Recipient Committee Campaign Statement Cover Page
(Government Code Sections 84200-84202)

COPY

Type or print in ink.

Date Stamp

FILED
JUL 31 2003
REGISTRAR OF VOTERS
By Deputy

COVER PAGE

[redacted]

Page 1 of 18
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/03
through 06/30/03

Date of election if applicable (Month, Day, Year)
n/a

1. Type of Recipient Committee

All Committees - Complete Parts 1, 2, 3, and 4

- [x] Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall
  - (See Checklist Part B)
- [ ] General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- [ ] Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored
  - (See Checklist Part B)
- [ ] Primarily Formed Candidate/ Officeholder Committee
  - (See Checklist Part C)

2. Type of Statement

- [ ] Preelection Statement
- [x] Semi-Annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

FPPC NUMBER
96-2027

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
FRIENDS OF SUPERVISOR TOM WILSON

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY [redacted] STATE [redacted] ZIP CODE [redacted] AREA CODE/PHONE [redacted]

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
Jane L. Wilson

MAILING ADDRESS
[redacted]

CITY [redacted] STATE [redacted] ZIP CODE [redacted] AREA CODE/PHONE [redacted]

NAME OF ASSISTANT TREASURER (IF ANY)

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 07/24/03 (Date) By Jane L. Wilson (Signature of Treasurer or Assistant Treasurer)

Executed on 07/24/03 (Date) By Thomas J. Fan Bro (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of a Sponsor)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

[redacted]

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

7. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT / OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT / OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT / OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT / OPPOSE

Attach continuation sheets if necessary.

NAME OF TREASURER

CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS — STREET ADDRESS (NO. P.O. BOX)

CITY — STATE — ZIP CODE — AREA CODE/PHONE

[redacted]

NAME OF TREASURER

CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS — STREET ADDRESS (NO. P.O. BOX)

CITY — STATE — ZIP CODE — AREA CODE/PHONE

[redacted]

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from 01/01/03 through 06/30/03

SUMMARY R

CALIFORNIA FORM 46

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: FRIENDS OF TOM WILSON

I.D. NUMBER: 96-2927

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 1	$ 14,774.00	$ 14,774.00
2. Loans Received	Schedule B, Line 7	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 14,774.00	$ 14,774.00
4. Nonmonetary Contributions	Schedule C, Line 3	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 14,774.00	$ 14,774.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 61,849.39	$ 61,849.39
7. Loans Made	Schedule H, Line 7	-0-	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 61,849.39	$ 61,849.39
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	389.08	389.08
10. Nonmonetary Adjustment	Schedule C, Line 6	-0-	-0-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 62,238.47	$ 62,238.47

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 77,462.27
13. Cash Receipts	Column A, Line 5 above	14,774.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	-0-
15. Cash Payments	Column A, Line 8 above	61,849.39
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 30,386.88

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

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

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).

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	$ -0-

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	$	$

Expenditure Limit Summary for State Candidates

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

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

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

SCHEDULE A

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/03
through 06/30/03

CALIFORNIA FORM 460

Page 4 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
FRIENDS OF TOM WILSON

I.D. NUMBER
96-2927

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)
	See attached pages 5 Thru 18 for itemization of Sch A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $			

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 14,724.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 50.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 14,774.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

SCHEDULE A____CALIFORNIA FORM 460....PAGE 5 THRU 18

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 01/01/03 THRU 06/30/03

JIM SILVA FOR SUPERVISOR - ID# 970879

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR CMTE ID# OR TREASURER'S NAME & ADDRESS	CODE	OCCUPATION AND EMPLOYER	AMOUNT REC'D THIS PERIOD	CUMULATIVE YTD CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE (If Required)
03-04/22	Cynthiia Pickett-Adams [redacted]	IND	President Benefits Outsource Group	150.00	150.00	150.00
03-04/22	American Title Company, Orange County 860 [redacted]	OTH		300.00	300.00	300.00
03-05/02	Aventura Sailing Association, Inc. [redacted]	OTH		150.00	150.00	150.00
03-05/30	Bettencourt and Associates [redacted]	OTH		150.00	150.00	150.00
03-06/20	Kathleen Blackburn [redacted]	IND	Homemaker	100.00	100.00	100.00
03-04/30	Michael Brandman Associates [redacted]	OTH		150.00	150.00	150.00
03-04/30	Rice Brown Financial Services [redacted]	OTH		150.00	150.00	400.00
03-04/30	Sharyn & Peter Buffe [redacted]	IND	Consultant Petrone, Inc.	150.00	150.00	650.00 See PETRONE

SUBTOTAL: 1,300.00

SCHEDULE A____CALIFORNIA FORM 460....PAGE 6 THRU 18

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 01/01/03 THRU 06/30/03

JIM SILVA FOR SUPERVISOR - ID# 970879

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR CMTE ID# OR TREASURER'S NAME & ADDRESS	CODE	OCCUPATION AND EMPLOYER	AMOUNT REC'D THIS PERIOD	CUMULATIVE YTD CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE (If Required)
03-04/30	Timothy R. Busch [redacted]	IND	Attorney - CEO The Busch Firm	150.00	150.00	150.00
			Refuned contribution 6/19/03	-150.00	-150.00	-150.00
03-04/27	Collene Campbell [redacted]	IND	Homemaker	150.00	150.00	150.00
03-04/30	Centra Realty Corporation [redacted]	OTH		300.00	300.00	300.00
03-05/02	Melvin D. Chambers [redacted]	IND	Chariman of the Board Chambers Group, Inc..	300.00	300.00	300.00
03-04/23	Cheshire Family Trust, Harry Cheshire, Jr. Trustee [redacted]	IND	Retired	150.00	150.00	150.00
03-04/25	Nancy Clark and Associates, Inc. [redacted]	OTH		300.00	300.00	300.00
03-04/30	Connor, Blake and Griffin LLP [redacted]	OTH		150.00	150.00	150.00
03-04/25	Mark A.Cruz, DDS [redacted]	IND	Dentist Self, Same, Mark Cruz, DDS	150.00	150.00	275.00

SUBTOTAL: 1,500.00

SCHEDULE A____CALIFORNIA FORM 460....PAGE 7 THRU 18

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 01/01/03 THRU 06/30/03

JIM SILVA FOR SUPERVISOR - ID# 970879

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR CMTE ID# OR TREASURER'S NAME & ADDRESS	CODE	OCCUPATION AND EMPLOYER	AMOUNT REC'D THIS PERIOD	CUMULATIVE YTD CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE (If Required)
03-05/05	Robert A. Denk [redacted]	IND	President RA Denk Construction Management	100.00	100.00	100.00
03-05/06	DMJMH+N, Inc. [redacted]	OTH		150.00	150.00	150.00
03-04/25	Doctor's Ambulance Service [redacted]	OTH		150.00	150.00	450.00
03-05/13	Frank P. Greinke [redacted]	IND	CEO Southern Counties Oil Co. REFUNDED CONTRIBUTION 6/13/2003	1000.00 -1000.00	1000.00 -1000.00	1000.00 -1000.00
03-05/14	Scott A. Hart & Associates, LLC [redacted]	OTH		300.00	300.00	300.00
03-05/01	Patrick G. Hayes [redacted]	IND	General Manager Talega Associates	150.00	150.00	400.00
03-04/25	Headlands Reserve, LLC [redacted]	OTH		300.00	300.00	300.00
03-04/30	Hunsaker & Associates Irvine Inc. [redacted]	OTH		150.00	150.00	150.00

SUBTOTAL: 1,300.00

SCHEDULE A ____ CALIFORNIA FORM 460....PAGE 8 THRU 18

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 01/01/03 THRU 06/30/03

JIM SILVA FOR SUPERVISOR - ID# 970879

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR CMTE ID# OR TREASURER'S NAME & ADDRESS	CODE	OCCUPATION AND EMPLOYER	AMOUNT REC'D THIS PERIOD	CUMULATIVE YTD CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE (If Required)
03-04/30	Johnson Ukropina Creative Marketing [redacted]	OTH		250.00	250.00	250.00
03-04/30	Kathleen Keene [redacted]	IND	Consultant Keene Communications	250.00	250.00	250.00
03-04/25	Harold F. LaFlamme [redacted]	IND	Attorney Self, Attorney at Law	150.00	150.00	150.00
03-04/22	Laguna Shores Management Corp. [redacted]	OTH		150.00	150.00	800.00
03-04/22	Leighton Group, Inc. [redacted]	OTH		150.00	150.00	200.00
03-05/22	Micah J. Leslie [redacted]	IND	Principal Ansetone Communications	250.00	250.00	250.00
03-04/25	Makar Management, LLC [redacted]	OTH		300.00	300.00	300.00
03-05/02	James F. McConnell [redacted]	IND	Attorney Self, Same	249.00	249.00	249.00

SUBTOTAL: 1,749.00

SCHEDULE A____CALIFORNIA FORM 460....PAGE 9 THRU 18

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 01/01/03 THRU 06/30/03

JIM SILVA FOR SUPERVISOR - ID# 970879

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR CNTE ID# OR TREASURER'S NAME & ADDRESS	CODE	OCCUPATION AND EMPLOYER	AMOUNT REC'D THIS PERIOD	CUMULATIVE YTD CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE (If Required)
03-04/30	McGuire & Walker, A Prof. Law Corp. [redacted]	OTH		150.00	150.00	150.00
03-04/23	Tim D. McNahon [redacted]	IND	Commercial Real Estate Grubb & Ellis	150.00	150.00	150.00
03-04/30	Jerome T.Miyahara [redacted]	IND	CFO Talega Associates	150.00	150.00	400.00
03-05/01	Bryan L. Murphy [redacted]	IND	Prsident TriEqua	150.00	150.00	150.00
03-04/25	Mutual Liquid Gas & Equipment Co., Inc. [redacted]	OTH		150.00	150.00	150.00
03-05/08	N A I O P. PAC....ID# 950520 [redacted]	COM		450.00	450.00	450.00
03-04/17	Victor E. Opincar [redacted]	IND	President Victor Opincar Associates	300.00	300.00	300.00
03-04/30	Orange County Attorneys Association PAC-ID# 983246 [redacted]	COM		300.00	300.00	450.00

SUBTOTAL: 1,800.00

SCHEDULE A____CALIFORNIA FORM 460....PAGE 10 THRU 18

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 01/01/03 THRU 06/30/03

JIM SILVA FOR SUPERVISOR - ID# 970879

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR CMTE ID# OR TREASURER'S NAME & ADDRESS	CODE	OCCUPATION AND EMPLOYER	AMOUNT REC'D THIS PERIOD	CUMULATIVE YTD CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE (If Required)
03-04/17	Orange County Bail Bonds [redacted]	OTH		300.00	300.00	300.00
03-04/25	Orange County Employees Association Inc, PAC..... [redacted]	COM	ID# 801447	1000.00	1000.00	1000.00
03-04/30	Lyle Overby & Associates [redacted]	OTH		150.00	150.00	150.00
03-04/26	Forrest F. & Mary Owen [redacted]	IND	Retired	150.00	150.00	150.00
03-05/08	Pacific Life [redacted]	OTH		250.00	250.00	250.00
03-04/28	Ward O. Payne [redacted]	IND	Retired	25.00	25.00	125.00
03-04/30	Elizeabeth Pearson [redacted]	IND	Councilmember City of Laguna Beach	150.00	150.00	150.00
03-05/22	Michael Pinto [redacted]	IND	Retired	150.00	150.00	150.00

SUBTOTAL: 2,175.00

SCHEDULE A____CALIFORNIA FORM 460....PAGE 11 THRU 18

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 01/01/03 THRU 06/30/03

JIM SILVA FOR SUPERVISOR - ID# 970879

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR CNTE ID# OR TREASURER'S NAME & ADDRESS	CODE	OCCUPATION AND EMPLOYER	AMOUNT REC'D THIS PERIOD	CUMULATIVE YTD CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE (If Required)
03-04/22	David Recupero & Associates, Inc. [redacted]	OTH		150.00	150.00	150.00
03-04/30	Rivertech Inc. [redacted]	OTH		300.00	300.00	350.00
03-04/30	Shea Homes Southern California & its affiliates [redacted]	OTH		150.00	150.00	150.00
03-05/01	William G. Steiner [redacted]	IND	National Program Director Childhelp USA	150.00	150.00	150.00
03-05/02	The Diamond Group [redacted]	OTH		250.00	250.00	250.00
03-05/06	James Thomas [redacted]	IND	Retired	350.00	350.00	600.00
03-04/25	Tierra Verde Industries [redacted]	OTH		1000.00	1000.00	1000.00
03-04/10	United Domestic Workers of America Civic Action... [redacted]	COM	....Fund - ID# 830462	1000.00	1000.00	1000.00

SUBTOTAL: 3,350.00

SCHEDULE A____CALIFORNIA FORM 460....PAGE 12 THRU 18

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 01/01/03 THRU 06/30/03

JIM SILVA FOR SUPERVISOR - ID# 970879

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR CNTE ID# OR TREASURER'S NAME & ADDRESS	CODE	OCCUPATION AND EMPLOYER	AMOUNT REC'D THIS PERIOD	CUMULATIVE YTD CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE (If Required)
03-05/01	Wood Public Affairs [redacted]	OTH		150.00	150.00	150.00
03-06/30	Sclag/CR&R [redacted]	OTH		1400.00	1400.00	1400.00

SUBTOTAL: 1,550.00

SCHEDULE E

CALIFORNIA FORM 460

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/03
through 06/30/03

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
FRIENDS OF TOM WILSON

I.D. NUMBER
96-2927

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
See attached pages 14 thru 17 for itemization of Sch E				

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

SUBTOTAL $

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 61,592.17
2. Unitemized payments made this period of under $100 ..... $ 257.22
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 61,849.39

Schedule E___California FORM 460.....PAGE 14 OF 18
PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
Statement covers period from 01/01/03 throught 06/30/03
FRIENDS OF TOM WILSON - ID#96-2927

NAME & ADDRESS OF PAYEE or CREDITOR (If Committe, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aliso Viejo Republican Women Federated [redacted]	CVC		100.00
American Diabetes Association [redacted]	CVC		130.00
Creative Angle [redacted]	FND	Vendors exceeding $99.99 listed below:	2357.07
Vendor: USPS....$185.00 [redacted]	POS		
Vendor: Gaver Graphics.....$366.35 [redacted]			
Creative Images [redacted]	LIT		442.87
First USA Bank, Visa [redacted]	OFC	Vendor exceeding $99.99 listed below	124.04
Vendor: Judy's Hallmark #11.....$120.71 [redacted]	OFC		

SUBTOTAL: 3,153.98

PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
Statement covers period from 01/01/03 throught 06/30/03
FRIENDS OF TOM WILSON - ID#96-2927

NAME & ADDRESS OF PAYEE or CREDITOR (If Committe, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Keena Communications [redacted]	CNS	Vendors exceeding $99.99 listed below:	1819.92
Vendor: Alicia Stationers.....$236.47 [redacted]	LIT		236.47
Carolyn McInerney [redacted]	OFC	Vendor exceeding $99.99 listed below:	273.69
Vendor: Costco Wholesale [redacted]	OFC		125.72
Orange County Federation of Republican Women [redacted]	CVC		268.00
Republican Party of Orange County, ID# 742088 [redacted]	CTB		1100.00
School Power, Laguna Beach Foundation [redacted]	CVC		150.00
Lisa Smith [redacted]	OFC	Vendor exceeding $99.99 listed below:	405.77

SUBTOTAL: 4,379.57

Schedule E__California FORM 460.....PAGE 16 OF 18
PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
Statement covers period from 01/01/03 throught 06/30/03
FRIENDS OF TOM WILSON - ID#96-2927

NAME & ADDRESS OF PAYEE or CREDITOR (If Committe, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Vendor: Sprint...$140.97+92.22+63.58 [redacted]	OFC		
South County Chamber of Commerce [redacted]	CVC		225.00
South Coast Medical Center Foundation [redacted]	CVC		150.00
Staples [redacted]	OFC		116.34
Tom Wilson for State Assembly - ID# 1255419 [redacted]	TRF		48734.00
Tom Wilson for State Assembly - ID# 1255419 [redacted]	TSF		450.00
US Bank - Visa [redacted]		Vendor exceeding $99.99 listed below:	1675.79
Vendor: Prego-Irvine....$1528.33 [redacted]	FND		

SUBTOTAL: 51,351.13

Schedule E__California FORM 460.....PAGE 17 OF 18
PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
Statement covers period from 01/01/03 throught 06/30/03
FRIENDS OF TOM WILSON - ID#96-2927

NAME & ADDRESS OF PAYEE or CREDITOR (If Committe, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS [redacted]	POS		111.00
Holly Veale [redacted]	OFC	Vendor exceeding $99.99 listed below:	324.36
Vendor: AT&T Wireless....$135.19+39.36+43.97 [redacted]	OFC		
Jane K. Willet [redacted]	PRO		2272.10

SUBTOTAL: 2,707.46

SCHEDUL

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/03
through 06/30/03

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
FRIENDS OF TOM WILSON

I.D. NUMBER
96-2927

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 supporting/opposing others (explain)*
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/sponso
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
Holly Veale [redacted]	OFC	-0-	389.08	-0-	389.08
Subvendor: AT&T Wireless.....$258.37 [redacted]					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS $	$	$ 389.08	$ -0-	$ 389.08

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 accrued expenses under $100.) ..... INCURRED TOTALS $ 389.08
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 $ -0-
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 $ 389.08 May be a negative number