

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

10/27/22 GLS

COVER PAGE

Date Stamp RECEIVED LOS ANGELES 2022 OCT 28 CAMPAIGN FINANCE	CALIFORNIA FORM <b>460</b>
Page 12 of 10	For Official Use Only 382 C11765

<b>Statement covers period</b> from 09/25/2022 through 10/22/2022	<b>Date of election if applicable:</b> (Month, Day, Year) 11/08/2022
---	--

SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement                                   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
1454226

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
WILSON 4 COLLEGE BOARD 2022

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Inglewood	CA	90301	(310) 817-6679

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS  
(310) 672-6679 / vwilsonleticia@gmail.com

**Treasurer(s)**

NAME OF TREASURER  
Cine D. Ivery

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Inglewood	CA	90301	(310) 817-6679

NAME OF ASSISTANT TREASURER, IF ANY  
Michelle Moore Sannders

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Inglewood	CA	90301	(310) 817-6679

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to t  
under penalty of perjury under the laws of the State of California that the foregoing is tr

s is true and complete. I certify

Executed on OCT 27 2022  
Date

Executed on OCT 27 2022  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Leticia V. Wilson

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

Community College Board Compton College Dist District 5

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

Carson CA 90746-7454

**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
VASQUEZ 4 WATER BOARD 2020	1346862

NAME OF TREASURER	CONTROLLED COMMITTEE?
Cine D. Ivery	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Inglewood	CA	90301	(310) 817-6679

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>10</u>	I.D. NUMBER <u>1454226</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WILSON 4 COLLEGE BOARD 2022

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>242.10</u>	\$ <u>242.10</u>
2. Loans Received ..... <i>Schedule B, Line 3</i>	<u>10,000.00</u>	<u>30,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>10,242.10</u>	\$ <u>30,242.10</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>10,242.10</u>	\$ <u>30,242.10</u>

**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	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... <i>Schedule E, Line 4</i>	\$ <u>13,448.64</u>	\$ <u>25,401.20</u>
7. Loans Made ..... <i>Schedule H, Line 3</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>13,448.64</u>	\$ <u>25,401.20</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>-5,750.00</u>	<u>750.00</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>7,698.64</u>	\$ <u>26,151.20</u>

**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
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>8,047.44</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>10,242.10</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>13,448.64</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>4,840.90</u>

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

17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
--	----------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>30,750.00</u>

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).

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

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>10</u>
I.D. NUMBER 1454226	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WILSON 4 COLLEGE BOARD 2022

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)
09/28/2022	eFundraising Connections Sacramento, CA 95816	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		233.25	242.10	
10/11/2022	eFundraising Connections Sacramento, CA 95816	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		8.85	242.10	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				242.10		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 242.10
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 242.10

\*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 B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2022	
through	10/22/2022	Page <u>5</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WILSON 4 COLLEGE BOARD 2022

I.D. NUMBER

1454226

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Leticia V. Wilson Carson, CA 90746-7454  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator Compton Community College	\$ 20,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 20,000.00 09/10/2023 DATE DUE	0.00% RATE \$ 0.00	\$ 20,000.00 09/10/2022 DATE INCURRED	CALENDAR YEAR \$ 30,000.00 PER ELECTION** \$
Leticia V. Wilson Carson, CA 90746-7454  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator Compton Community College	\$ 0.00	\$ 10,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 10,000.00 09/29/2023 DATE DUE	0.00% RATE \$ 0.00	\$ 10,000.00 09/29/2022 DATE INCURRED	CALENDAR YEAR \$ 30,000.00 PER ELECTION** \$
    † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<b>SUBTOTALS \$</b>		<b>10,000.00 \$</b>	<b>0.00 \$</b>	<b>0.00 \$</b>	<b>30,000.00 \$</b>	<b>0.00</b>		

## Schedule B Summary

(Enter (e) on Schedule E, Line 3)

- Loans received this period ..... \$ 10,000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$ 10,000.00**  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
 \*\* If required.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2022	
through	10/22/2022	Page <u>6</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
WILSON 4 COLLEGE BOARD 2022		1454226

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WILSON 4 COLLEGE BOARD 2022

**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
Landslide Communications Laguna Niguel, CA 92677	CNS		Consulting Services	1,500.00
Print Agent Santa Fe Springs, CA 90670	CMP		Yard Signs	2,469.68
Print Media Management Group Inc Cornville, AZ 86325	LIT		Postcards Printing Expense	6,500.00

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

**SUBTOTAL \$ 10,469.68**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	13,406.68
2. Unitemized payments made this period of under \$100	\$	41.96
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.)	<b>TOTAL \$</b>	<b>13,448.64</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2022	
through	10/22/2022	Page 7 of 10
NAME OF FILER		I.D. NUMBER
WILSON 4 COLLEGE BOARD 2022		1454226

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WILSON 4 COLLEGE BOARD 2022

**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
Coalition for Senior Citizen Security (ID# 592015) Los Angeles, CA 90039	CMP		Slate Mailer	442.00
Council of Concerned Woman Voters (ID# 1226327) Los Angeles, CA 90039-2520	CMP		Slate Mailer	426.00
Our Voice Latino Voter Guide (ID# 599015) Los Angeles, CA 90039	CMP		Slate Mailer	319.00
2UrbanGirls.com Inglewood, CA 90305	CMP		Advertising 10/5 - 11/8/2022	1,000.00
Michael Carlin Culver City, CA 90232	PRO		Video Production Services	750.00

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

**SUBTOTAL \$** 2,937.00

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2022	
through	10/22/2022	Page 8 of 10
NAME OF FILER		I.D. NUMBER
WILSON 4 COLLEGE BOARD 2022		1454226

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WILSON 4 COLLEGE BOARD 2022

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

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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
Print Media Management Group Inc Cornville, AZ 86325	LIT Postcards Printing Expense	6,500.00	0.00	6,500.00	0.00
Michael Carlin Culver City, CA 90232	PRO Video Production Services	0.00	750.00	0.00	750.00
<b>SUBTOTALS \$</b>		6,500.00\$	750.00\$	6,500.00\$	750.00

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

**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 accrued expenses under \$100.).....	<b>INCURRED TOTALS \$</b> 750.00
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.).....	<b>PAID TOTALS \$</b> 6,500.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....	<b>NET \$</b> -5,750.00 <small>May be a negative number</small>



**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2022	
through	10/22/2022	Page 9 of 10
NAME OF FILER		I.D. NUMBER
WILSON 4 COLLEGE BOARD 2022		1454226
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
Landslide Communications		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WILSON 4 COLLEGE BOARD 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Landslide Communications

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

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Public Safety Voter Guide (ID# 1298740) Laguna Niguel, CA 92677	CMP		Slate Mailer	250.00
California Tax Reduction Committee (ID# 1306386) Laguna Niguel, CA 92677	CMP		Slate Mailer	250.00
Los Angeles County Republican Leadership Voter Guide (ID# 1305336) Laguna Niguel, CA 92677	CMP		Slate Mailer	250.00
Save Proposition 12 Segrated Fund Account (ID# 598040) Laguna Niguel, CA 92677	CMP		Slate Mailer	250.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 1,000.00**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule G (Continuation Sheet)**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

SCHEDULE G (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	<b>CALIFORNIA FORM 460</b> Page <u>10</u> of <u>10</u> I.D. NUMBER 1454226
--	---

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WILSON 4 COLLEGE BOARD 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Landslide Communications

**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)           |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Taxifornia - Tax Fighter's Newsletter (ID# 1378949) Laguna Niguel, CA 92677	CMP		Slate Mailer	250.00
Woman's Voice (ID# 1293667) Laguna Niguel, CA 92677	CMP		Slate Mailer	250.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 500.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.