

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED stamp: SEP 25 2007, SEP 25 2007, CITY CLERK'S OFFICE, CITY OF BENICIA. CALIFORNIA FORM 460, Page 1 of 9, For Official Use Only.

Statement covers period from 7/1/07 through 9/22/07

Date of election if applicable: Nov. 6, 2007

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. [X] Officeholder, Candidate Controlled Committee... [ ] General Purpose Committee...

2. Type of Statement: [X] Preelection Statement... [ ] Quarterly Statement... [ ] Special Odd-Year Report...

3. Committee Information: I.D. NUMBER 991262, COMMITTEE NAME Campbell for Council, STREET ADDRESS, OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s), 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... Executed on 9/25/07, 9/21/07, By [Signature]

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 9

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENT

STATE ZIP

Calif. 94510

**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.*

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
 YES  NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
 YES  NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

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.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>7/1/07</u> through <u>9/22/07</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>9</u>
	I.D. NUMBER <u>991262</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Campbell for Council

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>4067.00</u>	\$ <u>6962.59</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>5300.00</u>	\$ <u>5800.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>9367.00</u>	\$ <u>12762.59</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>306.00</u>	\$ <u>306.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>9673.00</u>	\$ <u>13068.59</u>

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ <u>3742.69</u>	\$ <u>3742.69</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>3742.69</u>	\$ <u>3742.69</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>306.00</u>	\$ <u>306.00</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>4048.69</u>	\$ <u>4048.69</u>

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u>1/1/07</u>	\$ _____
<u>1/1/07</u>	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>3395.59</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>9367.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>3742.69</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>9019.90</u>

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).

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

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ \_\_\_\_\_

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse \$ \_\_\_\_\_

19. Outstanding Debts ..... \$ \_\_\_\_\_

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>7/1/07</u> through <u>9/22/07</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>9</u>
I.D. NUMBER <u>991262</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Campbell for Council

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/16/07	Dr. Helen Low 2000 Van Ness Ave #203 San Francisco, Calif. 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist self Employed	100.00	100.00	
9/6/07	Carol Rich 277 West H. St. Berkeley, Calif. 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
9/4/07	Dr. Norman Wat 38149 Martha Ave Fremont, Calif. 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oral Surgeon self - Employed	100.00	100.00	
9/2/07	Catherine Machalinski 1561 Shirley Dr Berkeley, Calif. 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Diablo Valley Community College	200.00	200.00	
9/10/07	Suzanne and Robert Hyde 698 Abby Ct. Berkeley, Calif. 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Chevron Energy	150.00	150.00	
<b>SUBTOTAL \$</b>				<u>650.00</u>		

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period. ....

\*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 A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	<u>7/1/07</u>	
through	<u>9/22/07</u>	Page <u>5</u> of <u>9</u>
NAME OF FILER <u>Campbell for Council</u>		I.D. NUMBER <u>991262</u>

SEE INSTRUCTIONS ON REVERSE

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/24/07	California Dental P.A.C. 1201 K. St. Sacramento, Calif. 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
7/5/07	Don Daon 257 west I St. Benicia, Calif. 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planner Self Employed	100.00	100.00	
8/12/07	Mary Stamos 300 B East H. St. Benicia, Calif 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Teacher	100.00	100.00	
7/13/07	Mary Mills Steven Krut, lok 631 Bolwoodale Dr Benicia, Calif. 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mary Mills -> Vallejo School District Steven Krut, lok -> John Muir Health	200.00	200.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$** 1300.00

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1950
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 217
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 4067

\*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 B - Part 1  
Loans Received**

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

Statement covers period from <u>7/1/07</u> through <u>9/30/07</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>Campbell for Council</u>	I.D. NUMBER <u>991262</u>
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Tom Campbell 164 East H. St. Benicia, Calif. 94510 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	0 (tho dentist self)	\$ <u>500</u>	\$ <u>5300</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____
<b>SUBTOTALS \$</b>								

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 5300.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 5300.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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

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

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>7/1/07</u> through <u>9/22/07</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>9</u>
	I.D. NUMBER <u>991262</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Campbell for Council*

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)
8/20/07	Dr. Kerry Carney 155 E. O. St. Benicia, Calif 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Self Employed	T-shirts	257.80		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 257.80
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 48.20
- 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 \$** 306.00

\*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 E  
Payments Made**

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

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/07	
through	9/27/07	Page 8 of 9
NAME OF FILER		I.D. NUMBER
Campbell for Council		991262

SEE INSTRUCTIONS ON REVERSE

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
White Graphics 701 East H. St. Berzilia, Calif. 94510	LIT	Print Literature	763.97
Bonnie Harold 820 First St Berzilia, Calif. 94510	PRT	Newspaper ad.	105.00
Camellia Tea Room 828 First St Berzilia, Calif. 94510	FIL	Fundraising event	200.00

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

**SUBTOTAL \$ 1068.97**

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
- Unitemized payments made this period of under \$100 ..... \$ \_\_\_\_\_
- Total interest paid this period on loans. (Enter amount from Schedule B Part 1 Column (a)) ..... \$ \_\_\_\_\_
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ \_\_\_\_\_**

**Schedule E  
Payments Made**

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

SCHEDULEE

Statement covers period from <u>7/1/07</u>	<b>CALIFORNIA FORM 460</b>
through <u>9/22/07</u>	
Page <u>9</u> of <u>9</u>	
I.D. NUMBER <u>991262</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Campbell for Council

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Victory Store. Com 5200 S.W. 30th St. Davenport, Ia 52802</u>	<u>CMP</u>	<u>signs</u>	<u>670.00</u>
<u>state wide Info Systems 2309 K. St. #200 Sacramento, Calif. 95816</u>	<u>CMP</u>	<u>mailing list</u>	<u>345.72</u>
<u>Inside Benicia 771 West H. St. Benicia, Calif. 94510</u>	<u>PRT</u>	<u>Print Ads</u>	<u>1500.00</u>

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

**SUBTOTAL \$** 2515.72

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>3584.69</u>
2. Unitemized payments made this period of under \$100	\$	<u>158.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>          </u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	<u>3742.69</u>