

Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM 460

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ORIGINAL

Date Stamp
RECEIVED
FEB 01 2016
CITY OF ANTIOCH
CITY CLERK

Date of election if applicable:
(Month, Day, Year)
November 08, 2016

Statement covers period
from July 01, 2015
through December 31, 2015

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 (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 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1344190

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
MONICA WILSON FOR ANTIOCH CITY COUNCIL-2016

STREET ADDRESS (NO P.O. BOX)
4200 Raphael Court
CITY STATE ZIP CODE AREA CODE/PHONE
Antioch CA 94509 818 521-6270
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
N/A
CITY STATE ZIP CODE AREA CODE/PHONE

Treasurer(s)

NAME OF TREASURER
Donald P. Freitas
MAILING ADDRESS
2408 Whitetail Drive
CITY STATE ZIP CODE AREA CODE/PHONE
Antioch CA 94531 925 628-0456
NAME OF ASSISTANT TREASURER, IF ANY
N/A
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 January 30, 2016 Date
Executed on January 30, 2016 Date
Executed on _____ Date
Executed on _____ Date

By Donald P. Freitas Signature of Treasurer or Assistant Treasurer
By Monica Wilson Signature of Treasurer or Responsible Officer of Sponsor
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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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)

ANTIOCH CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
4200 Raphael Court 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
NAME OF TREASURER	CONTROLLED COMMITTEE? <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
NAME OF TREASURER	CONTROLLED COMMITTEE? <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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

Statement covers period
from July 01, 2015
through December 31, 2015

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MONICA WILSON FOR ANTIOCH CITY COUNCIL-2016

I.D. NUMBER

1344190

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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 5,630.00	\$ 5,630.00
2. Loans Received..... Schedule B, Line 3	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 5,630.00	\$ 5,630.00
4. Nonmonetary Contributions..... Schedule C, Line 3	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 5,630.00	\$ 5,630.00

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	\$ 1,967.38	\$ 1,967.38
7. Loans Made..... Schedule H, Line 3	-0-	-0-
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 1,967.38	\$ 1,967.38
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	-0-	-0-
10. Nonmonetary Adjustment..... Schedule C, Line 3	-0-	-0-
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 1,967.38	\$ 1,967.38

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

Date of Election (mm/dd/yy) _____ Total to Date _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 76.83
13. Cash Receipts..... Column A, Line 3 above	\$ 5,630.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	-0-
15. Cash Payments..... Column A, Line 8 above	\$ 1,624.38
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4,082.45

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ -0-

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse \$ -0-

19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above \$ _____

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 Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MONICA WILSON FOR ANTIOCH CITY COUNCIL- 2016

I.D. NUMBER

1344190

Statement covers period from July 01, 2015 through December 31, 2015

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)
10/03/2015	The Low Edwards Group P.O. Box 21215 Piedmont, CA 94620	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	
10/16/2015	PG & E Corporation Major Donor Account 77 Beale Street San Francisco, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
10/21/2015	Tom G. Guarino 1484 Pleasant Hill Rd. Lafayette, CA 94549-2613	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager PG & E 77 Beale Street San Francisco, CA	\$200.00	\$200.00	
10/21/2015	Republic Services, Inc. 18500 N. Allied Way Phoenix, AZ 85054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
10/21/2015	Melody R. Howe Weintraub 3903 Happy Valley Road Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Consultant Self employed	\$500.00	\$500.00	
SUBTOTAL \$				2,400.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 4,700.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 930.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 5,630.00

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from July 01, 2015
through December 31, 2015

NAME OF FILER: **MONICA WILSON FOR ANTIOCH CITY COUNCIL- 2016** I.D. NUMBER: **1344190**

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)
10/21/2015	Frank Quattro 3815 Telegraph Ave. Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School Director Moler Barber College	\$100.00	\$100.00	
10/21/2015	Lisa Tucker 1981 N Broadway, Suite 225 Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Consultant Self employed	\$200.00	\$200.00	
10/22/2015	Betsy Cotton 65 Evergreen Lane Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Close the Gap	\$100.00	\$100.00	
10/21/2015	Jerome C. Pandell 157 Tivoli Lane Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney at Law Pandell Law Firm, Inc.	\$200.00	\$200.00	
10/13/2015	Laniece Jones 750 Canyon Oaks Drive, Unit F Oakland, CA 94605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PR Marketing Lajones & Associates	\$200.00	\$200.00	
SUBTOTAL \$				800.00		

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

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Statement covers period
from July 01, 2015
through December 31, 2015

NAME OF FILER
MONICA WILSON FOR ANTIOCH CITY COUNCIL - 2016
I.D. NUMBER
1344190

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)
10/13/2015	Christine Pelosi 31 Hinckley Walk San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self employed	\$100.00	\$100.00	
10/17/2015	Dana Dean 236 Saint Augustine Drive Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney at Law Self employed	\$500.00	\$500.00	
10/17/2015	Craig Cheslog 3145 Plymouth Road Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Co-Director & VP Common Sense Kids Action	\$200.00	\$200.00	
10/19/2015	Katie Ricklefs 3731 St. Francis Drive Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Executive	\$200.00	\$200.00	
10/19/2015	John Hail 1115 Hillcrest Drive Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
SUBTOTAL \$				1,100.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

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Statement covers period
from July 01, 2015
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NAME OF FILER
MONICA WILSON FOR ANTIOCH CITY COUNCIL- 2016
I.D. NUMBER
1344190

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)
10/19/2015	Valerie Sloven 978 Santa Cruz Drive Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consumer Specialist Public Health Foundation Enterprises	\$200.00	\$200.00	
12/07/2015	Kimberly Ellis 3060 El Cerrito Plz #515 El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Emerge California	\$200.00	\$200.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				400.00		

*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

Amounts may be rounded to whole dollars.

**Schedule E
Payments Made**

Statement covers period from July 01, 2015 through December 31, 2015
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 I.D. NUMBER 1344190

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 MONICA WILSON FOR ANTIOCH CITY COUNCIL-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 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 supporting/opposing others (explain)*	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
NationBuilder 520 S. Grand Ave, 2nd Floor Los Angeles, CA 90071	FND		\$177.94
Metro Lafayette 3524 Mt. Diablo Blvd. Lafayette, CA 94549	FND		\$851.44
Jim Frazier for Assembly 2016 ID #1373430 2401 Waterman Blvd, PMB 104 Fairfield, CA 94534	FND		\$200.00
SUBTOTAL \$			1,229.38

* 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.) \$ 1,229.38
- Unitemized payments made this period of under \$100..... \$ 395.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ -0-
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** 1,624.38