COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp: FILED SEP 10 2004 REGISTRAR OF VOTERS By Deputy

460

Page 1 of 2

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 02/15/2004 through 06/30/2004

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

Sch E. page 6 of 10..Delete $100 in Amount Paid Column. Not ment to be there and does not change subtotal amount.

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: [redacted] STATE: [redacted] 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: [redacted] STATE: [redacted] 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 09/08/2004 (Date) By Jane K. Willet (Signature of Treasurer or Assistant Treasurer)

Executed on 09/08/2004 (Date) By Thomas Wilson (Signature of Controlling Officeholder, Candidate, Ballot Measure Proponent or Responsible Officer of Sponsor)

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

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

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 999.99 listed below:	173.84
Vendor: Sprint .....$173.84 [redacted]	OFC		~~-100.00~~ delete -
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 999.99 listed below:	100.00

Subtotal: 2,273.84