

CERTIFIED MAIL

JAN 31 1992

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1097 FEB -3 AM 9:28

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

DAVID L. GOULD
POLITICAL ACCOUNTING & CONSULTING

January 30, 1992

106143

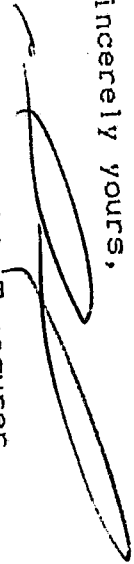
Clerk of the House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515-6612

TO WHOM IT MAY CONCERN:

Attached is our Filing Report for "Citizens for Waters",
Attachment #106143, (FEC #C00167585), covering the period of July
1, 1991 through December 31, 1991. Best efforts were used
to obtain missing information. If additional information
becomes available we will file amendments.

Thank you for your understanding and cooperation.

Sincerely yours,


David L. Gould, Treasurer
Citizens for Waters

copy: Secretary of State, State of Calif.

609 South Gra.

California • 90017 • (213) 489-4792 • Fax (213) 489-4818

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CERTIFIED MAIL JAN 31 1992
REPORT OF RECEIPTS AND DISBURSEMENTS -3 AM 9:28
For An Authorized Committee (Summary Page)
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

USE FEC MAILING LABEL
OR
TYPE OR PRINT

C00167585 121091
DAVID L. GOULD
CITIZENS FOR WATERS
609 S. GRAND AVE., SUITE 2019 960
LOS ANGELES CA 90017

2. FEC IDENTIFICATION NUMBER
C00167585 (Clerk #106143)
3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report ☐ Twelfth day report preceding _____
(Type of Election)
☐ July 15 Quarterly Report election on _____ in the State of _____
☐ October 15 Quarterly Report ☐ Thirtieth day report following the General Election on _____
☒ January 31 Year End Report _____ in the State of _____
☐ July 31 Mid-Year Report (Non-election Year Only) ☐ Termination Report
This report contains activity for ☒ Primary Election '92 ☒ General Election '90 ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period	7-1-91	through	12-31-91	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)					
(a) Total Contributions (other than loans) (from Line 11(e))	64,405.00				65,834.00
(b) Total Contribution Refunds (from Line 20(d))	0				0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	64,405.00				65,834.00
7. Net Operating Expenditures					
(a) Total Operating Expenditures (from Line 17)	52,005.53				75,932.43
(b) Total Offsets to Operating Expenditures (from Line 14)	769.79				2,606.86
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	51,235.74				73,325.57
8. Cash on Hand at Close of Reporting Period (from Line 27)	15,014.40				
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	6,000.00				
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0				
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer David L. Gould					Date 1-29-92
Signature of Treasurer					

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3

(revised 4/87)

DETAILED SUMMARY PAGE of Receipts and Disbursements (PAGE 2, FEC FORM 3)

Name of Committee (in full)
CITIZENS FOR WATERS

Report Covering the Period:
From: **7-1-91** To: **12-31-91**

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)		31,750.00	
(ii) Unitemized		755.00	
(iii) Total of contributions from individuals		32,505.00	33,684.00
(b) Political Party Committees		0	0
(c) Other Political Committees (such as PACs)		31,900.00	32,150.00
(d) The Candidate		0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		64,405.00	65,834.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.		0	0
13. LOANS:			
(a) Made or Guaranteed by the Candidate		0	0
(b) All Other Loans		0	0
(c) TOTAL LOANS (add 13(a) and (b))		0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		769.79	2,606.86
15. OTHER RECEIPTS (Dividends, Interest, etc.)		229.29	584.85
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		65,404.08	69,025.71
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		52,005.53	75,932.43
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.		0	0
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate		0	0
(b) Of All Other Loans		0	0
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		0	0
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees		0	0
(b) Political Party Committees		0	0
(c) Other Political Committees (such as PACs)		0	0
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		0	0
21. OTHER DISBURSEMENTS		225.00	5,796.21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		52,230.53	81,728.64

