Recipient Committee
Campaign Statement
(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period
from 07/01/2010
through 09/30/2010

Date of election if applicable:
(Month, Day, Year)
06/03/2014

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

Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5.)

General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
(Also Complete Part 6.)

Primary Formed Candidate/Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:
☐ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1327492

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Wesson for Board of Equalization 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles CA 90008 (323) 356-5199

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

CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles CA 90016

OPTIONAL: FAX/E-MAIL ADDRESS ( )

Treasurer(s)

NAME OF TREASURER
Jan Wasson

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing this statement and the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury that the information contained herein is true and complete. I authorize the information to be obtained by the state from other sources

Executed on 10/09/2010 By

Executed on 10/09/2010 By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on
By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/4ASK-FPPC
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hon. Herman J. Wesson</td>
<td>Sought: Other, Statewide</td>
<td>Los Angeles</td>
<td>CA</td>
<td>90016</td>
</tr>
</tbody>
</table>

**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 to make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>WESSON FOR CITY COUNCIL 2011</td>
<td>1325589</td>
<td>Lincoln</td>
<td>CA</td>
<td>95648</td>
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</tbody>
</table>

6. Ballot Measure Committee

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CALIFORNIA</td>
<td></td>
<td></td>
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</tbody>
</table>

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
<tbody>
<tr>
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7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
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<th>SUPPORT</th>
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</tbody>
</table>

**Attatch continuation sheets if necessary**

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC
**Campaign Disclosure Statement**

**Summary Page**

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

---

### Contributions Received

1. **Monetary Contributions**
   - Schedule A, Line 3
   - Column A: $0.00
   - Column B: $131,561.00

2. **Loans Received**
   - Schedule B, Line 7
   - Column A: $0.00
   - Column B: $0.00

3. **SUBTOTAL CASH CONTRIBUTIONS**
   - Add Lines 1 + 2
   - Column A: $0.00
   - Column B: $131,561.00

4. **Nonmonetary Contributions**
   - Schedule C, Line 3
   - Column A: $0.00
   - Column B: $0.00

5. **TOTAL CONTRIBUTIONS RECEIVED**
   - Add Lines 3 + 4
   - Column A: $0.00
   - Column B: $131,561.00

### Expenditures Made

6. **Payments Made**
   - Schedule E, Line 4
   - Column A: $7,600.00
   - Column B: $7,600.00

7. **Loans Made**
   - Schedule H, Line 7
   - Column A: $0.00
   - Column B: $0.00

8. **SUBTOTAL CASH PAYMENTS**
   - Add Lines 6 + 7
   - Column A: $7,600.00
   - Column B: $7,600.00

9. **Accrued Expenses (Unpaid Bills)**
   - Schedule F, Line 3
   - Column A: $0.00
   - Column B: $0.00

10. **Nonmonetary Adjustment**
    - Schedule C, Line 3
    - Column A: $0.00
    - Column B: $0.00

11. **TOTAL EXPENDITURES MADE**
    - Add Lines 8 + 9 + 10
    - Column A: $7,600.00
    - Column B: $7,600.00

### Current Cash Statement

12. **Beginning Cash Balance**
    - Previous Summary Page, Line 16
    - Column A: $131,561.00

13. **Cash Receipts**
    - Column A, Line 3 above
    - Column B: $0.00

14. **Miscellaneous Increases to Cash**
    - Schedule I, Line 4
    - Column A: $0.00
    - Column B: $0.00

15. **Cash Payments**
    - Column A, Line 5 above
    - Column B: $7,600.00

16. **ENDING CASH BALANCE**
    - Add Lines 12 + 13 + 14, then subtract Line 15
    - Column A: $123,961.00

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

17. **LOAN GUARANTEES RECEIVED**
    - Schedule B, Part 2
    - Column A: $0.00

### Cash Equivalents and Outstanding Debts

18. **Cash Equivalents**
    - See instructions on reverse
    - Column A: $0.00

19. **Outstanding Debts**
    - Add Line 2 + Line 9 in Column B above
    - Column A: $0.00
Schedule E
Payments Made

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

STATEMENT COVERS PERIOD

From 20100701
through 20100930

NAME OF FILER
Wesson for Board of Equalization 2014

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR</th>
<th>ID:</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>101 Enterprises Foundation</td>
<td></td>
<td>CVC</td>
<td></td>
<td>2500.00</td>
</tr>
<tr>
<td>Los Angeles CA 90016</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perata for Mayor 2010</td>
<td>1318628</td>
<td>CVC</td>
<td></td>
<td>600.00</td>
</tr>
<tr>
<td>Oakland CA 94611</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Regalettes, Inc.</td>
<td></td>
<td>CVC</td>
<td></td>
<td>500.00</td>
</tr>
<tr>
<td>Los Angeles CA 90016</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 7600.00
2. Unitemized payments made this period of under $100. ................................................................. $ 0.00
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 $ 7600.00
**Schedule E**

**Payments Made**

SEE INSTRUCTIONS ON REVERSE

Wesson for Board of Equalization 2014

**NAME OF FILER**

**NAME AND ADDRESS OF PAYEE OR CREDITOR**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan Wasson</td>
<td>PRO</td>
<td>member communications</td>
<td>1000.00</td>
</tr>
<tr>
<td>Lincoln, CA 95648</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan Wasson</td>
<td>PRO</td>
<td>professional services</td>
<td>3000.00</td>
</tr>
<tr>
<td>Lincoln, CA 95648</td>
<td></td>
<td>(legal, accounting)</td>
<td></td>
</tr>
</tbody>
</table>

**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 supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFD** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POL** 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, email)

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $7600.00
2. Unitemized payments made this period of under $100. 
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) $7600.00

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

**FPPC Form 460 (January/05)**

FPPC Toll-Free Helpline: 866/ASK-FPPC