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COVER PAGE

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable (Month, Day, Year)	Date Stamp	CALIFORNIA 2001/02 FORM 460
from 1/1/2016	6/7/2016	RECEIVED APR 29 2016 CONTRA COSTA COUNTY ELECTIONS	Page 1 of 29
through 4/23/2016			For Official Use Only

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
- [ ] Primarily Formed Ballot Measure Committee
  - [ ] Controlled
  - [ ] Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1383181

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Monica Wilson for Supervisor 2016

STREET ADDRESS (NO P.O. BOX)
4200 Raphael Ct

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Antioch	CA	94509	(925) 206-6546

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
3710 Lone Tree Way #252

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Antioch	CA	94509	(925) 206-6546

OPTIONAL: FAX/E-MAIL ADDRESS
info@monicawilsonforsupervisor.com

Treasurer(s)

NAME OF TREASURER
Jay Petterson

MAILING ADDRESS
119 First Ave S Ste 320

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Seattle	WA	98104	(206) 682-7328

NAME OF ASSISTANT TREASURER, IF ANY
Josie Olsen

MAILING ADDRESS
119 First Ave S Ste 320

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Seattle	WA	98104	

OPTIONAL: FAX/E-MAIL ADDRESS
josie@bluewavepolitics.com

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 4/26/2016 DATE	By	SIGNATURE OF TREASURER OR ASSISTANT TREASURER	
Executed on 4/22/2016 DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT	
Executed on DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	

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 DISTRICT NUMBER IF APPLICABLE)
Sought: County Supervisor
Contra Costa County
District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
3710 Lone Tree Way #252	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. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

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.Primarily Formed 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 OFFICEHLOLDER, 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 ☐ 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

Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460
Page 3 of 29

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

Contributions Received

		Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$20,410.76	$20,410.76
2. Loans Received	Schedule B, Line 3	$0.00	$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1+ 2	$20,410.76	$20,410.76
4. Nonmonetary Contributions	Schedule C, Line 3	$118.06	$118.06
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$20,528.82	$20,528.82

Expenditures Made

6. Payments Made	Schedule E, Line 4	$11,340.28	$11,340.28
7. Loans Made	Schedule H, Line 3	$0.00	$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$11,340.28	$11,340.28
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	$14,587.85	$14,587.85
10. Nonmonetary Adjustment	Schedule C, Line 3	$118.06	$118.06
11. TOTAL EXPENDITURES MADE	Add Lines 8 +9 + 10	$26,046.19	$26,046.19

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$0.00
13. Cash Receipts	Column A, Line 3 above	$20,410.76
14. Miscellaneous Increases to Cash	Schedule I, Line 4	$5,179.00
15. Cash Payments	Column A, Line 8 above	$11,340.28
16. **ENDING CASH BALANCE**..Add Lines 12+13+14, then subtract Line 15		$14,249.48

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$0.00

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	$0.00
19. Outstanding Debts	Add Line 2+Line 9 in Column B above	$14,587.85

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/yyyy)	Total to Date

*Amounts in this section may be different from amounts reported in schedule B.

Schedule A
Monetary Contributions Received

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

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)
01/29/2016	Carolina Salazar 3496 Hillsborough Dr Concord, CA 94520-1559	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	District Director Assemblymember Bill Quirk	$100.00	$100.00	
02/01/2016	Frank Quattro 1765 Bird Hill Ct Danville, CA 94526-5621	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	School Director Moler Barber College	$250.00	$250.00	
02/01/2016	Monica Wilson 4200 Raphael Ct Antioch, CA 94509-6294	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	City Councilmember City of Antioch	$100.00	$100.00	
02/04/2016	Ruby Wilson 2651 Las Gallinas Ave San Rafael, CA 94903-1424	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher MCOE	$1,000.00	$1,100.00	

SUBTOTAL $1,450.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.) $18,971.76

2. Amount received this period -unitemized monetary contributions of less than $100 ..... $1,439.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.) ..... **TOTAL** $20,410.76

*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 A
Monetary Contributions Received

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

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)
02/05/2016	Phyllis Bratt 1388 Chesterton Way Walnut Creek, CA 94596-6464	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Not Employed	$100.00	$100.00	
02/05/2016	Rebecca Saltzman 3912 Harrison St Apt A Oakland, CA 94611-6213	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Government Affairs Manager California League of Conservation Voters	$100.00	$100.00	
02/09/2016	Maurice Stevenson 592 Muscari St San Leandro, CA 94578-3845	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Recruiter Self Employed	$100.00	$100.00	
02/10/2016	Renee Grevenberg 2798 Vancouver Ct Brentwood, CA 94513-1960	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Psychotherapist Self Empoyed	$250.00	$250.00	

SUBTOTAL $550.00

Schedule A Summary

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(Include all Schedule A subtotals.) $18,971.76

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3. Total monetary contributions received this period.
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Schedule A
Monetary Contributions Received

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

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)
02/16/2016	Wasim Choudhury 1500 Hudson St Apt 6R Hoboken, NJ 07030-6746	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Principle MCD. Inc.	$250.00	$525.00	
02/22/2016	Joseph Adebayo 5109 Goleta Ct Antioch, CA 94531-8300	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Accounting Benchworth	$250.00	$250.00	
02/23/2016	Mujadilah Amrullah-Sanders PO Box 81675 Conyers, GA 30013-9423	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Educator Gwinnett County Public Schools	$100.00	$100.00	
02/28/2016	Wasim Choudhury 1500 Hudson St Apt 6R Hoboken, NJ 07030-6746	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Principle MCD. Inc.	$25.00	$525.00	

SUBTOTAL $625.00

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Schedule A
Monetary Contributions Received

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Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460

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NAME OF FILER
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I.D. NUMBER
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02/28/2016	Kimberly Rogers PO Box 4411 San Rafael, CA 94913-4411	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Assistant Autodesk, Inc.	$100.00	$100.00	
02/29/2016	Carolyn Fowler 8500 Byrd Ave Inglewood, CA 90305-1552	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Consultant Carolyn Fowler	$125.00	$250.00	
03/01/2016	Lucia Albers 9601 Deer Valley Rd Brentwood, CA 94513-4907	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Not Employed	$300.00	$400.00	
03/01/2016	John D Hall 1115 Hillcrest Dr Lafayette, CA 94549-3113	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Not Employed	$300.00	$400.00	

SUBTOTAL $825.00

Schedule A Summary

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(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.) **TOTAL** $20,410.76

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Schedule A
Monetary Contributions Received

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460

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I.D. NUMBER
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03/01/2016	Alan Swislow 3973 Via Estrella Martinez, CA 94553-2111	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Super Station Car Wash	$100.00	$125.00	
03/09/2016	Michelle Mead 3712 Willow Pass Rd Apt 42 Concord, CA 94519-1044	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Stylist Hair by Michelle	$100.00	$100.00	
03/15/2016	Jim Frazier for Assembly 2016 5429 Madison Ave Sacramento, CA 95841-3111 ID: 1373430	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$1,675.00	$1,675.00	
03/16/2016	Katie Ricklefs 3731 St Francis Dr Lafayette, CA 94549-3033	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Not Employed	$100.00	$300.00	

SUBTOTAL $1,975.00

Schedule A Summary

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Schedule A
Monetary Contributions Received

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

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03/18/2016	James Qualk 5341 Swainsons Ct Concord, CA 94521-5516	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Managment Balfour Beatty Construction	$250.00	$250.00	
03/21/2016	Barry R Amsden 1318 Cassel Ln Davis, CA 95616-5736	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Not Employed	$100.00	$100.00	
03/21/2016	Alan Breus 3741 Southridge Way Oceanside, CA 92056-5427	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Appraiser Self Employed	$100.00	$200.00	
03/21/2016	Delaine Eastin 4228 Dogwood Pl Davis, CA 95618-6066	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Self Employed	$100.00	$100.00	

SUBTOTAL $550.00

Schedule A Summary

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Schedule A
Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

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Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460

NAME OF FILER
Monica Wilson for Supervisor 2016

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03/21/2016	Jerome C Pandell 157 Tivoli Ln Danville, CA 94506-4603	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Pandell Law Firm	$20.16	$221.76	
03/21/2016	Republic Services Inc 441 N Buchanan Cir Pacheco, CA 94553-5119	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$675.00	$675.00	
03/26/2016	Karen Weinstein 7 Ajax Pl Berkeley, CA 94708-2119	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chair California Democratic Party Women's Caucus	$100.00	$100.00	
03/29/2016	Lori Wilson 507 Wood Duck Dr Suisun City, CA 94585-2133	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director of Finance Meritage Homes	$250.00	$250.00	

SUBTOTAL $1,045.16

Schedule A Summary

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Schedule A
Monetary Contributions Received

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Statement covers period
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03/31/2016	Carolyn Fowler 8500 Byrd Ave Inglewood, CA 90305-1552	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Consultant Carolyn Fowler	$125.00	$250.00	
04/06/2016	Mary Nemetz 588 Sutter St Apt 217 San Francisco, CA 94102-1102	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Not Employed	$200.00	$200.00	
04/13/2016	Alan Breus 3741 Southridge Way Oceanside, CA 92056-5427	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Appraiser Self Employed	$100.00	$200.00	
04/13/2016	Heidi Emberling 4021 Villa Vis Palo Alto, CA 94306-3209	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Educator Parents Place	$100.00	$100.00	

SUBTOTAL $525.00

Schedule A Summary

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Schedule A
Monetary Contributions Received

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Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

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04/13/2016	O'Hara Properties LLC 3820 Blackhawk Rd Danville, CA 94506-4617	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$1,675.00	$1,675.00	
04/15/2016	Fatimah Aure 257 Vernon St Apt 304 Oakland, CA 94610-4161	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Self Employed	$100.00	$100.00	
04/15/2016	Martha Parsons 99 W Lake Dr Antioch, CA 94509-1944	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Self Employed	$100.00	$100.00	
04/15/2016	Richland Communities Inc 3161 Michelson Dr Ste 425 Irvine, CA 92612-4436	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$1,675.00	$1,675.00	

SUBTOTAL $3,550.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.) $18,971.76

2. Amount received this period -unitemized monetary contributions of less than $100 ..... $1,439.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.) **TOTAL** $20,410.76

*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 A
Monetary Contributions Received

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

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)
04/15/2016	Irving Williams 7915 Lake Manassas Dr Ste 209 Gainesville, VA 20155-3259	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Watoto Pediatrics	$250.00	$250.00	
04/16/2016	California Nurses Association PAC 555 Capitol Mall Ste 1425 Sacramento, CA 95814-4602 ID: 780657	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$5,000.00	$5,000.00	
04/16/2016	Dan Kalb 5109 Manila Ave Oakland, CA 94618-1019	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	City Councilmember City of Oakland	$100.00	$100.00	
04/16/2016	Julie Waters 362 W MacArthur Blvd Oakland, CA 94609-2825	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	External Affairs Representative AC Transit	$100.00	$100.00	

SUBTOTAL $5,450.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.) $18,971.76

2. Amount received this period -unitemized monetary contributions of less than $100 ..... $1,439.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.) ..... **TOTAL** $20,410.76

*Contributor Codes
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PTY- Political Party
SCC- Small Contributor Committee

Schedule A
Monetary Contributions Received

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460

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NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

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)
04/17/2016	Betsy Cotton 65 Evergreen Ln Berkeley, CA 94705-1438	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director Close the Gap CA	$100.00	$100.00	
04/18/2016	Alphonso Guerrero 374 Topaz St Brentwood, CA 94513-5505	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Self Employed	$100.00	$100.00	
04/18/2016	Jerome C Pandell 157 Tivoli Ln Danville, CA 94506-4603	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Pandell Law Firm	$201.60	$221.76	
04/19/2016	Wasim Choudhury 1500 Hudson St Apt 6R Hoboken, NJ 07030-6746	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Principle MCD. Inc.	$250.00	$525.00	

SUBTOTAL $651.60

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.)		$18,971.76
2. Amount received this period -unitemized monetary contributions of less than $100		$1,439.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)	**TOTAL**	$20,410.76

*Contributor Codes
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Schedule A
Monetary Contributions Received

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460

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NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

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)
04/19/2016	John D Hall 1115 Hillcrest Dr Lafayette, CA 94549-3113	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Not Employed	$100.00	$400.00	
04/19/2016	Joi Lewis 738 Lafond Ave Saint Paul, MN 55104-1603	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Entreprenuer Joi Unlimited, LLC	$100.00	$100.00	
04/19/2016	Katie Ricklefs 3731 St Francis Dr Lafayette, CA 94549-3033	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Not Employed	$200.00	$300.00	
04/19/2016	Alan Swislow 3973 Via Estrella Martinez, CA 94553-2111	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Super Station Car Wash	$25.00	$125.00	

SUBTOTAL $425.00

Schedule A Summary

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3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)	**TOTAL**	$20,410.76

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Schedule A
Monetary Contributions Received

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
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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)
04/20/2016	East Bay Women's Political Caucus Political Action Committee 484 Lake Park Ave # 305 Oakland, CA 94610-2730 ID: 1376109	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
04/20/2016	Tina Hayes 4887 Cushendall Way Antioch, CA 94531-9406	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner The School of Etiquette & Decorum	$100.00	$100.00	
04/20/2016	Michelle Parker 3015 Balboa St San Francisco, CA 94121-2728	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Grantwriter KQED	$100.00	$100.00	
04/21/2016	Ruby Wilson 2651 Las Gallinas Ave San Rafael, CA 94903-1424	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher MCOE	$100.00	$1,100.00	