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 1,840.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 65,404.08
25. SUBTOTAL (add Line 23 and Line 24)	\$ 67,244.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 52,230.53
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 15,014.40

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule (a) for each category of the Detailed Summary Page

PAGE OF
1 7
FOR LINE NUMBER
11 (a) (1)

Any information supplied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

CITIZENS FOR WATERS

A. Full Name, Mailing Address and ZIP Code Joseph W. Arceneaux 7412 South Broadway Los Angeles, CA 90003		Name of Employer Progressive Housing Associates Occupation Housing Rehab. Consultant	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code J. Berkias (Jim) 1430 Branch Ave. Simi Valley, CA 93065		Name of Employer Community Thrift & Loan	Date (month, day, year) 12-5-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation President		
C. Full Name, Mailing Address and ZIP Code Marilyn Berkias 1430 Branch Ave. Simi Valley, CA 93065		Name of Employer None	Date (month, day, year) 12-5-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Homemaker		
D. Full Name, Mailing Address and ZIP Code Steven W. Blood 11600 Dilling St. Studio City, CA 91604		Name of Employer Promotion Development Association	Date (month, day, year) 9-4-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Doctor/Publisher		
E. Full Name, Mailing Address and ZIP Code Ewart F. Brown 853 W.101 St. Los Angeles, CA 90044		Name of Employer Vernon-Century Medical Clinic	Date (month, day, year) 8-23-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Medical Doctor		
F. Full Name, Mailing Address and ZIP Code Jheryl Busby 1880 Century Park East, 9th Fl. Los Angeles, CA 90067		Name of Employer Motown Record Company	Date (month, day, year) 9-4-91	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Executive		
G. Full Name, Mailing Address and ZIP Code Claiborne, Keith 313 N. Orange Los Angeles, CA 90036		Name of Employer Worthelm-Schroeder	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 900.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Investment Banker		
Aggregate Year-to-Date > \$ 900.00				
SUBTOTAL of Receipts This Page (optional)				5,900.00
TOTAL This Period (last page this line number only)				

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 2 OF 7
FOR LINE NUMBER
11(a) (1)

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NAME OF COMMITTEE (in Full)

CITIZENS FOR WATERS

A. Full Name, Mailing Address and ZIP Code Floyd A. Coard 6222 Wilshire Bl., #501 Los Angeles, CA 90048		Name of Employer Self-Employed	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Medical Doctor	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Camille O. Cosby P.O. Box 4049 Santa Monica, CA 90411		Name of Employer None	Date (month, day, year) 8-23-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Homemaker	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code William H. Cosby, Jr. P.O. Box 4049 Santa Monica, CA 90411		Name of Employer Self-Employed	Date (month, day, year) 10-4-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Entertainer	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Wayne Cox 12903 Inglewood Ave. Hawthorne, CA 90250		Name of Employer ACV Auto Exchange	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Owner/Sole Proprietor	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code Peter W. Dauterive 4351 Mt. Vernon Dr. Los Angeles, CA 90043		Name of Employer Peter W. Dauterive & Associates	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation President	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Charles E. Dickerson, III 3580 Wilshire Bl., Ste. 1400 Los Angeles, CA 90010		Name of Employer Self-Employed	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Attorney	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code Stephanie Evans 9346 Readcrest Drive Beverly Hills, CA 90210		Name of Employer California State University Los Angeles	Date (month, day, year) 9-26-91	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Professor	Aggregate Year-to-Date > \$ 300.00	
SUBTOTAL of Receipts This Page (optional) 4,400.00				
TOTAL This Period (last page this line number only)				

SCHEDULE A

ITEMIZED RECEIPTS

Use separate scheduling(s) for each category of the Detailed Summary Page

PAGE 3 OF 7
FOR LINE NUMBER 11(a)(1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributors.

NAME OF COMMITTEE (in Full)

CITIZENS FOR WATERS

A. Full Name, Mailing Address and ZIP Code Florence Western Medical Clinic a sole Prop: Accie Mitchell 7301 S. Western Ave. Los Angeles, CA 90047 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Name of Employer Same Date (month, day, year) 9-3-91 Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Jess Garcia 4000 Olive Ave. Long Beach, CA 90807 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		Name of Employer Telacu Date (month, day, year) 12-5-91 Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Gus Gill 4917 Indianwood Road, #494 Culver City, CA 90230 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Name of Employer Drew University Date (month, day, year) 8-30-91 Amount of Each Receipt this Period 500.00 Occupation Medical Doctor Date (month, day, year) 11-8-91 Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Sylvia Goldman 817 No. Bedford Dr. Beverly Hills, CA 90210 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		Name of Employer None Date (month, day, year) 8-23-91 Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Berry Gordy 6255 Sunset Bl., Ste. 1800 Los Angeles, CA 90028 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		Name of Employer Self-Employed Date (month, day, year) 8-30-91 Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Allan K. Jonas 2447 Century Hill Los Angeles, CA 90067 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		Name of Employer Jonas & Associates Date (month, day, year) 8-23-91 Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code P.A. Jones (Patricia) 2524 16th Avenue South Seattle, WA 98144 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Name of Employer El Centro de la Raza Date (month, day, year) 8-30-91 Amount of Each Receipt this Period 1,000.00
SUBTOTAL of Receipts This Page (optional)		5,750.00
TOTAL This Period (last page this line number only)		

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 7
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

CITIZENS FOR WATERS

A. Full Name, Mailing Address and ZIP Code Robert Kennard 3600 Wilshire Bl. Los Angeles, CA 90010		Name of Employer KDG	Date (month, day, year) 3-27-91	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation Architect	Aggregate Year-to-Date \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Denise Lamaute 146 S. Van Ness Ave. Los Angeles, CA 90004		Name of Employer Lamaute Financial Group	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation Financial Advisor	Aggregate Year-to-Date \$ 300.00	
C. Full Name, Mailing Address and ZIP Code Noma R. Lemoine 5120 Brea Crest Dr. Los Angeles, CA 90043		Name of Employer Los Angeles Unified School District	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation Administrator	Aggregate Year-to-Date \$ 300.00	
D. Full Name, Mailing Address and ZIP Code Edward Lewis 40 W. 86th St. New York, NY 10024		Name of Employer Essence Communications	Date (month, day, year) 8-23-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation Publisher	Aggregate Year-to-Date \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code David C. Lizarraga 3061 N. Roycove Dr. Covina, CA 91724		Name of Employer Telacu	Date (month, day, year) 12-5-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation President/Chief Exec. Officer	Aggregate Year-to-Date \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Walter C. McIntosh 3880 Hepburn Ave. Los Angeles, CA 90008		Name of Employer	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 600.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation	Aggregate Year-to-Date \$ 600.00	
G. Full Name, Mailing Address and ZIP Code Robert W. McMurray 1639 S. Wellington Road Los Angeles, CA 90019		Name of Employer Greater Bethany Community Church	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation Minister/Bishop	Aggregate Year-to-Date \$ 300.00	

SUBTOTAL of Receipts This Page (optional)

4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 5 OF 7
FOR LINE NUMBER
11 (a) (1)

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NAME OF COMMITTEE (in Full)

CITIZENS FOR WATERS

A. Full Name, Mailing Address and ZIP Code Clyde W.Oden 749 Athens Bl. Los Angeles, CA 90044	Receipt For: <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Watts Health Foundation	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 500.00
	Occupation Medical Doctor / Director		Aggregate Year-to-Date \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Lucille Ostrow 31636 Broad Beach Rd. Malibu, CA 90265	Receipt For: <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer None	Date (month, day, year) 11-27-91	Amount of Each Receipt this Period 500.00
	Occupation Homemaker		Aggregate Year-to-Date \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Lynda Palevsky 643 Pacific Coast Hwy. Santa Monica, CA 90402	Receipt For: <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer None	Date (month, day, year) 11-23-91	Amount of Each Receipt this Period 500.00
	Occupation Homemaker		Aggregate Year-to-Date \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Beatrice C.Patrick 1800 S.Western Ave. Los Angeles, CA 90006	Receipt For: <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer McDonald's Family Restaurant	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 500.00
	Occupation Owner		Aggregate Year-to-Date \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Malcolm D.Pryor 1320 Rose Glen Road Gladwyne, PA 19035	Receipt For: <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 500.00
	Occupation		Aggregate Year-to-Date \$ 500.00		
F. Full Name, Mailing Address and ZIP Code David A.Radke 4000 Olive Ave. Long Beach, CA 90807	Receipt For: <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Telacu	Date (month, day, year) 12-5-91	Amount of Each Receipt this Period 1,000.00
	Occupation Vice President		Aggregate Year-to-Date \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code RCA & Associates a Sole Prop.: Renette Anderson 5608 Valley Glen Way Los Angeles, CA 90043	Receipt For: <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 300.00
	Occupation		Aggregate Year-to-Date \$ 300.00		

SUBTOTAL of Receipts This Page (optional)

3,800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE OF
6 7
FOR LINE NUMBER
11(a)(1)

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NAME OF COMMITTEE (in Full)

CITIZENS FOR WATERS

A. Full Name, Mailing Address and ZIP Code Robert E. Reynolds 2131 Second Ave. Los Angeles, CA 90018		Name of Employer Pacific Rim Resource Development	Date (month, day, year) 9-4-91	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation President		
B. Full Name, Mailing Address and ZIP Code Ronald O. Rohadfox 115 W. Main St. Durham, NC 27701		Name of Employer Construction Control Services Corp.	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code Betty Warner Sheinbaum 345 N. Rockingham Ave. Los Angeles, CA 90049		Name of Employer Self-Employed	Date (month, day, year) 8-23-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Artist		
D. Full Name, Mailing Address and ZIP Code Stanley Sheinbaum 345 N. Rockingham Ave. Los Angeles, CA 90049		Name of Employer Self-Employed	Date (month, day, year) 8-23-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Richard Simms 25617 Dodge Ave. Harbor City, CA 90710		Name of Employer Self-Employed	Date (month, day, year) 9-4-91	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Orthodontist		
F. Full Name, Mailing Address and ZIP Code Maceo Sloan 501 Willard St. Durham, NC 27701		Name of Employer NCM Capital Management	Date (month, day, year) 9-12-91	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Marva Smith 5918 S. Vermont Los Angeles, CA		Name of Employer U.S.E.D.C.	Date (month, day, year) 9-4-91	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Administrator		
Aggregate Year-to-Date > \$ 300.00				
SUBTOTAL of Receipts This Page (optional)				4,500.00
TOTAL This Period (last page this line number only)				

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE OF
7 7
FOR LINE NUMBER
11(a)(1)

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NAME OF COMMITTEE (in Full)

CITIZENS FOR WATERS

A. Full Name, Mailing Address and ZIP Code Ovarie Smith 1912 S.Oxford Ave. Los Angeles, CA 90019		Name of Employer Self-Employed	Date (month, day, year) 9-26-91	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation Catering	Aggregate Year-to-Date \$ 300.00	
B. Full Name, Mailing Address and ZIP Code Theresa E.Solis 500 E.Del Mar Bl., #30 Pasadena, CA 91101		Name of Employer	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 600.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation	Aggregate Year-to-Date \$	
C. Full Name, Mailing Address and ZIP Code Haskell Wexler 1341 Ocean Ave., Ste.111 Santa Monica, CA 90401		Name of Employer Self-Employed	Date (month, day, year) 9-4-91	Amount of Each Receipt this Period 600.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation Cameraman	Aggregate Year-to-Date \$	
D. Full Name, Mailing Address and ZIP Code Ella D. Williams 379 Mission Dr. Camarillo, CA 93010		Name of Employer	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 900.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation	Aggregate Year-to-Date \$ 900.00	
E. Full Name, Mailing Address and ZIP Code Roy D.Wilson 2524 16th Avenue South Seattle, WA 98144		Name of Employer El Centro de la Raza	Date (month, day, year) 8-30-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation Director, Int.Relations	Aggregate Year-to-Date \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation	Aggregate Year-to-Date \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation	Aggregate Year-to-Date \$	
SUBTOTAL of Receipts This Page (optional) 3,400.00				
TOTAL This Period (last page this line number only) 31,750.00				

