5/24/84

A OFFICIAL USE ONLY

NAME OF COMMITTEE: Californians for Justice						I.D. NUMBER # 802246	
ADDRESS OF COMMITTEE:	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER	
	637 Connecticut Street,	San Francisco,	CA	94107	(415)	824-6936	
NAME OF TREASURER: James M. Foster							
PERMANENT ADDRESS OF TREASURER:	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER	
	1952-15th Street,	San Francisco,	CA	94114	(415)	626-4512	
DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE): June 5, 1984				TOTAL PAGES 39	SPONSORING ORGANIZATION (IF APPLICABLE):		

II IS THIS A CONTROLLED COMMITTEE?
(A controlled committee is one which is controlled directly or indirectly by a candidate or a proponent of a state ballot measure or which acts jointly with a candidate, controlled committee or proponent of a state ballot measure in connection with the making of expenditures. A candidate or proponent of a state ballot measure controls a committee if he or she, his or her agent, or any other committee he or she controls, has a significant influence on the actions or decisions of the committee.)
 YES (Complete Section III below) NO (Section III is not applicable)

III CANDIDATES OR STATE MEASURE PROPONENTS CONTROLLING THIS COMMITTEE; CANDIDATES, STATE MEASURE PROPONENTS OR COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY.
 NOTE: If this committee is controlled by more than one candidate, the name of each controlling candidate must be listed below.

NAME OF CANDIDATE, STATE MEASURE PROPONENT OR COMMITTEE	IDENTIFICATION NUMBER OF COMMITTEE OR TREASURER'S NAME AND PERMANENT STREET ADDRESS
Art Agnos, Assemblyman	ID# 802246

Attach additional information on appropriately labeled continuation sheets.

VERIFICATION

C	I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and that I have used all reasonable diligence in their preparation.
D	Executed on <u>5/22/84</u> at <u>San Francisco, CA</u> by <u>James M. Foster</u> <small>(DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)</small>
E	A candidate or officeholder who controls a committee must also verify the campaign statement.
F	I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and the treasurer of this committee has used all reasonable diligence in the preparation of this statement and its schedules. Executed on <u>5/23/84</u> at <u>Sacramento, CA</u> by <u>[Signature]</u> <small>(DATE) (CITY AND STATE) (SIGNATURE OF CANDIDATE OR OFFICERHOLDER)</small>

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.

CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
3/18/84	5/24/84
I.D. NUMBER (IF COMMITTEE)	
802246	

NAME OF CANDIDATE OR COMMITTEE
Californians for Justice

	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date (Columns A + B)
CONTRIBUTIONS RECEIVED			
1. Monetary contributions	\$ 1,319.88	\$ 13,983.90 <small>SCHEDULE A, LINE 1</small>	\$ 15,303.78
2. Loans	-0-	-0- <small>SCHEDULE B, LINE 1</small>	-0-
3. Subtotal	\$ 1,319.88 <small>LINES 1 - 2</small>	\$ 13,983.90 <small>LINES 1 - 2</small>	\$ 15,303.78 <small>LINES 1 - 2</small>
4. Non-monetary contributions	-0-	-0- <small>SCHEDULE C, LINE 1</small>	-0-
5. Pledges	-0-	-0- <small>SCHEDULE D, LINE 1</small>	-0-
6. TOTAL CONTRIBUTIONS	\$ 1,319.88 <small>LINES 1 - 5</small>	\$ 13,983.90 <small>LINES 1 - 5</small>	\$ 15,303.78 <small>LINES 1 - 5 (SHOULD EQUAL COLUMNS A + B)</small>
EXPENDITURES MADE			
7. Payments	\$ 1,916.31	\$ 12,798.06 <small>SCHEDULE E, LINE 1</small>	\$ 14,714.37
8. Accrued expenses (unpaid bills)	-0-	-0- <small>SCHEDULE F, LINE 1</small>	-0-
9. TOTAL EXPENDITURES	\$ 1,916.31 <small>LINES 7 - 8</small>	\$ 12,798.06 <small>LINES 7 - 8</small>	\$ 14,714.37 <small>LINES 7 - 8 (SHOULD EQUAL COLUMNS A + B)</small>

*If this is the first report filed for the calendar year, Column A should be blank except for unpaid loans, bills and pledges.

STATEMENT OF CHANGES IN FINANCIAL CONDITION

10. Cash on hand at the beginning of this period. (Line 14 of previous statement)	\$ 318.82
11. Cash receipts this period (Line 3, Column B above)	13,983.90
12. Miscellaneous adjustments to cash (Schedule G, Line 7)	< 12.50 >
13. Cash payments this period (Line 7, Column B above)	12,798.06
14. Cash on hand at closing date (Lines 10+11+12-13 above)*	1,492.16
15. Outstanding debts (Line 2 + Line 8 of Column C above)	-0-
16. Ending surplus (if Line 14 is greater than Line 15, subtract Line 15 from Line 14)	\$ 1,492.16
17. Ending deficit (if Line 15 is greater than Line 14, subtract Line 14 from Line 15)	\$ (-0-)

*Ending cash on hand should not be a negative amount.

