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

Statement covers period
from 01/01/19
through 06/30/19

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - [ ] Officierholder, 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/Officierholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - [ ] Prelection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [ ] Supplemental Prelection Statement - Attach Form 465

3. Committee Information
   I.D. NUMBER
   1400523

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Williamson for Monterey City Council 2018

   STREET ADDRESS (NO P.O. BOX)
   [ ]

   CITY STATE ZIP CODE AREA CODE/PHONE
   Monterey CA 93940 831

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   PO Box 1707
   [ ]

   CITY STATE ZIP CODE AREA CODE/PHONE
   Monterey CA 93942

   OPTIONAL: FAX / E-MAIL ADDRESS
   williamson4montereycouncil@gmail.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 3/25/19
   [ ]

   Executed on 3/25/19
   By __________________________
   Signature of Responsible Officer of Sponsor

   By __________________________
   Signature of Controlling Officierholder, Candidate, State Measure Proponent

   By __________________________
   Signature of Controlling Officierholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ABK-FPPC (866/225-3773)
State of California
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Tyler Williamson

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

City Council Monterey CA 93940

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

Monterey, CA 93940

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
</tbody>
</table>

[Box for "YES" or "NO"]

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO. P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE ZIP CODE AREA CODE/PHONE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

[SUPPORT or OPPOSE]

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Box for &quot;YES&quot; or &quot;NO&quot;] SUPPORT</td>
<td>[Box for &quot;YES&quot; or &quot;NO&quot; OPPOSE]</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Contribution Type</th>
<th>Schedule</th>
<th>Line(s)</th>
<th>Column A Total This Period</th>
<th>Column B Calendar Year Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>1</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>2</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>4</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Schedule D, Line 4</td>
<td>5</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Expenditure Type</th>
<th>Schedule</th>
<th>Line(s)</th>
<th>Column A Total This Period</th>
<th>Column B Calendar Year Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>6</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>7</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>10</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Cash Statement Details</th>
<th>Column A Total This Period</th>
<th>Column B Calendar Year Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$825.30</td>
<td></td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$250.0</td>
<td></td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$575.30</td>
<td></td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Expenditure Type</th>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Expenditures Made</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

---

**Note:**
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).
Schedule A
Monetary Contributions Received

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

Statement covers period
from 01/01/19
through 06/30/19

NAME OF FILER
Williamson for Monterey City Council

I.D. NUMBER
1400523

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE #</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

SUBTOTAL $ 0.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ....................................................... $ 0.00

2. Amount received this period – unitemized monetary contributions of less than $100 .................. $ 0.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $ 0.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule B – Part 1
*Loans Received*

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

#### SEE INSTRUCTIONS ON REVERSE
**NAME OF FILER**
Williamson for Monterey City Council

**Statement covers period**
from __________ 01/01/19 __________ through __________ 06/30/19 __________

**CALIFORNIA FORM 460**

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER IF SELF-EMPLOYED, ENTER NAME OF BUSINESS</td>
<td>☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td>☐ PAID ☐ FORGIVEN</td>
<td>☐ PAID ☐ FORGIVEN</td>
<td>☐ PAID ☐ FORGIVEN</td>
<td>☐ PAID ☐ FORGIVEN</td>
<td>☐ PAID ☐ FORGIVEN</td>
<td>☐ PAID ☐ FORGIVEN</td>
</tr>
<tr>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
</tbody>
</table>

| SUBTOTALS | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |

#### Schedule B Summary

1. Loans received this period
   (Total Column (b) plus unitemized loans of less than $100.)
   $ 0.00

2. Loans paid or forgiven this period
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
   $ 0.00

3. Net change this period. (Subtract Line 2 from Line 1)
   Enter the net here and on the Summary Page, Column A, Line 2.
   **NET $ 0.00**

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

**Contributor Codes**
- IND – Individual
- COM – Recipient Committee
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) $0.00

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 and on the Summary Page, Column A, Lines 4 and 10.) TOTAL $0.00
## Schedule E Payments Made

**Name of Filer:** Williamson for Monterey City Council

**Statement covers period:**
- From: 01/01/19
- Through: 06/30/19

**Codes:**
- 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
- OFC: Office expenses
- FET: 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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<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.) .......................................................... $ 0.00
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 $ 0.00

FFPC Form 460 (January/05)
FFPC Toll-Free Helpline: 866/ASK-FFPC (866/275-3772)
**Schedule F**  
**Accrued Expenses (Unpaid Bills)**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Williamson for Monterey City Council

**CODES:**  
- 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  
- 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 CREDITOR  
(If committee, also enter I.D. number)

| Monterey Bay Central Labor Council  
| 931 E. Market St.  
| Salinas, CA 93905 |

| 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 |

| Monterey Bay Central Labor Council  
| 931 E. Market St.  
| Salinas, CA 93905 |

| Data |
| 503.56 |
| 0.00 |
| 0.00 |
| 503.56 |

### SUBTOTALS $  
503.56 $  
0.00 $  
0.00 $  
503.56 $  

**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.)  
   
   INCURRED TOTALS $ 0.00

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.)  
   
   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 $ 0.00
### Schedule I
#### Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

**Statement covers period**
from 01/01/19
through 06/30/19

**CALIFORNIA FORM 460**
Page 9 of 9

**NAME OF FILER**
Williamson for Monterey City Council

**I.D. NUMBER**
1400523

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/30/19</td>
<td>Karen M Kelly, Monterey, CA 93940</td>
<td>Reversing donation never deposited into bank account</td>
<td>-250.00</td>
</tr>
</tbody>
</table>

*Attach additional information on appropriately labeled continuation sheets.*

**Schedule I Summary**

1. Itemized increases to cash this period. .................................................. $ -250.00
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 $ -250.00