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

CITIZENS FOR WATERS

A. Full Name, Mailing Address and ZIP Code Amalgamated Transit Union Local 1277 5025 Wabconsin Ave., N.W. Washington, D.C. 20016		Name of Employer I.D.#C00032995	Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation		
B. Full Name, Mailing Address and ZIP Code American Federation of Teachers 555 New Jersey Ave., N.W. Washington, D.C. 20001		Name of Employer I.D.#C00028860	Date (month, day, year) 8-16-91	Amount of Each Receipt this Period 3,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation		
C. Full Name, Mailing Address and ZIP Code American Medical PAC 1101 Vermont Ave., N.W. Washington, D.C. 20005		Name of Employer I.D.#C00000422	Date (month, day, year) 9-26-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation		
D. Full Name, Mailing Address and ZIP Code American Postal Workers Union PAC 1300 L St., N.W. Washington, D.C. 20005		Name of Employer I.D.#C00010322	Date (month, day, year) 9-26-91	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation		
E. Full Name, Mailing Address and ZIP Code AT & T PAC 550 Madison Ave. New York, NY 10022		Name of Employer I.D.#C00185124	Date (month, day, year) 11-8-91	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation		
F. Full Name, Mailing Address and ZIP Code ATLA PAC 1050 31st St., N.W. Washington, D.C. 20007		Name of Employer I.D.#C00024521	Date (month, day, year) 12-20-91	Amount of Each Receipt this Period 5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation		
G. Full Name, Mailing Address and ZIP Code Citizens for Eleanor H. Norton 513 C Street, N.E. Washington, D.C. 20002		Name of Employer	Date (month, day, year) 12-11-91	Amount of Each Receipt this Period 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Occupation		
Aggregate Year-to-Date \$ 100.00				
SUBTOTAL of Receipts This Page (optional) 11,100.00				
TOTAL This Period (last page this line number only)				

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NAME OF COMMITTEE (in Full)

CITIZENS FOR WATERS

A. Full Name, Mailing Address and ZIP Code Collins for Congress P.O.Box 07167 Detroit, MI 48207		Name of Employer Date (month, day, year) 11-15-91	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Drive Political Fund 25 Louisiana Ave., N.W. Washington, D.C. 20001		Name of Employer I.D.#C00032979 Date (month, day, year) 8-23-91	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Aggregate Year-to-Date \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code FOX PAC P.O.Box 900 Beverly Hills, CA 90213		Name of Employer I.D.#C00171421 Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Aggregate Year-to-Date \$ 500.00	
D. Full Name, Mailing Address and ZIP Code Golden State PAC 11355 W. Olympic Bl. Los Angeles, CA 90064		Name of Employer I.D.#C00145342 Date (month, day, year) 9-26-91	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Aggregate Year-to-Date \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Human Rights Campaign Fund P.O.Box 1396 Washington, D.C. 20013		Name of Employer I.D.#C00235853 Date (month, day, year) 9-27-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Aggregate Year-to-Date \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code International Union of Operating Engineers 150 E. Corson St. Pasadena, CA 91103		Name of Employer I.D.#C00219568 Date (month, day, year) 9-6-91	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Aggregate Year-to-Date \$ 2,000.00	
G. Full Name, Mailing Address and ZIP Code Laborers' Western Political League 1103 No.B Street, Suite B Sacramento, CA 95814		Name of Employer I.D.#C00169201 Date (month, day, year) 8-23-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation Aggregate Year-to-Date \$ 1,000.00	
SUBTOTAL of Receipts This Page (optional)			10,250.00
TOTAL This Period (last page this line number only)			