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

	1/1 thru 6/30	7/1 to date
18. CONTRIBUTIONS RECEIVED:	15,303.78	
19. EXPENDITURES MADE:	14,714.37	

SCHEDULE A

MONETARY CONTRIBUTIONS RECEIVED
FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
3/18/84	5/24/84

NAME OF CANDIDATE OR COMMITTEE: Californians for Justice
I.D. NUMBER (IF COMMITTEE) 802246

DATE REC'D	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)	OCCUPATION	EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT	
				RECEIVED	CUMULATIVE TO DATE
/1/84	[REDACTED]	newspaper owner/ investor	[REDACTED]	1,000	1,000
/1/84	[REDACTED]	Optician	[REDACTED]	200	200
/1/84	[REDACTED]	Investor	[REDACTED]	100	100
/1/84	[REDACTED]	owner	[REDACTED]	100	100
/1/84	[REDACTED]			100	100
/1/84	[REDACTED]	Retired		100	100
/1/84	[REDACTED]	training writer	[REDACTED]	100	100

If more space is needed, check box at left and attach additional Schedules A. SUBTOTAL 1,700

SUMMARY

1. AMOUNT RECEIVED - CONTRIBUTIONS OF \$100 OR MORE (Include all Schedule A subtotals)	\$ 8,507.90
2. AMOUNT RECEIVED - CONTRIBUTIONS OF LESS THAN \$100 (Not itemized)	5,476.00
3. TOTAL MONETARY CONTRIBUTIONS THIS PERIOD (Line 1 + Line 2) Enter here and on Line 1 Column B of Summary Page	\$13,983.90

SCHEDULE A

MONETARY CONTRIBUTIONS RECEIVED
(CONTINUATION SHEET)

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 3/18/84 THROUGH 5/24/84

NAME OF CANDIDATE OR COMMITTEE: Californians for Justice I.D. NUMBER (IF COMMITTEE) 802246

DATE REC'D	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER OF TREASURER'S NAME AND ADDRESS)	OCCUPATION	EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT	
				RECEIVED	CUMULATIVE TO DATE
5/1/84	[REDACTED]	Retired		100	100
/1/84	[REDACTED]	Owner	[REDACTED]	100	100
/1/84	[REDACTED]	Psychiatrist	[REDACTED]	100	100
/1/84	[REDACTED]	Computer Analyst	[REDACTED]	100	100
/1/84	[REDACTED]	Cabinet Builder	SELF employed	100	100
/1/84	[REDACTED]	owner	[REDACTED]	100	100
5/1/84	[REDACTED]	retired		100	100
/14/84	[REDACTED]	Gen. Mgr.	[REDACTED]	100	100
/14/84	[REDACTED]	Retired		100	100
/16/84	[REDACTED]	physician	[REDACTED]	250	250
/28/84 /5/84 /9/84 /24/84	Friends of Art Agnos 637 Connecticut St. San Francisco, CA 94107		ID#747235 (4 checks)	5,557.90	5,557.90

If more space is needed, check box at left and attach additional Schedules A.

SUBTOTAL 6,707.90

LOANS
FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
 FROM 3/18/84 THROUGH 5/24/84

NAME OF CANDIDATE OR COMMITTEE: **Californians for Justice** I.D. NUMBER (IF COMMITTEE) **802246**

PART 1 - LOANS RECEIVED

DATE REC'D	FULL NAME AND ADDRESS OF LENDER AND ANY GUARANTORS OR COSIGNERS (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)	OCCUPATION	EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	INT. RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE
<input type="checkbox"/> If more space is needed, check box at left and attach additional Schedules B, Part 1.					SUBTOTAL	-0-

PART 2 - LOANS REPAID, FORGIVEN, OR PAID BY A THIRD PARTY:

DATE	FULL NAME AND ADDRESS OF THE LENDER	(a) AMOUNT REPAID	ENTER THIS DATA ON SCHEDULE A ALSO		UNPAID BALANCE
			(b) AMOUNT FORGIVEN OR PAID BY THIRD PARTY	THIRD PARTY NAME AND ADDRESS	
<input type="checkbox"/> If more space is needed, check box at left and attach additional Schedules B, Part 2.		SUBTOTAL	(a) -0-	(b) -0-	

SUMMARY

1. LOANS OF \$100 OR MORE THIS PERIOD (Part 1)	\$	-0-
2. LOANS UNDER \$100 THIS PERIOD (Not itemized)		-0-
3. TOTAL LOANS RECEIVED THIS PERIOD (Line 1 + 2)		-0-
4. LOANS OF \$100 OR MORE REPAID THIS PERIOD (Part 2, Column (a))		-0-
5. LOANS OF \$100 OR MORE THIS PERIOD FORGIVEN OR PAID BY A THIRD PARTY (Part 2, Column (b))		-0-
6. LOANS UNDER \$100 REPAID, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Not itemized) (Also enter this amount on Line 2 of Summary section of Schedule A)		-0-
7. TOTAL LOANS REPAID, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Line 4 + 5 + 6)		-0-
8. NET CHANGE THIS PERIOD (Subtract Line 7 from Line 3) Enter the difference here and on Line 2, Column B of Summary Page	\$	-0-