SUBTOTAL $550.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.) $18,971.76

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3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.) **TOTAL** $20,410.76

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Schedule A
Monetary Contributions Received

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

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)
04/22/2016	Lucia Albers 9601 Deer Valley Rd Brentwood, CA 94513-4907	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Not Employed	$100.00	$400.00	
04/22/2016	Gina Del Carlo 1819 Yolanda Cir Clayton, CA 94517-1059	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Workforce Services Specialist Contra Costa County	$100.00	$100.00	
04/22/2016	Gloria Martin 3509 Davi Pl Antioch, CA 94509-5455	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Not Employed	$150.00	$150.00	
04/22/2016	Jennifer Victor 4940 Stonewood Way Antioch, CA 94531-8386	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Bank Manager Travis Credit Union	$100.00	$100.00	

SUBTOTAL $450.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.) $18,971.76

2. Amount received this period -unitemized monetary contributions of less than $100 $1,439.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.) **TOTAL** $20,410.76

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IND- Individual
COM- Recipient Committee (other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

Schedule A
Monetary Contributions Received

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

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)
04/22/2016	Gerald Wilson 2629 Coffee Tree Way Antioch, CA 94509-7323	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Not Employed	$100.00	$100.00	
04/22/2016	Terrance Wilson 272 Pebble Beach Dr Brentwood, CA 94513-7088	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Supervisor Contra Costa County Probations Department	$250.00	$250.00	

SUBTOTAL $350.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.) $18,971.76

2. Amount received this period -unitemized monetary contributions of less than $100 ..... $1,439.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.) ..... **TOTAL** $20,410.76

*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 C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/20/2016	Deborah Hicks 5017 Star Mine Way Eldridge, CA 95431	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker Not Employed	Event Catering	$118.06	$118.06	

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL** $118.06

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions. (Include all Schedule C subtotals.)		$118.06
2. Amount received this period -unitemized nonmonetary contributions of less than $100		$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)	**TOTAL**	$118.06

*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 E
Payments Made

SEE INSTRUCTIONS ON REVERSE

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM **460**

NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

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
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
Network Merchants, LLC 201 Main St Roselle, IL 60172-2009	PRO	Credit Card Fees	$0.05
Network Merchants, LLC 201 Main St Roselle, IL 60172-2009	PRO	Credit Card Fees	$40.95
Mission Control Inc 624 Hebron Ave Ste 200 Glastonbury, CT 06033-5006	LIT	Printing: Business Cards	$259.00

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

SUBTOTAL $300.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$11,161.61
2. Unitemized payments made this period of under $100	$178.67
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.) **TOTAL**	$11,340.28

Schedule E
Payments Made

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460
Page 21 of 29

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

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
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
NationBuilder 520 S Grand Ave Los Angeles, CA 90071-2600	WEB	Website/ Database	$36.33
Network Merchants, LLC 201 Main St Roselle, IL 60172-2009	PRO	Credit Card Fees	$86.58
Network Merchants, LLC 201 Main St Roselle, IL 60172-2009	PRO	Credit Card Fees	$46.20

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

SUBTOTAL $169.11

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$11,161.61
2. Unitemized payments made this period of under $100	$178.67
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.) TOTAL	$11,340.28

SCHEDULE E

Schedule E
Payments Made

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460
Page 22 of 29

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

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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
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
Blue Wave Political Partners 119 1st Ave S Ste 320 Seattle, WA 98104-3424	CNS	Compliance Consulting	$250.00
Blue Wave Political Partners 119 1st Ave S Ste 320 Seattle, WA 98104-3424	POS	UPS: Postage	$22.34
Blue Wave Political Partners 119 1st Ave S Ste 320 Seattle, WA 98104-3424	POS	USPS: Postage	$6.45

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

SUBTOTAL $278.79

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$11,161.61
2. Unitemized payments made this period of under $100	$178.67
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.) **TOTAL**	$11,340.28

Schedule E
Payments Made

SEE INSTRUCTIONS ON REVERSE

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460
Page 23 of 29

NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
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CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
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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
County of Contra Costa PO Box 271 Martinez, CA 94553-0027	FIL	Candidate Statement	$1,015.00
County of Contra Costa PO Box 271 Martinez, CA 94553-0027	FIL	Filing Fee	$1,044.00
Jonathan Colmenares PO Box 380 Livermore, CA 94551-0380	CNS	Consulting	$3,000.00

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

SUBTOTAL $5,059.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$11,161.61
2. Unitemized payments made this period of under $100	$178.67
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.) TOTAL	$11,340.28

SCHEDULE E

Schedule E
Payments Made

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jonathan Colmenares PO Box 380 Livermore, CA 94551-0380	OFC		Metro PCS: Phones	$60.44
Jonathan Colmenares PO Box 380 Livermore, CA 94551-0380	WEB		The Change Agency: Domain/Website	$800.00
Jonathan Colmenares PO Box 380 Livermore, CA 94551-0380	WEB		Google Business Apps: Email domain	$12.00

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

SUBTOTAL $872.44

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$11,161.61
2. Unitemized payments made this period of under $100	$178.67
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.) **TOTAL**	$11,340.28

Schedule E
Payments Made

. . Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

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NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

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
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
Mission Control Inc 624 Hebron Ave Ste 200 Glastonbury, CT 06033-5006	LIT	Printing: Remits	$420.00
NGP VAN Inc 1101 15th St NW Ste 500 Washington, DC 20005-5006	WEB	Database	$450.00
NationBuilder 520 S Grand Ave Los Angeles, CA 90071-2600	WEB	Website	$113.00

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

SUBTOTAL $983.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$11,161.61
2. Unitemized payments made this period of under $100	$178.67
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.) TOTAL	$11,340.28

Schedule E
Payments Made

SEE INSTRUCTIONS ON REVERSE

. Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period
from 1/1/2016
through 4/23/2016

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NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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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
Network Merchants, LLC 201 Main St Roselle, IL 60172-2009	PRO		Credit Card Fees	$41.16
Blue Wave Political Partners 119 1st Ave S Ste 320 Seattle, WA 98104-3424	CNS		Compliance Consulting	$250.00
Jonathan Colmenares PO Box 380 Livermore, CA 94551-0380	CNS		Consulting	$3,000.00

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

SUBTOTAL $3,291.16

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$11,161.61
2. Unitemized payments made this period of under $100	$178.67
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.) TOTAL	$11,340.28

Schedule E
Payments Made

SEE INSTRUCTIONS ON REVERSE

. Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period
from 1/1/2016
through 4/23/2016

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NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

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
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
Jonathan Colmenares PO Box 380 Livermore, CA 94551-0380	WEB		Google Business Apps: Email domain	$2.06
Network Merchants, LLC 201 Main St Roselle, IL 60172-2009	PRO		Credit Card Fees	$43.05
NationBuilder 520 S Grand Ave Los Angeles, CA 90071-2600	WEB		Website/Database	$163.00

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

SUBTOTAL $208.11

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$11,161.61
2. Unitemized payments made this period of under $100	$178.67
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.) **TOTAL**	$11,340.28

Schedule F
Accrued Expenses (Unpaid Bills)

SEE INSTRUCTIONS ON REVERSE

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460

NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
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CTB contribution (explain nonmonetary)*
CVC civic donations
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TSF transfer between committees of the same candidate/sponsor
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
Britani Roberts 5227 Ramsdell Ct Antioch, CA 94531-9119	CNS, Volunteer Coordinaton	$0.00	$526.25	$0.00	$526.25
Mission Control Inc 624 Hebron Ave Ste 200 Glastonbury, CT 06033-5006	LIT, Printing: Direct Mail	$0.00	$12,531.60	$0.00	$12,531.60
Mission Control Inc 624 Hebron Ave Ste 200 Glastonbury, CT 06033-5006	CMP, Printing: Yard Signs	$0.00	$1,530.00	$0.00	$1,530.00
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	**SUBTOTALS**	$0.00	$14,587.85	$0.00	$14,587.85

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 payments on accrued expenses under $100.) ..... **INCURRED TOTALS** $14,587.85

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** $0.00

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** $14,587.85
(May be a negative number)

SCHEDULE I

Schedule I
Miscellaneous Increases to Cash

. Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2016
through 4/23/2016

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monica Wilson for Supervisor 2016

I.D. NUMBER
1383181

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
02/26/2016	Monica Wilson for Antioch City Council 2016 ID: 1344190	Transferred funds (ID 1344190)	$5,179.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $5,179.00

Schedule I Summary

1. Itemized increases to cash this period.		$5,179.00
2. Unitemized increases to cash of under $100 this period.		$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)		$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	**TOTAL**	$5,179.00