Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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COVER PAGE

CALIFORNIA FORM 460

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Page ____ of ____

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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)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

See Attached Sheet

3. Committee Information

I.D. NUMBER: 991262

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

STREET ADDRESS (NO P.O. BOX)

CITY

MAILING

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Kerry Cosney

MAILING ADDRESS

CITY

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 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

Executed on 1/15/08 (Date) By _____

Executed on 1/15/08 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or 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)

Please amend the following:

1. Campaign summary page 4 line 10 calendar year to date column for filing 11/7/07 to 12/31/07. That number should be $3211.50 as I did not add the $61.50 from filing 1/1/07 to 6/30/07, the $306 from filing 7/1/07 to 9/22/07 and the $2844 from filing 10/29 to 11/6/07 to the total year to date non monetary adjustments. This also changes the Total Expenditure line 11 for the 11/7/07 to 12/31/07 filing to $20144.96.

2. Also amend the Schedlule C for the 9/23/07 to 10/20/07 filing to read

10/6/07 Donna Parker 491 Mills Dr. Benicia Description Glass Sculpture and Art work $160.

10/6/07 Tim Heney 140 West G. St. Benicia Description Art work and Vase $140

Line 1 itemized increases Schedule C now will read $750 not $765 and the unitemized increases to cash will be $722 not $707.