(May be negative figure)

SCHEDULE C
NON-MONETARY CONTRIBUTIONS RECEIVED
FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
3/18/84	5/24/84

NAME OF CANDIDATE OR COMMITTEE:
Californians for Justice

I.D. NUMBER (IF COMMITTEE):
802246

DATE REC'D	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION	EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE RECEIVED	CUMULATIVE AMOUNT
SUBTOTALS					-0-	

If more space is needed, check box at left and attach additional Schedules C.

SUMMARY

1. NON-MONETARY CONTRIBUTIONS OF \$100 OR MORE THIS PERIOD	\$	-0-	
2. NON-MONETARY CONTRIBUTIONS UNDER \$100 THIS PERIOD (Not itemized)		-0-	
3. TOTAL NON-MONETARY CONTRIBUTIONS THIS PERIOD (Line 1 + 2) Enter here and on Line 4, Column B of Summary Page		-	\$ -0-

SCHEDULE D

PLEDGES

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
 FROM 3/28/84 THROUGH 5/24/84

NAME OF CANDIDATE OR COMMITTEE: Californians for Justice

I.D. NUMBER (IF COMMITTEE)
 802246

DATE REC'D	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION	EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT PLEDGED THIS PERIOD	AMOUNT PAID <small>(ALSO ENTER ON SCHEDULE A)</small>	CUMULATIVE PLEDGE UNPAID
<input type="checkbox"/> If more space is needed, check box at left and attach additional Schedules D.				(a) SUBTOTALS	(b) -0-	-0-

SUMMARY

1. PLEDGES OF \$100 OR MORE THIS PERIOD (Column (a))	\$	-0-	
2. PLEDGES UNDER \$100 THIS PERIOD (Not itemized)		-0-	
3. TOTAL PLEDGES RECEIVED (Line 1 + 2)			-0-
4. PLEDGES OF \$100 OR MORE PAID THIS PERIOD (Column (b))		-0-	
5. PLEDGES UNDER \$100 PAID THIS PERIOD (Not itemized) <small>(Also enter on Line 2 of the summary section of Schedule A)</small>		-0-	
6. TOTAL PLEDGES PAID (Line 4 + 5)			-0-
7. NET CHANGE THIS PERIOD <small>(Subtract Line 6 from Line 3) Enter the difference here and on Line 5, Column B of Summary Page.</small>			\$-0-

(May be negative figure)

SCHEDULE E
PAYMENTS AND CONTRIBUTIONS MADE

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
3/18/84	5/24/84
I.D. NUMBER (IF COMMITTEE)	
802246	

NAME OF CANDIDATE OR COMMITTEE:
Californians for Justice

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the *Information Manual on Campaign Disclosure* for detailed explanations and examples of each category.

- | | |
|---|--|
| "C" - CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |
| "I" - INDEPENDENT EXPENDITURES | "F" - FUNDRAISING EVENTS |
| "L" - LITERATURE | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "B" - BROADCAST ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS |
| "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| "O" - OUTSIDE ADVERTISING | |

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

IMPORTANT: Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of these payments on Line 3 of the Summary section, below.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR NAME AND ADDRESS OF TREASURER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Post Master General 1300 Evans Street San Francisco, CA	L	(3 checks)	2,775.00
Allen's Press Clipping Bureau 657 Mission Street San Francisco, CA 94105	I	Press clipping service (3 checks)	110.00
The Women's Press 50 Otis Street San Francisco, CA 94103	L		2,832.90
Lesbian/Gay Freedom Day Committee 766 Valencia Street San Francisco, CA 94110	I	Parade application fee	100.00
SUBTOTAL			5,823.90

If more space is needed, check box and attach additional Schedules E.

IMPORTANT: Contributions and expenditures on behalf of other candidates or committees must also be entered in the allocation section at the front of the campaign statement.

SUMMARY

1. Payments of \$100 or more made this period (Include all Schedule E Subtotals)	\$	<u>12,766.11</u>
2. Payments under \$100 this period (not itemized)	\$	<u>31.95</u>
3. Total Accrued Expenses paid this period (Schedule F, Line 4)	\$	<u>-0-</u>
4. Total Payments this period (Line 1 + 2 + 3) Enter here and on Line 7, Column B of Summary Page	\$	<u>12,798.06</u>

SCHEDULE F
ACCRUED EXPENSES
(UNPAID BILLS)

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
3/18/84	5/24/84
I.D. NUMBER (IF COMMITTEE)	
802246	

NAME OF CANDIDATE OR COMMITTEE:
Californians for Justice

CODES FOR CLASSIFYING ACCRUED EXPENSES

If one of the following codes is used to describe the accrued expense, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the *Information Manual on Campaign Disclosure* for detailed explanations and examples of each category.

