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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
   - General Purpose Committee
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee

2. Type of Statement:
   - Pre-election Statement
   - Quarterly Statement
   - Semi-annual Statement
   - Annual Statement
   - Special Odd-Year Report
   - Supplemental Pre-election Statement - Attach Form 495

3. Committee Information
   - I.D. NUMBER: 1327492
   - COMMITTEE NAME: Wesson for Board of Equalization 2014
   - STREET ADDRESS: Los Angeles
   - CITY: Los Angeles
   - STATE: CA
   - ZIP CODE: 90008
   - AREA CODE/PHONE: (323) 356-5199
   - MAILING ADDRESS (IF DIFFERENT): Los Angeles
   - CITY: Los Angeles
   - STATE: CA
   - ZIP CODE: 90016

4. Verification
   - I have used all reasonable diligence in preparing and certifying the statements contained herein and in the attached schedules.
   - I certify under penalty of perjury that the information contained herein is true and correct.
   - Executed on 01/10/2011 By Jan Wesson

5. Treasurer(s)
   - NAME OF TREASURER: Jan Wesson
   - MAILING ADDRESS: Lincoln
   - CITY: Lincoln
   - STATE: CA
   - ZIP CODE: 95648
   - AREA CODE/PHONE: (916) 408-8756
   - NAME OF ASSISTANT TREASURER, IF ANY
   - MAILING ADDRESS:

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

   OPTIONAL: FAX/E-MAIL ADDRESS

For Official Use Only

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

**NAME OF OFFICEHOLDER OR CANDIDATE**
Hon. Herman J. Wesson

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**
Sought: Other Statewide

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)**
Los Angeles, CA 90016

**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>
</tr>
</thead>
<tbody>
<tr>
<td>WESSON FOR CITY COUNCIL 2011</td>
<td>1325589</td>
</tr>
</tbody>
</table>

**NAME OF TREASURER**
Jan Wasson

**CONTROLLED COMMITTEE?**
Yes [x] No [ ]

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>WESSON OFFICEHOLDER ACCOUNT</td>
<td>1277458</td>
</tr>
</tbody>
</table>

**NAME OF TREASURER**
Jan Wasson

**CONTROLLED COMMITTEE?**
Yes [x] No [ ]

**CITY**
Lincoln

**STATE**
CA

**ZIP CODE**
95648

**AREA CODE/PHONE**
(916) 408-8756

6. Ballot Measure Committee

**NAME OF BALLOT MEASURE**

**BALLOT NO. OR LETTER**

**JURISDICTION**

**[ ] SUPPORT**

**[ ] OPPOSE**

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

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT**

**OFFICE SOUGHT OR HELD**

**DISTRICT NO. IF ANY**

7. Primarily Formed Committee

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

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

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

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

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

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions: Schedule A, Line 3  
   - Total for This Period: $0.00  
   - Calendar Year Total to Date: $131561.00
2. Loans Received: Schedule B, Line 7  
   - Total for This Period: $0.00  
   - Calendar Year Total to Date: $0.00
3. Subtotal Cash Contributions: Add Lines 1 + 2  
   - Total for This Period: $0.00  
   - Calendar Year Total to Date: $131561.00
4. Nonmonetary Contributions: Schedule C, Line 3  
   - Total for This Period: $0.00  
   - Calendar Year Total to Date: $0.00
5. Total Contributions Received: Add Lines 3 + 4  
   - Total for This Period: $0.00  
   - Calendar Year Total to Date: $131561.00

### Expenditures Made

6. Payments Made: Schedule E, Line 4  
   - Total for This Period: $2650.00  
   - Calendar Year Total to Date: $10250.00
7. Loans Made: Schedule H, Line 7  
   - Total for This Period: $0.00  
   - Calendar Year Total to Date: $0.00
8. Subtotal Cash Payments: Add Lines 6 + 7  
   - Total for This Period: $2650.00  
   - Calendar Year Total to Date: $10250.00
   - Total for This Period: $0.00  
   - Calendar Year Total to Date: $0.00
10. Nonmonetary Adjustment: Schedule C, Line 3  
    - Total for This Period: $0.00  
    - Calendar Year Total to Date: $0.00
11. Total Expenditures Made: Add Lines 8 + 9 + 10  
    - Total for This Period: $2650.00  
    - Calendar Year Total to Date: $10250.00

### Current Cash Statement

12. Beginning Cash Balance: Previous Summary Page, Line 16  
    - Total: $123961.00
13. Cash Receipts: Column A, Line 3 above  
    - Total: $0.00
14. Miscellaneous Increases to Cash: Schedule I, Line 4  
    - Total: $0.00
15. Cash Payments: Column A, Line 8 above  
    - Total: $2650.00
16. Ending Cash Balance: Add Lines 12 + 13 + 14, then subtract Line 15  
    - Total: $121311.00

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

17. Loan Guarantees Received: Schedule B, Part 2  
    - Total: $0.00

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents: See instructions on reverse  
    - Total: $0.00
19. Outstanding Debts: Add Line 2 + Line 9 in Column B above  
    - Total: $0.00

---

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

- **Contribution Received:** $0.00
- **Expenditures Made:** $0.00

**Expenditure Limit Summary for State Candidates**

- **Cumulative Expenditures Made:**
  - Date of Election (mm/dd/yy):  
    - Total to Date: $0.00

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

---

**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 8 (if any).**
Schedule E
Payments Made

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

Statement covers period
from 20101001
through 20101231

NAME OF FILER
Wesson for Board of Equalization 2014

I.D. NUMBER
1327492

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>CMP</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>PRT</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>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statecraft</td>
<td>OFC</td>
<td></td>
<td>1650.00</td>
</tr>
<tr>
<td>La Jolla CA 90237</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan Wasson</td>
<td>PRO</td>
<td></td>
<td>1000.00</td>
</tr>
<tr>
<td>Lincoln CA 95648</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 2650.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 2650.00
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 $ 2650.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC