

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 5/22/2016
through 6/2/2016

Date of election if applicable:
(Month, Day, Year)
6/7/2016

FILED **COVER PAGE**

Date Stamp: **16 JUN -3 AM 11:**

CALIFORNIA 460

CONTELA COSTA COUNTY
ELECTION DEPARTMENT
FORM 1 of 9
For Official Use Only

COPY

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 8)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-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 STATE ZIP CODE AREA CODE/PHONE
Antioch CA 94509 (925) 206-6546

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

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF TREASURER
Josie Olsen

MAILING ADDRESS
119 First Ave S Ste 320

CITY STATE ZIP CODE AREA CODE/PHONE
Seattle WA 98104 (206) 682-7328

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAXE-MAIL ADDRESS
josie@bluwavepolitics.com

OPTIONAL FAXE-MAIL ADDRESS
info@monicawilsonforsupervisor.com

4. Verification

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.

Executed on 6/3/2016 By Josie Olsen SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 6/3/2016 By [Signature] SIGNATURE OF CONTROLLING OFFICER OF PROPONENT

Executed on 6/3/2016 By [Signature] SIGNATURE OF CONTROLLING OFFICER OF STATE MEASURE PROPONENT

Executed on 6/3/2016 By [Signature] SIGNATURE OF CONTROLLING OFFICER OF STATE MEASURE PROPONENT

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

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
 County Contra Costa County 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	ID. 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	ID. 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 5/22/2016 through 6/2/2016	CALIFORNIA FORM 460
Page 3 of 9	ID NUMBER 1383181

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Monica Wilson for Supervisor 2016

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$2,095.00	\$29,170.92
2. Loans Received.....	Schedule B, Line 3 \$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1+2 \$2,095.00	\$29,170.92
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$0.00	\$2,045.94
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$2,095.00	\$31,216.86

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

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

20. Contributions
Received

21. Expenditures
Made

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$7,129.57	\$31,174.60
7. Loans Made.....	Schedule H, Line 3 \$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$7,129.57	\$31,174.60
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 -\$1,874.98	\$1,250.00
10. Nonmonetary Adjustment.....	Schedule C, Line 3 \$0.00	\$2,045.94
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$5,254.59	\$34,470.54

Expenditure Limit Summary for State
Candidates

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

Date of Election Total to Date
(mm/dd/yyyy)

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$8,209.89
13. Cash Receipts.....	Column A, Line 3 above \$2,095.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 \$0.00
15. Cash Payments.....	Column A, Line 8 above \$7,129.57
16. ENDING CASH BALANCE..Add Lines 12+13+14, then subtract Line 15	\$3,175.32
17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$0.00

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

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 \$1,250.00

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 5/22/2016 through 6/2/2016

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

ID NUMBER
138181

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)
05/31/2016	Dana Dean 236 Saint Augustine Dr Benicla, CA 94510-2851	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self Employed	\$1,175.00	\$1,175.00	
05/30/2016	Fiona Ma 2244 Lone St Sacramento, CA 95864	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Board of Equalization Member State of California	\$500.00	\$500.00	
05/22/2016	John McPeak 3476 Torlano Pl Pleasanton, CA 94566-2114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Not Employed	\$100.00	\$100.00	
05/28/2016	Richard Pagano 2317 Buchanan Rd Ste B Antioch, CA 94509-4403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent State Farm	\$100.00	\$100.00	
SUBTOTAL				\$1,875.00		

Schedule A Summary

1. Amount received this period -itemized monetary contributions:

(Include all Schedule A subtotals.) \$1,975.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$120.00

3. Total monetary contributions received this period.....

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$2,095.00

*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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (925)275-3772
www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 5/22/2016 through 6/2/2016

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 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)
05/31/2016	Lisbet Sunshine 98 Cornell Ave Larkspur, CA 94939-1103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Barbary Coast Consulting	\$100.00	\$100.00	

SUBTOTAL \$100.00

Schedule A Summary

- Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.)..... \$1,975.00
\$120.00
- Amount received this period -unitemized monetary contributions of less than \$100.....
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$2,095.00

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

FPPC Form 460 (Jan/2016)
 FPPC Address: advice@fppc.ca.gov (866)276-3772
 www.fppc.ca.gov

**Schedule E
Payments Made**

* Amounts may be rounded to whole dollars.

Statement covers period from <u>5/22/2016</u> through <u>6/2/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
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Monica Wilson for Supervisor 2016

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 TV 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/travels, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSE 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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue Wave Political Partners 119 1st Ave S Ste 320 Seattle, WA 98104-3424	CNS		Compliance Consulting	\$250.00
Britani Roberts 5227 Ramsdell Ct Antioch, CA 94531-9119	CNS		Volunteer Coordinator	\$537.48
Jonathan Colmenares PO Box 380 Livermore, CA 94551-0380	CNS		Consulting	\$2,052.38
SUBTOTAL				\$2,839.86

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)..... \$7,085.68
2. Unitemized payments made this period of under \$100..... \$43.89
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** \$7,129.57

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

Statement covers period from 5/22/2016 through 6/2/2016	CALIFORNIA FORM 460
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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 (excludes nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL tv or cable airtime and production costs |
| FL candidate filing/balot 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
Mission Control Inc 624 Hebron Ave Ste 200 Glastonbury, CT 06033-5006	LIT		Printing: Direct Mail	\$3,124.98
Mission Control Inc 624 Hebron Ave Ste 200 Glastonbury, CT 06033-5006	LIT		Mail File	\$469.63
NationBuilder 520 S Grand Ave Los Angeles, CA 90071-2600	WEB		Website/Database	\$163.00
SUBTOTAL				\$3,757.61

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) **\$7,085.68**
- Unitemized payments made this period of under \$100..... **\$43.89**
- 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 \$7,129.57**

**Schedule E
Payments Made**

* Amounts may be rounded to whole dollars.

Statement covers period from 5/22/2016 through 6/2/2016

CALIFORNIA 460 FORM

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SCHEDULE E

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.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure
- LEG legal defense
- LT 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 TV, or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/pouse 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
Network Merchants, LLC 201 Main St Roselle, IL 60172-2009	PRO		Credit Card Fees	\$38.21
NGP VAN Inc 1101 15th St NW Ste 500 Washington, DC 20005-5006	WEB		Database	\$450.00

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)..... \$7,085.68
2. Unitemized payments made this period of under \$100..... \$43.89
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** \$7,129.57

SUBTOTAL \$488.21

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

Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period from 5/22/2016 through 6/2/2016	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Monica Wilson for Supervisor 2016

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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
- FL candidate filiphalot fees
- FND fundraising events
- IND independent expenditures
- LEG legal defense
- LT 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 TV 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 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 ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Blue Wave Political Partners 119 1st Ave S Ste 320 Seattle, WA 98104-3424	CNS, Compliance Consulting	\$0.00	\$250.00	\$0.00	\$250.00
Jonathan Colmenares PO Box 380 Livermore, CA 94551-0380	CNS, Consulting	\$0.00	\$1,000.00	\$0.00	\$1,000.00
Mission Control Inc 624 Hebron Ave Ste 200 Glastonbury, CT 06033-5006	LIT, Printing: Direct Mail	\$3,124.98	\$0.00	\$3,124.98	\$0.00
SUBTOTALS		\$3,124.98	\$1,250.00	\$3,124.98	\$1,250.00

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

Schedule F Summary

- 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** \$1,250.00
- 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** \$3,124.98
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here) **NET** (\$1,874.98)
(May be a negative number)