- | | |
|--|---|
| <p>"C" - CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES</p> <p>"I" - INDEPENDENT EXPENDITURES</p> <p>"L" - LITERATURE</p> <p>"B" - BROADCAST ADVERTISING</p> <p>"N" - NEWSPAPER AND PERIODICAL ADVERTISING</p> <p>"O" - OUTSIDE ADVERTISING</p> | <p>"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS</p> <p>"F" - FUNDRAISING EVENTS</p> <p>"G" - GENERAL OPERATIONS AND OVERHEAD</p> <p>"T" - TRAVEL, ACCOMMODATIONS AND MEALS</p> <p>"P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES</p> |
|--|---|

If one of the above codes does not accurately or fully describe the accrued expense, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR NAME AND ADDRESS OF TREASURER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT ACCRUED
SUBTOTAL		-0-

If more space is needed, check box, and attach additional Schedules F

IMPORTANT: Do not itemize the *payment* of accrued expenses on Schedules E or F. Report the lump sum of these payments on Schedule E, Line 3, and on Schedule F, Line 4. Do not re-itemize accrued expenses which have been reported in a previous period.

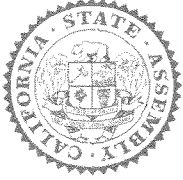
SUMMARY

1. Accrued Expenses of \$100 or More This Period	\$ -0-	
2. Accrued Expenses of Under \$100 This Period (Not Itemized)	-0-	
3. Total Accrued Expenses Incurred This Period (Line 1 + 2)		-0-
4. Accrued Expenses Paid This Period (Not Itemized) Enter here and on Schedule E, Line 3		-0-
5. Net Change This Period (Subtract Line 4 from Line 3), Enter difference here and on Line 8, Column B of Summary Page		-0-

(May be negative figure)

SACRAMENTO ADDRESS
STATE CAPITOL
SACRAMENTO 95814
(916) 445-8253

DISTRICT OFFICE
1064 STATE BUILDING
350 MCALLISTER
SAN FRANCISCO, CA 94102
(415) 557-2253



F P P
JUN 5 11 01 AM '84

Assembly California Legislature

ART AGNOS
ASSEMBLYMAN, SIXTEENTH DISTRICT
CHAIRMAN
JOINT LEGISLATIVE AUDIT COMMITTEE

COMMITTEES:
AGING AND LONG
TERM CARE
ELECTIONS AND
REAPPORTIONMENT
LABOR AND EMPLOYMENT
RULES
WAYS AND MEANS
SELECT COMMITTEE ON
CHILD ABUSE

JOINT COMMITTEES
REFUGEE RESETTLEMENT
AND IMMIGRATION
LEGISLATIVE BUDGET
COMMITTEE

CHAIRMAN
WAYS AND MEANS SUBCOMMITTEE
ON HEALTH AND WELFARE

June 5, 1984

Ms. Barbara A. Milman
General Counsel
Fair Political Practices Commission
Post Office Box 807
Sacramento, California 95804

Re: Advice Letter No. A-84-149

Dear Ms. Milman:

Thank you for your Advice Letter of June 1.

With that in mind, I am complying with your advice with the understanding that I will seek a future remedy through the courts.

Please find enclosed a full disclosure of my statement covering the period from March 18, 1984 through May 24, 1984.

Sincerely,

A handwritten signature in black ink, appearing to read "Art Agnos".

ART AGNOS

AA:deb

Enclosure

cc: Secretary of State
Political Reform Division



FILE AN ORIGINAL AND ONE COPY OF THIS FORM WITH:

Secretary of State
Political Reform Division
P. O. Box 1467
Sacramento, CA 95807

Form 410
1984

STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)
(Government Code Section 84101-84103)

802246

IF AMENDMENT
ENTER I.D. NUMBER

(Type or Print in Ink)

FULL NAME OF COMMITTEE:

Californians for Justice

STREET ADDRESS OF COMMITTEE:
(NOT P.O. BOX)

NO. AND STREET

CITY

STATE

ZIP CODE

COUNTY:

637 Connecticut Street San Francisco, CA 94107 San Francisco

DATE QUALIFIED AS COMMITTEE (MO., DAY, YR.):

AREA CODE

PHONE NUMBER

A OFFICIAL USE ONLY

B OFFICIAL USE ONLY

October 19, 1980

(415) 824-6936

I TREASURER AND OTHER PRINCIPAL OFFICERS

POSITION	NAME AND PERMANENT STREET ADDRESS	(AREA CODE)	PHONE NO.
TREASURER	James Foster 1952 - 15th Street San Francisco, CA 94114	(415)	626-4512

Attach additional information on appropriately labeled continuation sheets.

II IS THIS A CONTROLLED COMMITTEE?

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

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

III CANDIDATES OR STATE MEASURE PROPONENTS CONTROLLING THIS COMMITTEE; CANDIDATES, STATE MEASURE PROPONENTS OR COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY.

NOTE: If this committee is controlled by more than one candidate, the name of each controlling candidate must be listed below.

NAME OF CANDIDATE, STATE MEASURE PROPONENT OR COMMITTEE	IDENTIFICATION NUMBER OF COMMITTEE OR TREASURER'S NAME AND PERMANENT STREET ADDRESS
Art Agnos, Assemblyman	#802246

Attach additional information on appropriately labeled continuation sheets.

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

NAME AND STREET ADDRESS	(AREA CODE)	PHONE NO.

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.



Form 420
1984

RECIPIENT COMMITTEE
CAMPAIGN STATEMENT
(Government Code Sections 84200-84217)

For use by recipient committees which receive a cumulative contribution of \$100 or more from a single source.

(Type or Print in Ink)

Statement covers period from 3/18/84 through 5/24/84

A OFFICIAL USE ONLY

NAME OF COMMITTEE: Californians for Justice					I.D. NUMBER # 802246	
ADDRESS OF COMMITTEE:	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER
	637 Connecticut Street,	San Francisco,	CA	94107	(415)	824-6936
NAME OF TREASURER: James M. Foster						
PERMANENT ADDRESS OF TREASURER:	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE NUMBER
	1952-15th Street,	San Francisco,	CA	94114	(415)	626-4512
DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE):	TOTAL PAGES		SPONSORING ORGANIZATION (IF APPLICABLE):			
June 5, 1984	39					

II IS THIS A CONTROLLED COMMITTEE?
(A controlled committee is one which is controlled directly or indirectly by a candidate or a proponent of a state ballot measure or which acts jointly with a candidate, controlled committee or proponent of a state ballot measure in connection with the making of expenditures. A candidate or proponent of a state ballot measure controls a committee if he or she, his or her agent, or any other committee he or she controls, has a significant influence on the actions or decisions of the committee.)

YES (Complete Section III below) [] NO (Section III is not applicable)

III CANDIDATES OR STATE MEASURE PROPONENTS CONTROLLING THIS COMMITTEE; CANDIDATES, STATE MEASURE PROPONENTS OR COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY.
 NOTE: If this committee is controlled by more than one candidate, the name of each controlling candidate must be listed below.

NAME OF CANDIDATE, STATE MEASURE PROPONENT OR COMMITTEE	IDENTIFICATION NUMBER OF COMMITTEE OR TREASURER'S NAME AND PERMANENT STREET ADDRESS
Art Agnos, Assemblyman	ID# 802246

Attach additional information on appropriately labeled continuation sheets.

VERIFICATION

C	I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and that I have used all reasonable diligence in their preparation.
D	Executed on <u>5/22/84</u> at <u>San Francisco, CA</u> by <u>James M. Foster</u> <small>(DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)</small>
E	A candidate or officeholder who controls a committee must also verify the campaign statement.
F	I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and the treasurer of this committee has used all reasonable diligence in the preparation of this statement and its schedules. Executed on <u>5/23/84</u> at <u>Sacramento, CA</u> by <u>Art Agnos</u> <small>(DATE) (CITY AND STATE) (SIGNATURE OF CANDIDATE OR OFFICEHOLDER)</small>

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.

CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
3/18/84	5/24/84

NAME OF CANDIDATE OR COMMITTEE
Californians for Justice

I.D. NUMBER (IF COMMITTEE)
802246

	COLUMN A Cumulative total from previous period *	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date (Columns A + B)
CONTRIBUTIONS RECEIVED			
1. Monetary contributions	\$ <u>1,319.88</u>	\$ <u>13,983.90</u> <small>SCHEDULE A, LINE 3</small>	\$ <u>15,303.78</u>
2. Loans	<u>-0-</u>	<u>-0-</u> <small>SCHEDULE B, LINE 4</small>	<u>-0-</u>
3. Subtotal	\$ <u>1,319.88</u> <small>LINES 1 - 2</small>	\$ <u>13,983.90</u> <small>LINES 1 - 2</small>	\$ <u>15,303.78</u> <small>LINES 1 - 2</small>
4. Non-monetary contributions	<u>-0-</u>	<u>-0-</u> <small>SCHEDULE C, LINE 5</small>	<u>-0-</u>
5. Pledges	<u>-0-</u>	<u>-0-</u> <small>SCHEDULE D, LINE 6</small>	<u>-0-</u>
6. TOTAL CONTRIBUTIONS	\$ <u>1,319.88</u> <small>LINES 3 - 5 + 6</small>	\$ <u>13,983.90</u> <small>LINES 3 - 5 + 6</small>	\$ <u>15,303.78</u> <small>LINES 3 - 5 + 6 (SHOULD EQUAL COLUMNS A + B)</small>
EXPENDITURES MADE			
7. Payments	\$ <u>1,916.31</u>	\$ <u>12,798.06</u> <small>SCHEDULE E, LINE 7</small>	\$ <u>14,714.37</u>
8. Accrued expenses (unpaid bills)	<u>-0-</u>	<u>-0-</u> <small>SCHEDULE F, LINE 8</small>	<u>-0-</u>
9. TOTAL EXPENDITURES	\$ <u>1,916.31</u> <small>LINES 7 - 8</small>	\$ <u>12,798.06</u> <small>LINES 7 - 8</small>	\$ <u>14,714.37</u> <small>LINES 7 - 8 (SHOULD EQUAL COLUMNS A + B)</small>

*If this is the first report filed for the calendar year, Column A should be blank except for unpaid loans, bills and pledges.

