COPY

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

RECEIVED

MAR 24 2008

CITY CLERK'S OFFICE BENICIA

CALIFORNIA FORM 460

Page 1 of 4

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 9/23/07 through 10/20/07

Date of election if applicable: (Month, Day, Year) 11/6/07

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:

- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [x] Amendment (Explain below)
  - See Attached
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 991262

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Tom Campbell for Council

STREET ADDRESS (NO P.O. BOX):

CITY: Benicia STATE: Calif. ZIP CODE: 94510 AREA CODE/PHONE:

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Kerry Carney

MAILING ADDRESS:

CITY: Benicia STATE: Calif. ZIP CODE: 94510 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 and reviewing this statement and to the best of my knowledge the information contained in the attached documents 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 3/24/08 By [signature]

Executed on 3/24/08 (Date) By [signature] (Signature of Responsible Officer of Sponsor)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Schedule C
Nonmonetary Contributions Received

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

Statement covers period
from 9/23/07
through 10/20/07

SCHEDULE
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Campbell for Council

I.D. NUMBER: 991262

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)
10/5/07	Bonnie Kotsky 501 Byron CH Benicia, Calif.	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	Painting	400	400	
10/3/07	Julie + Dick Gosselle 507 Townsend Dr. Benicia, Calif.	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self Employed Construction	Sail boat cruise and wine	230	230	
10/6/07	Kerry Corning 155 East O St. Benicia, Calif.	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self Employed Dentist			475	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ ____
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ ____
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 $ 3099

*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 I
Miscellaneous Increases to Cash

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

Statement covers period
from 9/23/07
through 10/20/07

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Campbell for Council

I.D. NUMBER: 991262

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/6/07	Joan Taagepera 270 West H St. Benicia, Calif. 94510	Check for Auction Items Employer Chevron Corp Martinez Calif.	160
9/20/07 10/6/07	Bonnie Koffsky 501 Byron Ct. Benicia, Calif. 94510	Check for Auction Items and Entrance Fee Retired	150

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule I Summary

1. Itemized increases to cash this period. ..... $
2. Unitemized increases to cash of under $100 this period. ..... $
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ 1472 No change in total

1. Schedule I

Increase itemized section by $310 and reduce non itemized section by $310. No change to total increases to cash.

2. Schedule C

Increase itemized section by $330 and decrease non itemized section by $75 and increase total by $255, addition error.