De sinient Committee				COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp	california 460 form
	Statement covers period	Date of election if applicable:	01/25/2022 19:33:43	<b>P</b> ara 1 <b>1</b>
	from 07/01/2021	(Month, Day, Year)		Page of
			Filing ID: 201797826	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2021	11/08/2022		
1. Type of Recipient Committee: All Committees	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
I Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure	Preelection Statement	🗌 Qua	arterly Statement
State Candidate Election Committee	Committee	X Semi-annual Statement	Spe	cial Odd-Year Report
Recall     (Also Complete Part 5)	<ul> <li>Controlled</li> <li>Sponsored</li> </ul>	Termination Statement (Also file a Form 410 Termination)		plemental Preelection
	(Also Complete Part 6)	Amendment (Explain b	,	tement - Attach Form 495
General Purpose Committee	Primarily Formed Candidate/		elow)	
Small Contributor Committee	Officeholder Committee			
O Political Party/Central Committee	(Also Complete Part 7)			
3. Committee Information	I.D. NUMBER 1344190	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITT		NAME OF TREASURER		
Monica Wilson for Antioch City Council 20	22	Jordan Eldridge		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP (	CODE AREA CODE/PHONE
		San Jose	CA 95	110 (408)591-5340
CITY STATE ZIF	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
Antioch CA 9	4509 (818)521-6270			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.	D. BOX	MAILING ADDRESS		
CITY STATE ZIF	CODE AREA CODE/PHONE	CITY	STATE ZIP (	CODE AREA CODE/PHONE
San Jose CA 9	5157			
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
4. Verification				
I have used all reasonable diligence in preparing and revie	ving this statement and to the best of my kn	owledge the information contained her	rein and in the attached sched	ules is true and complete. I certify
under penalty of perjury under the laws of the State of Calif	ornia that the foregoing is true and correct.	-		

	0		0	U		
inder penalty of perjury un	der the laws	s of the	State of	California that the	e foregoing is true and co	rrect.

Executed on	01/25/2022 Date	. Ву	Jordan Eldridge Signature of Treasurer or Assistant Treasurer	-
Executed on	01/25/2022 Date	Ву	Monica Wilson Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	-
Executed on	Date	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	-
Executed on	Date	. Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	- FPPC Form 46
				~ ~ ~

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#### Recipient Committee Campaign Statement Cover Page — Part 2

#### 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Monica Wilson			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER	r if applicable	=)
City Council Member District 4			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	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. NUMBE	R
NAME OF TREASURER			CONTROLLE	ED COMMITTEE?
			YES	□ NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BO	X)	
CITY	STATE	ZIP CC	DE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			YES	NO NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BO	X)	
CITY	STATE	ZIP CC	DE	AREA CODE/PHONE

# 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
----------------------	--------------	---------

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	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

COVER PAGE - PART 2

**CALIFORNIA** 

FORM

Page \_\_\_\_\_ of \_\_\_\_10

Campaign Disclosure Statement							SUMMARY PAGE
Summary Page		Amounts may be rounded Site of the second se			Stater	nent covers period	CALIFORNIA 460
				f	rom	07/01/2021	FORM 400
SEE INSTRUCTIONS ON REVERSE				t	hrough .	12/31/2021	Page of0
NAME OF FILER							I.D. NUMBER
Monica Wilson for Antioch City Council 2022							1344190
Contributions Received	(	Column A TOTALTHIS PERIOD FROMATTACHED SCHEDULES)		Column B CALENDAR YEA TOTALTO DATE	R		nmary for Candidates ne State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	2,000.00	\$	4,47	75.00		
2. Loans Received Schedule B, Line 3		0.00			0.00	1/1 t	hrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	2,000.00	\$	4,47	75.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00			0.00	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	2,000.00	\$	4,47	75.00	Made \$	\$
Expenditures Made         6. Payments Made         Schedule E, Line 4	\$	1,786.04	\$	3,04	42.65	Expenditure Limit Candidates	Summary for State
7. Loans Made Schedule H, Line 3		0.00			0.00	22 Cumulativ	ve Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1,786.04	\$	3,04	42.65		o Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00			0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00			0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	1,786.04	\$	3,04	42.65	///////	\$
Current Cash Statement						//	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	7,384.51	Т	o calculate Column	B, add		
13. Cash Receipts Column A, Line 3 above		2,000.00		mounts in Column			
14. Miscellaneous Increases to Cash Schedule I, Line 4		12.11	fr	om Column B of yo	our last	*Amounts in this section r reported in Column B.	nay be different from amounts
15. Cash Payments Column A, Line 8 above		1,786.04		eport. Some amoui Column A may be ne			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	7,610.58	fi	gures that should b	be		
If this is a termination statement, Line 16 must be zero.			р	ubtracted from pre eriod amounts. If t ne first report being	this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	or this calendar yea	ar, only		
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and ny).	l 9 (if		
18. Cash Equivalents See instructions on reverse	\$	0.00					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00					
			1				FPPC Form 460 (Jan/2016

							SCHE	DULE A	
Received		ts may be rounded whole dollars.	Statement cove		CALIFORNIA FORM 46				
			through	)21	Page	4	. of	10	
					I.D. N	UMBER			
Council 2022					1344	190			
					I				
DRESS AND ZIP CODE OF CONTRIBUTOR ITTEE, 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 CALENDAR Y (JAN. 1 - DEC	EAR	Т	ELECTIO O DATE EQUIRE		
08	∑IND □COM □OTH □PTY □SCC	Board Member East Bay Regional Park District	100.00 Received through inter Democracy Engine LLC Washington, DC 20009		100.00	G2022	ç	\$200.00	
10		Assistant to the Director of Retirement Services City of San Jose	250.00 Received through inter Democracy Engine LLC Washington, DC 20009		250.00	G2022	ç	\$250.00	
27	∐IND     □COM     □OTH     □PTY     □SCC	retired retired	250.00 Received through inter Democracy Engine LLC Washington, DC 20009		250.00	G2022	ç	\$250.00	
on 23	∑IND □COM □OTH □PTY □SCC	Investigator Santa Clara County	250.00 Received through inter Democracy Engine LLC Washington, DC 20009		250.00	G2022	ŝ	\$250.00	
305	XIND COM OTH PTY SCC	Professional Expert LAUSD	250.00 Received through inter Democracy Engine LLC Washington, DC 20009		250.00	G2022	ې ب	\$250.00	
		SUBTOTAL	\$ 1,100.00						
			1,900.00	IND- COM OTH PTY	- Individu – Recip (other – Other – Politica	ial ient Comm <sup>r</sup> than PTY (e.g., bus al Party	or SCO	ntity)	
lls.) unit ceiv	emized monetary contribution ved this period.	nized monetary contributions. emized monetary contributions of less than a ved this period.	Image: Substant state       Substant state         nized monetary contributions.       \$	Subtract       1,100.00         nized monetary contributions.       1,900.00         emized monetary contributions of less than \$100 \$       100.00         ved this period.       100.00	SUBTOTAL \$ 1,100.00         nized monetary contributions.	SUBTOTAL \$ 1,100.00         mized monetary contributions.         1,900.00         1,900.00         emized monetary contributions of less than \$100         \$ 100.00         Yed this period.         d on the Summary Page, Column A, Line 1.)	SUBTOTAL \$ 1,100.00         mized monetary contributions.         1,900.00         emized monetary contributions of less than \$100         \$ 1,900.00         yed this period.         d on the Summary Page, Column A, Line 1.)	SUBTOTAL \$ 1,100.00         mized monetary contributions.         mized monetary contributions.         mized monetary contributions of less than \$100         wed this period.	

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Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may be rounded Statement of to whole dollars.				SCHEDULE A (1 eent covers period 07/01/2021 CALIFORNIA FORM 46						
				through <u>12/31</u>	2021	Page	5	of <u>10</u>				
NAME OF FILER						I.D. NU	JMBER					
Monica Wilso	n for Antioch City Council 2022	1			1	1344	190					
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	CALENDAR Y	DAR YEAR TO DA		ENDAR YEAR TO I		YEAR TO DA		ELECTION O DATE REQUIRED)
10/01/2021	Helping Empowered Individuals Reach Success (ID# ID#138617) Inglewood, CA 90301	IND     COM     OTH     PTY     SCC		250.00 Received through inte Democracy Engine LLC Washington, DC 20009		50.00	G2022	\$250.00				
10/01/2021	Carol Somersille Mountain View, CA 94040	∑IND COM OTH PTY SCC	Physician Self-Employed	200.00 Received through inte: Democracy Engine LLC Washington, DC 20009		00.00	G2022	\$200.00				
10/01/2021	Reginald Swilley San Jose, CA 95112	∑ IND □ COM □ OTH □ PTY □ SCC	Business Consultant Minority Business Consortium	100.00 Received through inte Democracy Engine LLC Washington, DC 20009		00.00	G2022	\$100.00				
10/01/2021	Lamar Thorpe Antioch, CA 94531	∑ IND □ COM □ OTH □ PTY □ SCC	Executive Director LMCHD	250.00 Received through inter Democracy Engine LLC Washington, DC 20009		50.00	G2022	\$250.00				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC										
			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 D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Amounts may b to whole do		Statement covers	021	S ORNIA RM 6 o //BER	<u>460</u>	
Monica Wils	on for Antioch City Council 2022					13441	90	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - E	R YEAR	TO	LECTION DATE QUIRED)
09/25/2021	Community College Board Contra Costa Community College District County District: 3 X Support Oppose	<ul> <li>Monetary Contribution</li> <li>Nonmonetary Contribution</li> <li>Independent Expenditure</li> </ul>		250.00		250.00	G2022	\$250.00
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	Support Oppose	<ul> <li>Monetary Contribution</li> <li>Nonmonetary Contribution</li> <li>Independent Expenditure</li> </ul>						
	·	·	SUBTOTAL	\$ 250.00				

# Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	250.00
2. Unitemized contributions and independent expenditures made this period of under \$100 \$	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	250.00

Schedule E Payments Made	Amounts may be rounded	Statem	ent covers period	CALIFORNI	<sup>A</sup> 460
	to whole dollars.	from	07/01/2021	FORM	400
SEE INSTRUCTIONS ON REVERSE		through _	12/31/2021	Page	of
NAME OF FILER				I.D. NUMBER	
Monica Wilson for Antioch City Council 2022				1344190	

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
Message Framer Richmond, CA 94801						435.00
Mailchimp Atlanta, GA 30308		WEB				71.99
Mailchimp Atlanta, GA 30308		WEB				71.99
* Payments that are cont	ributions or independent expenditures must also be summ	arized on S	chedule D.		SUBTOTAL \$	578.98

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$	1,766.87
2. Unitemized payments made this period of under \$100 \$	19.17
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	1,786.04

Schedule E (Continuation Sheet) Payments Made	Amounts may b to whole do			Statement covers period from 07/01/2021	SCHEDULE E (CO CALIFORNIA FORM 46
SEE INSTRUCTIONS ON REVERSE				through <u>12/31/2021</u>	Page8 of10
Monica Wilson for Antioch City Council 2022					I.D. NUMBER 1344190
CODES: If one of the following codes accurately descr 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 com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ises lating survey resear ivery and me	95	RAD radio airtime and productio RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging	n costs s oduction costs nd meals , and meals es of the same candidate/spo
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Mailchimp Atlanta, GA 30308		WEB			7
Rebecca Barrett for Contra Costa Community College Boa (ID# 1438778) Martinez, CA 94553	ard Ward 3 2022	СТВ			25
Adventure Therapy Foundation Oakley, CA 94561		CVC			51
Democracy Engine LLC Washington, DC 20009		OFC	Online Donation	Processing Fees	13
Mailchimp Atlanta, GA 30308		WEB			7

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

**SUBTOTAL \$** 1,043.91

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Schedule E	SCHEDULE E (CONT.)				
(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460		
Payments Made	to whole dollars.	from07/01/2021	FORM 400		
SEE INSTRUCTIONS ON REVERSE		through12/31/2021	Page of		
NAME OF FILER			I.D. NUMBER		
Monica Wilson for Antioch City Council 2022			1344190		
CODES: If one of the following codes accurately desc	ribes the payment, you may enter the code. Oth	erwise, describe the payment.			
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	n 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 pro			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, an			
<ul><li>FND fundraising events</li><li>IND independent expenditure supporting/opposing others (explain)*</li></ul>	POL polling and survey research POS postage, delivery and messenger services		· · · · · · · · · · · · · · · · · · ·		
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration	so or the same candidate/sponsor		
LIT campaign literature and mailings	PRT print ads	WEB information technology costs	s (internet, e-mail)		

CODE	OR	DESCRIPTION OF PAYMENT	AMO	UNT PAID
WEB				71.99
WEB				71.99
				143.98
	WEB	WEB	WEB	WEB

## Schedule I Miscellaneous Increases to Cash

Miscellaneous Ind	creases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2021	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVER IAME OF FILER	SE		through <u>12/31/2021</u>	Page10 of10           I.D. NUMBER
Monica Wilson for Anti	och City Council 2022			1344190
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional inforr	nation on appropriately labeled continuation sheets.		SUBTOTA	L \$

# Schedule I Summary

1. Itemized increases to cash this period	\$	0.00
2. Unitemized increases to cash of under \$100 this period.	\$	12.11
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$	0.00
<ol> <li>Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)</li> </ol>	TOTAL \$	12.11

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