STATEMENT OF CHANGES IN FINANCIAL CONDITION

10. Cash on hand at the beginning of this period. (Line 14 of previous statement)	\$ <u>318.82</u>
11. Cash receipts this period (Line 3, Column B above)	<u>13,983.90</u>
12. Miscellaneous adjustments to cash (Schedule G, Line 7)	<u>< 12.50 ></u>
13. Cash payments this period (Line 7, Column B above)	<u>12,798.06</u>
14. Cash on hand at closing date (Lines 10+11+12-13 above) *	<u>1,492.16</u>
15. Outstanding debts (Line 2 + Line 8 of Column C above)	<u>-0-</u>
16. Ending surplus (if Line 14 is greater than Line 15, subtract Line 15 from Line 14)	\$ <u>1,492.16</u>
17. Ending deficit (if Line 15 is greater than Line 14, subtract Line 14 from Line 15)	\$ <u>(-0-)</u>

*Ending cash on hand should not be a negative amount.

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

	1/1 thru 6/30	7/1 to date
18. CONTRIBUTIONS RECEIVED:	15,303.78	
19. EXPENDITURES MADE:	14,714.37	

SCHEDULE A

**MONETARY CONTRIBUTIONS RECEIVED
FORM 420, 430 OR 490**

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
3/18/84	5/24/84

NAME OF CANDIDATE OR COMMITTEE:
 Californians for Justice
I.D. NUMBER (IF COMMITTEE):
 802246

DATE REC'D	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION	EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT	
				RECEIVED	CUMULATIVE TO DATE
6/1/84	David B. Goodstein P. O. Box 2290 Malibu, CA 90264	newspaper owner/ investor	Liberation Publications Inc.	1,000	1,000
6/1/84	Theodore W. Ingram 14226 Greenleaf St. Sherman Oaks, CA 91423	Optician	S & D Corporation	200	200
6/1/84	Duke Comegys 2034 Outpost Drive Los Angeles, CA 90068	Investor	Westfork Props.	100	100
6/1/84	Capitol Aquarium 1920-29th Street Sacramento, CA 95816	owner	Capitol Aquarium	100	100
6/1/84	Vulcan Steam & Sauna, Inc. 805 W. Cedar St. San Diego, CA 92101			100	100
6/1/84	Richard M. Davis 3090 Diablo Shadow Dr. Walnut Creek, CA 94998	Retired		100	100
6/1/84	Boyce R. Hinman 6212 Silverton Way Carmichael, CA 95608	training writer	Employment Development Department	100	100
<input checked="" type="checkbox"/> If more space is needed, check box at left and attach additional Schedules A.				SUBTOTAL	1,700

SUMMARY

1. AMOUNT RECEIVED - CONTRIBUTIONS OF \$100 OR MORE (Include all Schedule A subtotals)	\$ 8,507.90	
2. AMOUNT RECEIVED - CONTRIBUTIONS OF LESS THAN \$100 (Not itemized)	5,476.00	
3. TOTAL MONETARY CONTRIBUTIONS THIS PERIOD (Line 1 + Line 2) Enter here and on Line 1 Column B of Summary Page		\$13,983.9

SCHEDULE A

MONETARY CONTRIBUTIONS RECEIVED
(CONTINUATION SHEET)

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 3/18/84 THROUGH 5/24/84

NAME OF CANDIDATE OR COMMITTEE:				I.D. NUMBER (IF COMMITTEE)	
Californians for Justice				802246	
DATE REC'D	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)	OCCUPATION	EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT	
				RECEIVED	CUMULATIVE TO DATE
5/1/84	M.L. East 4019 Folsom St. San Francisco, CA 94110	Retired		100	100
5/1/84	Martin Benson 7269 Melrose Avenue Los Angeles, CA 90046	Owner	Midtowne Spa	100	100
5/1/84	David R. Kessler, M.D. 401 Parnassus Avenue San Francisco, CA 94143	Psychiatrist	University of Calif.	100	100
5/1/84	Scott JP Tobin 2095 California St. San Francisco, CA 94109	Computer Analyst	Pacific Bell	100	100
5/1/84	John Franzenburg 43 Sanchez St. San Francisco, CA 94114	Cabinet Builder	SELF employed	100	100
5/1/84	Mark Leno 590 Clipper St. San Francisco, CA 94114	owner	Budget Signs	100	100
5/1/84	Normal A. Castle 155 Hyde St. San Francisco, CA 94102	retired		100	100
5/14/84	Charles L. Wallau 1726 Carver St. Redondo Beach, CA 90278	Gen. Mgr.	Gold Coast Jewelry	100	100
5/14/84	Donald J. Anderson 3655 Oakfield Sherman Oaks, CA 91423	Retired		100	100
5/16/84	David L. Harsany, MD. 116 Austrian Way Aptos, CA 95003	physician	Santa Cruz Medical Clinic	250	250
3/28/84 4/5/84 4/9/84 4/24/84	Friends of Art Agnos 637 Connecticut St. San Francisco, CA 94107		ID#747235 (4 checks)	5,557.90	5,557.90
SUBTOTAL				6,707.90	

If more space is needed, check box at left and attach additional Schedules A.

LOANS

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD

FROM THROUGH

3/18/84 5/24/84

NAME OF CANDIDATE OR COMMITTEE:

Californians for Justice

I.D. NUMBER (IF COMMITTEE)

802246

PART 1 - LOANS RECEIVED

DATE REC'D	FULL NAME AND ADDRESS OF LENDER AND ANY GUARANTORS OR COSIGNERS (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)	OCCUPATION	EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	INT. RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE
					Subtotal	-0-

If more space is needed, check box at left and attach additional Schedules B, Part 1.

PART 2 - LOANS REPAYED, FORGIVEN OR PAID BY A THIRD PARTY:

DATE	FULL NAME AND ADDRESS OF THE LENDER	(a) AMOUNT REPAYED	ENTER THIS DATA ON SCHEDULE A ALSO		UNPAID BALANCE
			(b) AMOUNT FORGIVEN OR PAID BY THIRD PARTY	THIRD PARTY NAME AND ADDRESS	
		(a) Subtotal	(b) Subtotal		

If more space is needed, check box at left and attach additional Schedules B, Part 2.

SUMMARY

1. LOANS OF \$100 OR MORE THIS PERIOD (Part 1)	\$ -0-	
2. LOANS UNDER \$100 THIS PERIOD (Not itemized)	-0-	
3. TOTAL LOANS RECEIVED THIS PERIOD (Line 1 + 2)		-0-
4. LOANS OF \$100 OR MORE REPAYED THIS PERIOD (Part 2, Column (a))	-0-	
5. LOANS OF \$100 OR MORE THIS PERIOD FORGIVEN OR PAID BY A THIRD PARTY (Part 2, Column (b))	-0-	
6. LOANS UNDER \$100 REPAYED, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Not itemized) (Also enter this amount on Line 2 of Summary section of Schedule A)	-0-	
7. TOTAL LOANS REPAYED, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Line 4 + 5 + 6)		-0-
8. NET CHANGE THIS PERIOD (Subtract Line 7 from Line 3) Enter the difference here and on Line 2, Column B of Summary Page	\$	-0-

(May be negative figure)

NON-MONETARY CONTRIBUTIONS RECEIVED

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
3/18/84	5/24/84

NAME OF CANDIDATE OR COMMITTEE:

Californians for Justice

I.D. NUMBER (IF COMMITTEE)

802246

DATE REC'D	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION	EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE RECEIVED	CUMULATIVE AMOUNT
Subtotals					-0-	

If more space is needed, check box at left and attach additional Schedules C.

SUMMARY

1. NON-MONETARY CONTRIBUTIONS OF \$100 OR MORE THIS PERIOD.....	\$	-0-	
2. NON-MONETARY CONTRIBUTIONS UNDER \$100 THIS PERIOD (Not itemized).....		-0-	
3. TOTAL NON-MONETARY CONTRIBUTIONS THIS PERIOD (Line 1 + 2) Enter here and on Line 4, Column B of Summary Page		-	\$ -0-

SCHEDULE D

PLEDGES

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
3/28/84	5/24/84
I.D. NUMBER (IF COMMITTEE)	
802246	

NAME OF CANDIDATE OR COMMITTEE: Californians for Justice

DATE REC'D	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION	EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT PLEDGED THIS PERIOD	AMOUNT PAID <small>(ALSO ENTER ON SCHEDULE A)</small>	CUMULATIVE PLEDGE UNPAID
<input type="checkbox"/> If more space is needed, check box at left and attach additional Schedules D.				(a)	(b)	
SUBTOTALS				-0-	-0-	

SUMMARY

1. PLEDGES OF \$100 OR MORE THIS PERIOD (Column (a))	\$	-0-	
2. PLEDGES UNDER \$100 THIS PERIOD (Not itemized)		-0-	
3. TOTAL PLEDGES RECEIVED (Line 1 + 2)			-0-
4. PLEDGES OF \$100 OR MORE PAID THIS PERIOD (Column (b))		-0-	
5. PLEDGES UNDER \$100 PAID THIS PERIOD (Not itemized) <small>(Also enter on Line 2 of the summary section of Schedule A)</small>		-0-	
6. TOTAL PLEDGES PAID (Line 4 + 5)			-0-
7. NET CHANGE THIS PERIOD <small>(Subtract Line 6 from Line 3) Enter the difference here and on Line 5, Column B of Summary Page.</small>			\$-0-

(May be negative figure)

PAYMENTS AND CONTRIBUTIONS MADE

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
3/18/84	5/24/84
I.D. NUMBER (IF COMMITTEE)	
802246	

NAME OF CANDIDATE OR COMMITTEE:
Californians for Justice

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the *Information Manual on Campaign Disclosure* for detailed explanations and examples of each category.

- | | |
|---|--|
| "C" - CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |
| "I" - INDEPENDENT EXPENDITURES | "F" - FUNDRAISING EVENTS |
| "L" - LITERATURE | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "B" - BROADCAST ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS |
| "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| "O" - OUTSIDE ADVERTISING | |

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

IMPORTANT: Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of these payments on Line 3 of the Summary section, below.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR NAME AND ADDRESS OF TREASURER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Post Master General 1300 Evans Street San Francisco, CA	L	(3 checks)	2,775.00
Allen's Press Clipping Bureau 657 Mission Street San Francisco, CA 94105	I	Press clipping service (3 checks)	110.00
The Women's Press 50 Otis Street San Francisco, CA 94103	L		2,832.90
Lesbian/Gay Freedom Day Committee 766 Valencia Street San Francisco, CA 94110	I	Parade application fee	100.00
Subtotal			5,823.90

If more space is needed, check box and attach additional Schedules E.

IMPORTANT: Contributions and expenditures on behalf of other candidates or committees must also be entered in the allocation section at the front of the campaign statement.

SUMMARY

1. Payments of \$100 or more made this period (Include all Schedule E Subtotals)	S	12,766.11
2. Payments under \$100 this period (not itemized)	S	31.95
3. Total Accrued Expenses paid this period (Schedule F, Line 4)	S	-0-
4. Total Payments this period (Line 1 + 2 + 3) Enter here and on Line 7, Column B of Summary Page	S	12,798.06

SCHEDULE E
PAYMENTS AND CONTRIBUTIONS MADE
(CONTINUATION SHEET)
FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
3/18/84	5/24/84

NAME OF CANDIDATE OR COMMITTEE:
 Californians for Justice

I.D. NUMBER (IF COMMITTEE)
 802246

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exception: on the back of this schedule for codes "C", "I" and "T".) Refer to the back of Schedule E and the *Information Manual on Campaign Disclosure* for detailed explanations and examples of each category.

- | | |
|---|--|
| "C" - CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES
"I" - INDEPENDENT EXPENDITURES
"L" - LITERATURE
"B" - BROADCAST ADVERTISING
"N" - NEWSPAPER AND PERIODICAL ADVERTISING
"O" - OUTSIDE ADVERTISING | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
"F" - FUNDRAISING EVENTS
"G" - GENERAL OPERATIONS AND OVERHEAD
"T" - TRAVEL, ACCOMMODATIONS AND MEALS
"P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
|---|--|

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR NAME AND ADDRESS OF TREASURER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Business Communications 251 Michelle Court South San Francisco, CA 94080	L	(2 checks)	1,081.31
Computerize Typesetting 989 Howard Street San Francisco, CA 94103	L	(2 checks)	328.00
Friends of Art Agnos ID#747235 637 Connecticut Street San Francisco, CA 94107	C	(2 checks)	5,532.90

If more space is needed, check box and attach additional Schedules E.

SUBTOTAL 6,942.21

SCHEDULE F

**ACCRUED EXPENSES
(UNPAID BILLS)**

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
3/18/84	5/24/84

NAME OF CANDIDATE OR COMMITTEE:
Californians for Justice

I.D. NUMBER (IF COMMITTEE)
802246

CODES FOR CLASSIFYING ACCRUED EXPENSES

If one of the following codes is used to describe the accrued expense, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the *Information Manual on Campaign Disclosure* for detailed explanations and examples of each category.

- | | |
|---|--|
| "C" - CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |
| "I" - INDEPENDENT EXPENDITURES | "F" - FUNDRAISING EVENTS |
| "L" - LITERATURE | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "B" - BROADCAST ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS |
| "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| "O" - OUTSIDE ADVERTISING | |

If one of the above codes does not accurately or fully describe the accrued expense, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR NAME AND ADDRESS OF TREASURER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT ACCRUED
SUBTOTAL			-0-

If more space is needed, check box, and attach additional Schedules F

IMPORTANT: Do not itemize the *payment* of accrued expenses on Schedules E or F. Report the lump sum of these payments on Schedule E, Line 3, and on Schedule F, Line 4. Do not re-itemize accrued expenses which have been reported in a previous period.

SUMMARY

1. Accrued Expenses of \$100 or More This Period	\$ -0-	
2. Accrued Expenses of Under \$100 This Period (Not Itemized)	-0-	
3. Total Accrued Expenses Incurred This Period (Line 1 + 2)		-0-
4. Accrued Expenses Paid This Period (Not Itemized) Enter here and on Schedule E, Line 3		-0-
5. Net Change This Period (Subtract Line 4 from Line 3), Enter difference here and on Line 8, Column B of Summary Page		-0-

(May be negative figure)