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NAME OF COMMITTEE (in Full)

CITIZENS FOR WATERS

A. Full Name, Mailing Address and ZIP Code Nancy Pelosi for Congress 1988 45 Belden Place San Francisco, CA 94104		Name of Employer	Date (month, day, year) 11-7-91	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
B. Full Name, Mailing Address and ZIP Code NAPUS PAC for Postmasters 8 Herbert St. Alexandria, VA 22305		Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 9-26-91	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer I.D.#C0092957	Occupation	
C. Full Name, Mailing Address and ZIP Code O'Melveny & Myers PAC 555 13th St., N.W. Washington, D.C. 20004		Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8-23-91	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer I.D.#C00159954	Occupation	
D. Full Name, Mailing Address and ZIP Code Responsible Citizens Political League 3 Research Place Rockville, MD 20850		Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 8-30-91	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer I.D.#C00006338	Occupation	
E. Full Name, Mailing Address and ZIP Code RJR Political Action Committee Post Office Box 718 Winston-Salem, NC 27102		Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9-30-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer I.D.#C000042002	Occupation	
F. Full Name, Mailing Address and ZIP Code Transport Workers Union 80 West End Avenue New York, NY 10023		Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9-4-91	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer I.D.#C00008268	Occupation	
G. Full Name, Mailing Address and ZIP Code UAW V CAP 8000 E. Jefferson Detroit, MI 48214		Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9-4-91	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer I.D.#C00002840	Occupation	
SUBTOTAL of Receipts This Page (optional)		Aggregate Year-to-Date > \$ 5,000.00		10,050.00
TOTAL This Period (last page this line number only)				

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NAME OF COMMITTEE (in full)

CITIZENS FOR WATERS

A. Full Name, Mailing Address and ZIP Code United Rubber, Cork, Linoleum 87 South High St. Akron, OH 44308		Name of Employer I. D. #C00004283	Date (month, day, year) 8-27-91	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Name of Employer Aggregate Year-to-Date \$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Name of Employer Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Name of Employer Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Name of Employer Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Name of Employer Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		Name of Employer Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		500.00		500.00
TOTAL This Period (last page this line number only)		31,900.00		31,900.00

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Any information supplied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

CITIZENS FOR WATERS

A. Full Name, Mailing Address and ZIP Code Department of Water and Power 111 N.Hope Los Angeles, CA 90012		Name of Employer REFUND OF DEPOSIT	Date (month, day, year) 9-13-91	Amount of Each Receipt this Period 210.51
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		Occupation		
B. Full Name, Mailing Address and ZIP Code Hyatt Regency Washington 400 New Jersey Ave. Washington, D.C. 20001		Name of Employer REFUND OF OVERPAYMENT	Date (month, day, year) 9-25-91	Amount of Each Receipt this Period 527.60
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Occupation		
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation		
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation		
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation		
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation		
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation		
SUBTOTAL of Receipts This Page (optional)		Aggregate Year-to-Date	\$	738.11
TOTAL This Period (last page this line number only)		Aggregate Year-to-Date	\$	738.11

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

CITIZENS FOR WATERS

A. Full Name, Mailing Address and ZIP Code Western Bank 1251 Westwood Bl. Los Angeles, CA 90024		Name of Employer INTEREST	Date (month, day, year) 7-31-91 8-30-91 9-30-91 10-31-91	Amount of Each Receipt this Period 13.20 11.07 62.39 55.46
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$	Occupation	Date (month, day, year) 11-29-91 12-31-91	Amount of Each Receipt this Period 42.19 44.98 229.29
B. Full Name, Mailing Address and ZIP Code (continued from A. above)		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 584.85	Occupation	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$	Occupation	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$	Occupation	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$	Occupation	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$	Occupation	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$	Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		229.29		
TOTAL This Period (last page this line number only)		229.29		

