Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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REGISTRAR OF VOTERS

By Deputy

COVER PAGE

CALIFORNIA FORM 460

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 0270172004 through 12/31/2004

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 (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: 96-2927

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: [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 K. Willet

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 01/26/2005 (Date) By Jane K. Willet (Signature of Treasurer or Assistant Treasurer)

Executed on 01/26/2005 (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

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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 PAGE
460

Statement covers period
from 07/01/2004
through 12/31/2004

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I.D. NUMBER
96-2927

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
FRIENDS OF TOM WILSON

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 9224.00	$ 9224.00
2. Loans Received	Schedule B, Line 7	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 9224.00	$ 9224.00
4. Nonmonetary Contributions	Schedule C, Line 3	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 9224.00	$ 9224.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 3622.54	$ 3622.54
7. Loans Made	Schedule H, Line 7	-0-	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 3622.54	$ 36224.54
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	$ 3622.54	$ 3622.54

Current Cash Statement

2. Beginning Cash Balance	Previous Summary Page, Line 16	$ 31,219.91
3. Cash Receipts	Column A, Line 3 above	9,224.00
4. Miscellaneous Increases to Cash	Schedule I, Line 4	-0-
5. Cash Payments	Column A, Line 8 above	3,622.54
6. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 36,821.37

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

7. 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 A
Monetary Contributions Received

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

SCHEDULE A
CALIFORNIA FORM 460

Statement covers period
from 07/01/2004
through 12/31/2004

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I.D. NUMBER
96-2927

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
FRIENDS OF TOM WILSON

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 6 for itemizations 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.) ..... $ 9224.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ -0-
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 9224.00

*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 OF 9

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 07/01/04 THRU 12/31/04

FRIENDS OF SUPERVISOR TOM WILSON- ID#962927

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)
04-07/01	Assoc. of Orange County Deputy Sheriffs PAC [redacted]	CON	ID# 782021	400.00	400.00	1400.00
04-07/30	B.I.A. of Southern California PAC [redacted]	CON	ID# 741733	1400.00	1400.00	1400.00
04-07/06	Rice Brown Financial Services [redacted]	OTH		250.00	250.00	650.00
04-09/07	Carter & Burgess Inc. [redacted]	OTH		249.00	249.00	1249.00
04-07/26	Cox Communications, Inc. [redacted]	OTH		400.00	400.00	1400.00
04-07/11	Crevier BMW [redacted]	OTH		300.00	300.00	300.00
04-07/02	Doctor's Ambulance Service [redacted]	OTH		375.00	375.00	825.00
04-08/03	Dwight Manley, Inc. [redacted]	OTH		1400.00	1400.00	1400.00

Subtotal: 4774.00

SCHEDULE A____CALIFORNIA FORM 460....PAGE 6 of 9

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 07/01/04 THRU 12/31/04

FRIENDS OF SUPERVIOSR TON WILSON- ID#962927

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)
04-07/01	Orange County Employees Association PAC [redacted]	CON	ID# 962927	400.00	400.00	1400.00
04-07/19	Bryan A. Stirrat & Associates [redacted]	OTH		400.00	400.00	1400.00
04-07/19	Telega Associates LLC [redacted]	OTH		400.00	400.00	1400.00
04-07/02	Ticor Title Company of California [redacted]	OTH		300.00	300.00	300.00
04-07/26	United Domestic Workers of America [redacted]	CON	ID#83062	400.00	400.00	1400.00
04-07/07	United Pharmacist Network, Inc. [redacted]	OTH		750.00	750.00	750.00
04-11/30	Ware Disposal Co., Inc. [redacted]	OTH		1400.00	1400.00	1400.00
04-07/26	Waste Management Service Center and its Affiliates [redacted]	OTH		400.00	400.00	1400.00

Subtotal: 4450.00

Schedule E
Payments Made

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

Statement covers period from 07/01/2004 through 12/31/2004

SCHEDULE E 460

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I.D. NUMBER 96-2927

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRIENDS OF TOM WILSON

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	PHD	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 8 thru 9 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.) ..... $ 2925.31
2. Unitemized payments made this period of under $100 ..... $ 697.23
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 $ 3622.54

Schedule E__California FORM 460.....PAGE 8 OF 9
PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
Statement covers period from 07/01/04 through 12/31/04
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
Arroyo Trabuco Golf Club [redacted]	FND		457.24
CWLA PAC - ID# 1237224 [redacted]	CON		100.00
Kay Cotton [redacted]	OFC	No subvendor exceeded $100	148.36
Kay Cotton [redacted]	OFC	No vendor exceeded $100	111.66
CWLA-California Women's Leadership Association [redacted]	OFC		100.00
Laguna Niguel Lyons Club [redacted]	CVC		125.00
South County Area Republican Women, Federated [redacted]	CVC		130.00
Lisa Smith [redacted]	OFC	Subvendor listed below	277.63

Subtotal: 1449.89

Schedule E__California FORM 460.....PAGE 9 OF 9
PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
Statement covers period from 07/01/04 through 12/31/04
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
Subvendor: Sprint.....$263.54 [redacted]	OFC		
USPS [redacted]	POS		111.00
Holly Veale [redacted]	OFC	Subvendor listed below	164.42
Subvendor: AT&T Wireless....$164.42 [redacted]	OFC		
Jane Willet [redacted]	PRO		400.00
[redacted] Willet [redacted]	PRO		800.00
*** Total ***			

Subtotal: 1475.42