Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 2001/02 FORM 460

Page 1 of 10

For Official Use Only

Date Stamp

FILED

JUL 3 1 2004

REGISTRAR OF VOTERS

By Deputy

ORIGINAL

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 02/15/04 through 06/30/04

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

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

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

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

I.D. NUMBER 962927

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

FRIENDS OF TOM WILSON

STREET ADDRESS (NO P.O. BOX)

[redacted]

CITY STATE ZIP CODE 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

[redacted]

Treasurer(s)

NAME OF TREASURER

Jane K. Willet

MAILING ADDRESS

[redacted]

CITY STATE ZIP CODE 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 07/30/04 (Date) By Jane K. Willet (Signature of Treasurer or Assistant Treasurer)

Executed on 07/30/04 (Date) By Thomas Wilson (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of 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)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Thomas W. Wilson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Supervisor - Orange County, 5th District

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[redacted]

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
Tom Wilson for State Assembly	1255419
NAME OF TREASURER: Jane K. Willet	CONTROLLED COMMITTEE? ☐ YES ☐ NO

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

[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[redacted]

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

6. 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 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	☐ 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

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAG

CALIFORNIA FORM 460

Statement covers period from 02/15/04 through 06/30/04

Page 3 of 10

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 3	$ -0-	$ -0-
2. Loans Received	Schedule B, Line 7	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ -0-	$ -0-
4. Nonmonetary Contributions	Schedule C, Line 3	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ -0-	$ -0-

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 5,827.45	$ 5,827.45
7. Loans Made	Schedule H, Line 7	-0-	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 5,827.45	$ 5,827.45
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	$ 5,827.45	$ 5,827.45

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 21,015.11
13. Cash Receipts	Column A, Line 5 above	-0-
14. Miscellaneous Increases to Cash	Schedule I, Line 4	16,032.25
15. Cash Payments	Column A, Line 8 above	5,827.45
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 31,219.91

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

8. Cash Equivalents	See instructions on reverse	$ -0-
9. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ -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).

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 E
Payments Made

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

Statement covers period
from 02/15/04
through 06/30/04

SCHEDULE
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/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
See attached pages 5 thru 7 for itemizations 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.) ..... $ 4,851.05
2. Unitemized payments made this period of under $100 ..... $ 976.40
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 $ 5,827.45

Schedule E___California FORM 460.....PAGE 5 OF 10

PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE

Statement covers period from 02/15/04 through 06/30/04

Friends of Supervisor Tom Wilson- ID# 962927

NAME & ADDRESS OF PAYEE or CREDITOR (If Committe, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Holly Veale [redacted]	OFC	Sub-vendor exceeding $99.99 listed below	168.72
Vendor: AT&T Wireless.....$168.72 [redacted]	OFC		
US Bankcorp Services [redacted]	OFC	Vendor exceeding $99.99 listed below:	178.04
Vendor: Cedar Creek Inn.....$178.04 [redacted]	OFC		
San Juan Capistrano Chamber of Commerce [redacted]	OFC		125.00
South Coast Medical Center Foundation [redacted]	CVC		150.00
Jane Willet [redacted]	PRO		600.00
Sisters Fund for Youth [redacted]	CVC		125.00
		Subtotal:	1,346.76

Schedule E__California FORM 460.....PAGE 6 OF 10
PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
Statement covers period from 02/15/04 through 06/30/04
Friends of Supervisor Tom Wilson- ID# 962927

NAME & ADDRESS OF PAYEE or CREDITOR (If Committe, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lisa Smth [redacted]	OFC	Vendor exceeding $99.99 listed below:	173.84
Vendor: Sprint .....$173.84 [redacted]	OFC		100.00
The Fallen Fire Fighters Relief Fund [redacted]	CVC		150.00
Trauma Intervention Programs [redacted]	CVC		100.00
Security Signal Devise, Inc. [redacted]	CVC	For Raise Foundation	150.00
Orange County Coast Keeper [redacted]	CVC		100.00
Steinberg & Associates [redacted]		County Polling	1500.00
Carolyn McInerney [redacted]	OFC	Vendor exceeding $99.99 listed below:	100.00

Subtotal: 2,273.84

Schedule E___California FORM 460.....PAGE 7 OF 10

PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE

Statement covers period from 02/15/04 through 06/30/04

Friends of Supervisor Tom Wilson- ID# 962927

NAME & ADDRESS OF PAYEE or CREDITOR (If Committe, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Vendor:Boys&Girls Clubs of CapistranoValley...$100	CVC		
[redacted]			
Jane Willet	PRO		600.00
[redacted]			
Assoc. of D. C. Deputy Sheriffs Memorial Fund	CVC		250.00
[redacted]			
Lisa Smith	OFC	Vendor exceeding $99.99 listed below:	119.60
[redacted]			
Vendor: Sprint.....$119.60	OFC		
[redacted]			
Holly Veale	OFC	Vendor exceeding $99.99 listed below:	260.85
[redacted]			
Vendor: AT&T Wireless.....$239.24	OFC		
[redacted]			

Subtotal: 1,230.45

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 02/15/04
through 06/30/04

SCHEDULE
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
FRIENDS OF TOM WILSON

I.D. NUMBER
96-2927

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
6/30/04	Tom Wilson for State Assembly-ID# 1255419 c/o Jane Willet, Tr. [redacted]	These are not new contributions. Contributions transferred BACK Origional transfer out to Assembly Cmte was 6/19/03- Same amounts	16,000.00
	Allen Oldsmobile-Cadillac Inc.....$1,000 [redacted] Bryan A. Stirrat & Associates (BAS)....$1,000		
	[redacted] DMB SanJuan Investment North LLC.....$1,000. [redacted]		
	[redacted] Cox Communications Inc.....$1,000. [redacted]		
	Emergency Ambulance Service, Inc.....$1,000. [redacted]		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 16,000.00

Schedule I Summary

1. Increases to cash of $100 or more this period. ..... $ 16,000.00
2. Unitemized increases to cash under $100 this period. ..... $ 32.25
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ -0-
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ 16,032.25

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 02/15/04
through 06/30/04

SCHEDULE
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
FRIENDS OF TOM WILSON

I.D. NUMBER
96-2927

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	Continued list of transferred BACK contributions Hensel Phelps Construction Co.....$1,000. [redacted]		
	Medix Ambulance Service.....$1,000. [redacted]		
	Orange County Professional Firefighters Assoc PAC (#950925).....$1,000. [redacted]		
	Orange County Employees Association PAC (#801447).....$1,000. [redacted]		
	William Simmonoff.....$1,000. ..... [redacted]	....President, South Bay Public Warehouse	
	Talega Associates, Inc.....$1,000. [redacted]		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule I Summary

1. Increases to cash of $100 or more this period. ..... $
2. Unitemized increases to cash under $100 this period. ..... $
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period from 02/15/04 through 06/30/04

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: FRIENDS OF TOM WILSON

I.D. NUMBER: 96-2927

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	Continued list of transferred BACK contributions...these are not new contributions. Tierra Verde Industries.....$1,000. [redacted]		
	The Irvine Company.....$1,000. [redacted]		
	United Domestic Workers of America (#830462).....$1,000; [redacted]		
	WL HOmes LLC South Coast Division.....$1,000. [redacted]		
	Waste Management-Western Group & Waste Affiliated Entities.....$1,000. [redacted]		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule I Summary

1. Increases to cash of $100 or more this period. ..... $
2. Unitemized increases to cash under $100 this period. ..... $
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $