

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

RECEIVED
CALIFORNIA 460
2001/02
FORM

Page 1 of 11
For Official Use Only

MAY 27 2016

CONTRA COSTA COUNTY
ELECTIONS

Date of election if applicable:
(Month, Day, Year)

6/7/2016

Statement covers period

from 4/24/2016

through 5/21/2016

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Ord-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Monica Wilson for Supervisor 2016

ID NUMBER
1383181

STREET ADDRESS (NO P.O. BOX)
4200 Raphael Ct.

CITY
Antioch

STATE
CA

ZIP CODE
94509

AREA CODE/PHONE
(925) 206-6546

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jay Petterson

MAILING ADDRESS

119 First Ave S Ste 320

CITY

Seattle

STATE

WA

ZIP CODE

98104

AREA CODE/PHONE

(206) 682-7328

NAME OF ASSISTANT TREASURER, IF ANY

Josie Olsen

MAILING ADDRESS

119 First Ave S Ste 320

CITY

Seattle

STATE

WA

ZIP CODE

98104

AREA CODE/PHONE

(206) 682-7328

OPTIONAL: FAX/E-MAIL ADDRESS

josie@bluewavemopolitics.com

4. Verification

Executed on

DATE

By

Executed on

DATE


By

Executed on

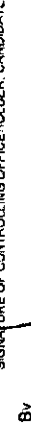
DATE

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

By  Signature of Treasurer or Assistant Treasurer

By  Signature of Controlling Officer/Holder, Candidate, State Measure Proponent, or Responsible Officer of Proponent

By  Signature of Controlling Officer/Holder, Candidate or State Measure Proponent

By  Signature of Controlling Officer/Holder, Candidate or State Measure Proponent

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**Recipient Committee
Campaign Statement
Cover Page-Part 2**

COVER PAGE-PART 2

**CALIFORNIA 460
FORM**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Monica Wilson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
County Supervisor Contra Costa County District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3710 Lone Tree Way #252 Antioch CA 94509

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE	ZIP CODE
		AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE	ZIP CODE
		AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 4/24/2016
through 5/21/2016

**CALIFORNIA 460
FORM**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Monica Wilson for Supervisor 2016

ID. NUMBER

1383181

Contributions Received

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$6,665.16	\$27,075.92
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+2	\$6,665.16	\$27,075.92
4. Nonmonetary Contributions..... Schedule C, Line 3	\$1,927.88	\$2,045.94
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3+4	\$8,593.04	\$29,121.86

1/1 through 6/30 7/1 to Date

20. Contributions
Received

21. Expenditures
Made

Expenditures Made

Expenditure Limit Summary for State Candidates

6. Payments Made..... Schedule E, Line 4	\$12,704.75	\$24,045.03
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6+7	\$12,704.75	\$24,045.03
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	-\$11,462.87	\$3,124.98
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$1,927.88	\$2,045.94
11. TOTAL EXPENDITURES MADE..... Add Lines 8+9+10	\$3,169.76	\$29,215.95

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limit)

Date of Election
(mm/dd/yyyy)

Total to Date

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$14,249.48
13. Cash Receipts..... Column A, Line 3 above	\$6,665.16
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$12,704.75
16. ENDING CASH BALANCE..Add Lines 12+13+14, then subtract Line 15	\$8,209.89

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00
------------------------------------------------------	--------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$0.00
19. Outstanding Debts..... Add Line 2+Line 9 in Column B above	\$3,124.98

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in schedule B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 4/24/2016 through 5/21/2016

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Monica Wilson for Supervisor 2016

ID. NUMBER
1383181

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/06/2016	John Caruso 600 W 111th St 2C New York, NY 10025-1813	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner MCD Partners	\$100.00	\$100.00	
05/08/2016	Lori Droste 2951 Pine Ave Berkeley, CA 94705-2348	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilmember City of Berkeley	\$100.00	\$100.00	
05/18/2016	John D Hall 1115 Hillcrest Dr Lafayette, CA 94549-3113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	\$100.00	\$500.00	
05/05/2016	Amelia Lopez 2507 Villa Ave Clovis, CA 93612-4352	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legislative Aide City of Berkeley	\$100.00	\$100.00	

SUBTOTAL	\$400.00
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Schedule A Summary

1. Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.)

\$6,320.16

2. Amount received this period -unitemized monetary contributions of less than \$100.

\$345.00

3. Total monetary contributions received this period.

TOTAL

\$6,665.16

*Contributor Codes

IND- Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 4/24/2016
through 5/21/2016

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/19/2016	Jerome C Pandell 157 Tivoli Ln Danville, CA 94506-4603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Pandell Law Firm Inc	\$20.16	\$241.92	
05/13/2016	Rhodesia Ransom 724 Billy F Freeman Ln Tracy, CA 95377-8324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Sow A Seed	\$100.00	\$100.00	
05/19/2016	Katie Ricklefs 3731 St Francis Dr Lafayette, CA 94549-3033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Not Employed	\$50.00	\$350.00	
04/27/2016	Elizabeth SchAAF 3932 Oakmore Rd Oakland, CA 94602-1856	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mayor City of Oakland	\$500.00	\$500.00	

SUBTOTAL \$670.16

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals)..... \$6,320.16

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$345.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$6,665.16

*Contributor Codes

IND- Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

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Amounts may be rounded to whole dollars.

**Schedule A
Monetary Contributions Received**

Statement covers period
from 4/24/2016
through 5/21/2016

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/19/2016	Service Employees International Union Local 1021 PAC 555 Capitol Mall Ste 1425 Sacramento, CA 95814-4602 ID: 1296948	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
05/07/2016	Laurie Simonson 908 Bayswater Ave Burlingame, CA 94010-3003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney DHS	\$100.00	\$100.00	
05/19/2016	Richard Verrilli 2251 Castro St Martinez, CA 94553-3246	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Not Employed	\$150.00	\$150.00	

SUBTOTAL \$5,250.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.).....

\$6,320.16

2. Amount received this period -unitemized monetary contributions of less than \$100.....

\$345.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....

TOTAL \$6,665.16

*Contributor Codes

- IND- Individual
- COM- Recipient Committee (other than PTY or SCC)
- OTH- Other (e.g., business entity)
- PTY- Political Party
- SCC- Small Contributor Committee

Amounts may be rounded to whole dollars.

Schedule C Nonmonetary Contributions Received

Statement covers period
 from 4/24/2016
 through 5/21/2016

SEE INSTRUCTIONS ON REVERSE

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NAME OF FILER
 Monica Wilson for Supervisor 2016

I.D. NUMBER
 1383181

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/21/2016	Pamela Aguilar 5454 Florida Dr Concord, CA 94521-4633	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Not Employed	Signs	\$500.00	\$500.00	
05/21/2016	Chuck Carpenter 5454 Florida Dr Concord, CA 94521-4633	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Not Employed	Signs	\$1,427.88	\$1,427.88	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$1,927.88

Schedule C Summary

- Amount received this period -itemized nonmonetary contributions.
 (Include all Schedule C subtotals.)..... \$1,927.88
- Amount received this period -unitemized nonmonetary contributions of less than \$100..... \$0.00
- Total nonmonetary contributions received this period.
 (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$1,927.88

*Contributor Codes
 IND- Individual
 COM- Recipient Committee (other than PTY or SCC)
 OTH- Other (e.g. business entity)
 PTY- Political Party
 SCC- Small Contributor Committee

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**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period
 from 4/24/2016
 through 5/21/2016

**CALIFORNIA 460
FORM**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Monica Wilson for Supervisor 2016

ID. NUMBER
 1383181

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|-----------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Britani Roberts 5227 Ramsdell Ct Antioch, CA 94531-9119	CNS		Volunteer Coordination	\$526.25
Metro PC PO Box 601119 Dallas, TX 75360-1119	OFC		Telephone	\$30.00
Metro PC PO Box 601119 Dallas, TX 75360-1119	OFC		Telephone	\$30.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$586.25

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$12,665.42
- Unitemized payments made this period of under \$100. \$39.33
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL** \$12,704.75

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period
from 4/24/2016 through 5/21/2016
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CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

ID. NUMBER
1383181

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure
- LEG legal defense
- LIT campaign literature and mailings

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mission Control Inc 624 Hebron Ave Ste 200 Glastonbury, CT 06033-5006	CMP		Photography	\$1,000.00
Mission Control Inc 624 Hebron Ave Ste 200 Glastonbury, CT 06033-5006	CMP		Printing: Yard Signs	\$1,530.00
Mission Control Inc 624 Hebron Ave Ste 200 Glastonbury, CT 06033-5006	LIT		Printing: Direct Mail	\$9,406.62

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$11,936.62

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$12,665.42
2. Unitemized payments made this period of under \$100 \$39.33
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL** \$12,704.75

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period
 from 4/24/2016
 through 5/21/2016

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Monica Wilson for Supervisor 2016

I.D. NUMBER

1383181

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|-----------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Network Merchants, LLC 201 Main St Roselle, IL 60172-2009	PRO		Credit Card Fees	\$92.85
Network Merchants, LLC 201 Main St Roselle, IL 60172-2009	PRO		Credit Card Fees	\$49.70

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$142.55

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$12,665.42
- Unitemized payments made this period of under \$100..... \$39.33
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL** \$12,704.75

Amounts may be rounded to whole dollars.

**Schedule F
Accrued Expenses (Unpaid Bills)**

Statement covers period from 4/24/2016 through 5/21/2016

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Monica Wilson for Supervisor 2016

I.D. NUMBER: 1383181

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ONE)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Britani Roberts 5227 Ramsdell Ct Antioch, CA 94531-9119	CNS, Volunteer Coordinaton	\$526.25	\$0.00	\$526.25	\$0.00
Mission Control Inc 624 Hebron Ave Ste 200 Glastonbury, CT 06033-5006	LIT, Printing: Direct Mail	\$12,531.60	\$0.00	\$9,406.62	\$3,124.98
Mission Control Inc 624 Hebron Ave Ste 200 Glastonbury, CT 06033-5006	CMP, Printing: Yard Signs	\$1,530.00	\$0.00	\$1,530.00	\$0.00
SUBTOTALS		\$14,587.85	\$0.00	\$11,462.87	\$3,124.98

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	INCURRED TOTALS	\$0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS	\$11,462.87
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	(\$11,462.87)