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

CITIZENS FOR WATERBURY

A. Full Name, Mailing Address and ZIP Code Bennett & Associates 415 E. Villanova Road Ojai, CA 93023	Purpose of Disbursement Artwork, Layout, Typesetting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 8-30-91	Amount of Each Disbursement This Period 3,111.69
B. Full Name, Mailing Address and ZIP Code Beverly Hills Hotel 9641 Sunset Bl. Beverly Hills, CA 90210	Purpose of Disbursement Fundraising Dinner Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 8-30-91 9-4-91 9-26-91	Amount of Each Disbursement This Period 6,897.27 1,000.00 50.86
C. Full Name, Mailing Address and ZIP Code Computerland 608 S. Olive Los Angeles, CA 90017	Purpose of Disbursement Computer supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 10-11-91	Amount of Each Disbursement This Period 354.80
D. Full Name, Mailing Address and ZIP Code Congressional Black Caucus Foundation 1004 Pennsylvania Ave., S.E. Washington, D.C. 20003	Purpose of Disbursement Activist Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 10-31-91	Amount of Each Disbursement This Period 1,390.00
E. Full Name, Mailing Address and ZIP Code David L. Gould 609 S. Grand Ave., Ste. 960 Los Angeles, CA 90017	Purpose of Disbursement Professional services and misc. reimbursements Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 9-3-91 9-12-91 10-4-91	Amount of Each Disbursement This Period 782.51 1,254.82 1,477.87
F. Full Name, Mailing Address and ZIP Code (Continued from E. above)	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 11-4-91 12-3-91	Amount of Each Disbursement This Period 560.53 453.96
G. Full Name, Mailing Address and ZIP Code Hicks Trophy and Engraving Co. 4502 S. Western Ave. Los Angeles, CA 90062	Purpose of Disbursement Engraving Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 8-23-91 9-6-91 11-4-91	Amount of Each Disbursement This Period 48.15 164.78 35.73
H. Full Name, Mailing Address and ZIP Code Hyatt Regency 400 New Jersey Ave., N.W. Washington, D.C. 20001	Purpose of Disbursement Hotel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 9-10-91	Amount of Each Disbursement This Period 3,248.97
I. Full Name, Mailing Address and ZIP Code Dominion Limousine P.O. Box 3431 Fairfax, VA 22038	Purpose of Disbursement Limousine service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 9-12-91	Amount of Each Disbursement This Period 528.00

SUBTOTAL of Disbursements This Page (optional) 21,359.94

TOTAL This Period (last page this line number only)

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ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

CITIZENS FOR WATERS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		Date (month, day, year)	Amount of Each Disbursement This Period
	Floral Arrangements			
J.D.C., Inc. 5029 W.Point Loma Rd., Ste.D San Diego, CA 92107	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		9-6-91 11-4-91	292.10 147.76
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		Date (month, day, year)	Amount of Each Disbursement This Period
	Entertainment			
Lonza Lester 716 S.Harvard, #226 Los Angeles, CA 90005	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		9-5-91 12-18-91	350.00 350.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		Date (month, day, year)	Amount of Each Disbursement This Period
	Independent Contractor			
Marva Smith 145 W.66th St. Los Angeles, CA 90003	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		9-10-91	600.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		Date (month, day, year)	Amount of Each Disbursement This Period
	Meeting room			
Miramar Sheraton 101 Wilshire Bl. Santa Monica, CA 90401	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		8-7-91	360.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		Date (month, day, year)	Amount of Each Disbursement This Period
	Photography			
Nareshimah Osei 2955 12th Ave. Los Angeles, CA 90018	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		9-12-91	360.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		Date (month, day, year)	Amount of Each Disbursement This Period
	Catering			
Ovarie V.Smith 1912 S.Oxford Los Angeles, CA 90018	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		7-16-91 12-12-91	100.00 300.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		Date (month, day, year)	Amount of Each Disbursement This Period
	Messenger Service			
P.D.Q.Messenger Service 1801 S.La Cienega Bl., #202 Los Angeles, CA 90035	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		8-9-91 9-3-91 10-4-91	60.25 65.50 146.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		Date (month, day, year)	Amount of Each Disbursement This Period
	Ad			
The Cultural Initiative P.O.Box 1672 Washington, D.C. 20013-1672	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		12-24-91	350.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		Date (month, day, year)	Amount of Each Disbursement This Period
	Hotel for Cong.Black Caucus week activities			
Washington Hilton & Towers 1919 Connecticut Ave., N.W. Washington, D.C. 20009	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		11-22-91	493.99

SUBTOTAL of Disbursements This Page (optional) 3,975.60

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NAME OF COMMITTEE (in Full)

CITIZENS FOR WATERS

A. Full Name, Mailing Address and ZIP Code Printco Graphic Arts 752 S. San Pedro St. Los Angeles, CA 90014	Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 8-30-91 11-4-91 12-12-91	Amount of Each Disbursement This Period 5,958.91 425.42 35.72
B. Full Name, Mailing Address and ZIP Code U.S. Postmaster Los Angeles, CA	Purpose of Disbursement Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 8-9-91 8-23-91 9-17-91	Amount of Each Disbursement This Period 725.00 200.00 29.00
C. Full Name, Mailing Address and ZIP Code (Continued from B. above)	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 12-4-91	Amount of Each Disbursement This Period 435.00
D. Full Name, Mailing Address and ZIP Code Winner/Bragg 3727 W. Sixth St., #307 Los Angeles, CA 90020	Purpose of Disbursement Fundraising Commission and misc. reimbursements Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 8-30-91 9-6-91 9-10-91	Amount of Each Disbursement This Period 997.50 4,376.25 2,529.75
E. Full Name, Mailing Address and ZIP Code (Continued from D. above)	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 9-12-91 9-26-91 11-4-91	Amount of Each Disbursement This Period 443.51 974.07 137.11
F. Full Name, Mailing Address and ZIP Code Maxine Waters 1207 Longworth House Off. Bldg. Washington, D.C. 20515	Purpose of Disbursement Reimbursements Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 7-26-91 11-4-91 12-12-91	Amount of Each Disbursement This Period 45.91 790.01 118.00
G. Full Name, Mailing Address and ZIP Code Diner's Club	Purpose of Disbursement Limousine service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 12-6-91	Amount of Each Disbursement This Period 425.55
H. Full Name, Mailing Address and ZIP Code Carlisle Travel 3255 Wilshire Bl., #813 Los Angeles, CA 90010	Purpose of Disbursement Airfare Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 9-10-91	Amount of Each Disbursement This Period 6,029.00
I. Full Name, Mailing Address and ZIP Code First State Bank of So. Calif. P.O. Box 4185 Santa Fe Springs, CA 90670	Purpose of Disbursement Misc. credit card expenditures Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 8-23-91 10-4-91 11-4-91	Amount of Each Disbursement This Period 195.74 31.13 112.93

SUBTOTAL of Disbursements This Page (optional) 25,765.51

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

CITIZENS FOR WATERS

A. Full Name, Mailing Address and ZIP Code First State Bank of So. Calif. P.O. Box 4185 Santa Fe Springs, CA 90670	Purpose of Disbursement Misc. credit card expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 12-12-91 9-12-91	Amount of Each Disbursement This Period 28.76 537.29
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
566.05			
TOTAL This Period (last page this line number only)			
51,667.10			

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 9
(Use separate schedules
for each numbered line)

Name of Committee (in Full) CITIZENS FOR WATERS		Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Friends of Marguerite Archie-Hudson 4115 Monteith Dr. Los Angeles, CA 90043		6,000.00	Ø	Ø	6,000.00
Nature of Debt (Purpose):					
Share of Mailing Costs					
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor					
Nature of Debt (Purpose):					
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor					
Nature of Debt (Purpose):					
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor					
Nature of Debt (Purpose):					
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor					
Nature of Debt (Purpose):					
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor					
Nature of Debt (Purpose):					
1) SUBTOTALS This Period This Page (optional)					6,000.00
2) TOTAL This Period (last page this line only)					6,000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					Ø
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					6,000.00