

**Recipient Committee
Campaign Statement
Cover Page**

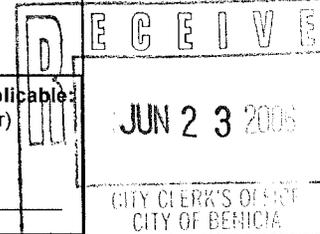
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM 460

Date Stamp



Page 1 of 4

For Official Use Only

Statement covers period
from 11/1/06
through 5/31/06

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

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
(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)
- Amendment (Explain below)
- 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 Cainey

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Benicia Calif 94510

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 true and correct.

Executed on 6-9-06
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 6/9/06
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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/06</u> through <u>5/31/06</u> | CALIFORNIA FORM 460 |
| | Page <u>2</u> of <u>4</u> |
| | I.D. NUMBER <u>991262</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom 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>0</u> | \$ <u>0</u> |
| 2. Loans Received Schedule B, Line 3 | _____ | _____ |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ _____ | \$ _____ |
| 4. Nonmonetary Contributions Schedule C, Line 3 | _____ | _____ |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>0</u> | \$ <u>0</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ <u>530.46</u> | \$ <u>530.46</u> |
| 7. Loans Made Schedule H, Line 3 | _____ | _____ |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ _____ | \$ _____ |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | _____ | _____ |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | _____ | _____ |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>530.46</u> | \$ <u>530.46</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>1/1/06</u> | \$ _____ |
| <u>1/1/06</u> | \$ _____ |

Current Cash Statement

| | |
|---|------------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>530.46</u> |
| 13. Cash Receipts Column A, Line 3 above | _____ |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | _____ |
| 15. Cash Payments Column A, Line 8 above | <u>530.46</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>0</u> |

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

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.

| | |
|---|----------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ _____ |
|---|----------|

Cash Equivalents and Outstanding Debts

| | |
|---|----------|
| 18. Cash Equivalents See instructions on reverse | \$ _____ |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ _____ |

**Schedule B – Part 1
Loans Received**

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

| | |
|---|------------------------------|
| Statement covers period from <u>1/1/06</u> through <u>5/31/06</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>4</u> | I.D. NUMBER <u>991262</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Campbell for Council

| 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 |
|---|---|--|------------------------------------|---|--|----------------------------------|---------------------------------|---|
| <i>Tom Campbell 164 E. H. St. Berkeley, Calif. 9450</i> † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u>2000</u> | \$ _____ | <input checked="" type="checkbox"/> PAID \$ <u>530.46</u> <input type="checkbox"/> FORGIVEN | \$ _____ DATE DUE _____ | _____% RATE | \$ _____ DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN | \$ _____ DATE DUE _____ | _____% RATE | \$ _____ DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN | \$ _____ DATE DUE _____ | _____% RATE | \$ _____ DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

Schedule B Summary

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

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 530.46
(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 \$** -530.46
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 E
Payments Made**

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

SCHEDULE E

| | | |
|--------------------------|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/06 | |
| through | 5/31/06 | Page 4 of 4 |
| NAME OF FILER | | I.D. NUMBER |
| Tom Campbell for Council | | 991262 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 |
|---|---------|------------------------|-------------|
| Tom Campbell 164 E. H. St. Berkeley, Calif. 94510 | | Loan Repayment | 530.46 |
| | | | |
| | | | |

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

SUBTOTAL \$

Schedule E Summary

- | | | |
|--|-----------------|--------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 530.46 |
| 2. Unitemized payments made this period of under \$100 | \$ | _____ |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | _____ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | 530.46 |

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED stamp: JUN - 6 2006, CITY CLERK'S OFFICE CITY OF BENICIA, CALIFORNIA FORM 460, Page 1 of 4

Statement covers period from 10/23/05 through 12/31/05

Date of election if applicable: 11/8/05

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
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
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

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 STATE ZIP CODE AREA CODE/PHONE

Benicia Calif. 94510

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 true and correct.

Executed on 1/4/06 Date

Executed on 1/4/06 Date

Executed on Date

Executed on Date

Signature of Treasurer or Assistant Treasurer

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>10/23/05</u> | CALIFORNIA FORM 460 |
| through <u>12/31/05</u> | |
| Page <u>2</u> of <u>4</u> | I.D. NUMBER <u>991262</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom 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>289.00</u> | \$ <u>5394.18</u> |
| 2. Loans Received Schedule B, Line 3 | \$ <u>0</u> | \$ <u>2800.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>289.00</u> | \$ <u>8194.18</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | \$ <u>0</u> | \$ <u>6124.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>289.00</u> | \$ <u>14318.18</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ <u>1851.39</u> | \$ <u>7753.03</u> |
| 7. Loans Made Schedule H, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>1851.39</u> | \$ <u>7753.03</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | \$ <u>0</u> | \$ <u>6124.00</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>1851.39</u> | \$ <u>13877.03</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> / / </u> | \$ _____ |
| <u> / / </u> | \$ _____ |

Current Cash Statement

| | |
|---|-------------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>2092.85</u> |
| 13. Cash Receipts Column A, Line 3 above | \$ <u>289.00</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | \$ <u>0</u> |
| 15. Cash Payments Column A, Line 8 above | \$ <u>1851.39</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>530.46</u> |

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

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.

| | |
|---|----------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ _____ |
|---|----------|

Cash Equivalents and Outstanding Debts

| | |
|---|----------|
| 18. Cash Equivalents See instructions on reverse | \$ _____ |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ _____ |

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>10/23/05</u> through <u>12/31/05</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>4</u> |
| I.D. NUMBER <u>991262</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom 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) |
|---------------|---|--|---|-----------------------------|--|---------------------------------------|
| | | <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 | | | | |
| | | <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 | | | | |

SUBTOTAL \$

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 \$ 289.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 289.00

*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.

SCHEDULEE

| | |
|--|--------------------------------|
| Statement covers period from <u>10/23/05</u> through <u>12/31/05</u> | CALIFORNIA FORM 460 |
| Page <u>4</u> of <u>4</u> | I.D. NUMBER <u>991262</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom 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 |
|---|------------|------------------------|----------------|
| <i>Paper Tiger 901 First St. Benicia, Calif. 94510</i> | <i>LIT</i> | <i>Check</i> | <i>609.89</i> |
| <i>U.S. Post office Benicia, Calif.</i> | <i>POS</i> | <i>check</i> | <i>1150.00</i> |
| <i>Benicia Herald Benicia, Calif.</i> | <i>PRT</i> | <i>check</i> | <i>91.50</i> |

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

SUBTOTAL \$

Schedule E Summary

| | |
|--|--------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ <u>1851.39</u> |
| 2. Unitemized payments made this period of under \$100 | \$ _____ |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ _____ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>1851.39</u> |

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | | |
|--|---------------------------|--|
| RECEIVED OCT 24 2005 CITY CLERK'S OFFICE CITY OF BENICIA | Date Stamp OCT 24 2005 | CALIFORNIA 2001/02 FORM 460 |
| | Page <u>1</u> of <u>9</u> | For Official Use Only |

Statement covers period
 from 9/25/05
 through 10/22/05

Date of election if applicable:
 (Month, Day, Year)
11/8/05

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
(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)
 Amendment (Explain below)

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 94516 AREA CODE/PHONE 707 794

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
Karen Conway

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 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 10/25/05 By [Signature]
Date Signature of Treasurer

Executed on 10/25/05 By [Signature]
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>9/25/05</u> | CALIFORNIA FORM 460 |
| through <u>5/22/06</u> | |
| Page <u>2</u> of <u>9</u> | I.D. NUMBER <u>991262</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom 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>3371.18</u> | \$ <u>5105.18</u> |
| 2. Loans Received Schedule B, Line 3 | <u>0</u> | <u>2800.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>3371.18</u> | \$ <u>7905.18</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | <u>5824.00</u> | <u>6124.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>9195.18</u> | \$ <u>14029.18</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ <u>3308.59</u> | \$ <u>5901.64</u> |
| 7. Loans Made Schedule H, Line 3 | <u>0</u> | <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>3308.59</u> | \$ <u>5901.64</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | <u>0</u> | <u>0</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | <u>5824.00</u> | <u>5824.00</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>9132.59</u> | \$ <u>11725.64</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> / / </u> | \$ _____ |
| <u> / / </u> | \$ _____ |

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

Current Cash Statement

| | |
|---|-------------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>2029.85</u> |
| 13. Cash Receipts Column A, Line 3 above | <u>3371.18</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | <u>0</u> |
| 15. Cash Payments Column A, Line 8 above | <u>3308.59</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>2092.44</u> |

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

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).

| | |
|---|----------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ _____ |
|---|----------|

Cash Equivalents and Outstanding Debts

| | |
|---|----------|
| 18. Cash Equivalents See instructions on reverse | \$ _____ |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ _____ |

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 9/25/05
through 10/27/05

CALIFORNIA FORM 460
Page 3 of 9
I.D. NUMBER
991762

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Tom 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) |
|--------------------|--|--|--|-----------------------------|---|------------------------------------|
| | | <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 | | | | |
| | | <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 | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 879.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 2492.18
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3371.18

*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 (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | |
|---|----------------------------|
| Statement covers period from <u>9/25/05</u> through <u>10/22/05</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>9</u> |
| I.D. NUMBER <u>991262</u> | |

NAME OF FILER

Tom 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| <i>9/25/05</i> | <i>James Robertson 331 W. K. St. Berkeley, Calif. 94510</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Self Employed</i> | <i>200.00</i> | <i>200.00</i> | <i>200.00</i> |
| | | <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 | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | | | |

*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 (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | | |
|---|--|--------------------------------|
| Statement covers period from <u>9/25/05</u> through <u>10/22/05</u> | | CALIFORNIA FORM 460 |
| | | Page <u>5</u> of <u>9</u> |
| | | I.D. NUMBER <u>991262</u> |

NAME OF FILER
Tom 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) |
|---------------|---|--|---|-----------------------------|--|---------------------------------------|
| 9/25/05 | Ruth Pierce 202 E Grand St. Benicia Calif 94510 | <input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100.00 | 100.00 | 100.00 |
| 10/4/05 | J. B. Leventhal 353 W. K. 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 | Anesthesiologist Kaiser | 150.00 | 150.00 | 150.00 |
| 9/28/05 | Gary Gascon 599 Rose 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 | Self Employed | 100.00 | 100.00 | 100.00 |
| 10/20/05 | Jenny Hayes 150 W. G. St. Benicia, Calif. 94510 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Hayes office supply self employed | 219.00 | 369.00 | 369.00 |
| 9/29/05 | Kenny Corney 155 E. O. 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 | Self Employed | 110.00 | 110.00 | 110.00 |

SUBTOTAL \$

*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 C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|---|--------------------------------|
| Statement covers period from <u>9/25/05</u> through <u>10/22/05</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>9</u> |
| I.D. NUMBER <u>991762</u> | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Tom 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 9/25/05 | Sim Spillane 1232 W. K. St. Bericia, Calif. 94510 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed | Paintings | 225.00 | 225.00 | 225.00 |
| 10/1/05 | Tommy Shannon 28 Buena Vista Bericia, Calif. 94510 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed | web site | 2000.00 | 2000.00 | 2000.00 |
| | | <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.) \$ 3922.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 1902.00
- 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 \$ 5824.00

*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 C
Nonmonetary Contributions Received

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

SCHEDULE C

| | |
|---|------------------------------|
| Statement covers period from <u>9/25/05</u> through <u>10/27/05</u> | CALIFORNIA FORM 460 |
| | Page <u>7</u> of <u>9</u> |
| | I.D. NUMBER <u>991262</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Tom 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 9/25/05 | J.B. Davis 385 W. 10th St. Benicera, Calif. 94510 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Artist Self Employed | Camp | 265.00 | 265.00 | 265.00 |
| 9/25/05 | Kerry Carnoy 155 E. O. 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 | Self Employed Dr. Kerry Carnoy | DVD Player | 99.00 | 412.00 412.00 | 412.00 |
| 9/25/05 | Larry Madore 991 Tyler St. Benicia, Calif. | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Artist Self Employed | Painting | 800.00 | 800.00 | 800.00 |
| 9/25/05 | Milinda 621 First 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 | Self Employed | Salon Services | 100.00 | 100.00 | 100.00 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

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

*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 C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|---|------------------------------|
| Statement covers period from <u>9/25/05</u> through <u>10/27/05</u> | CALIFORNIA FORM 460 |
| Page <u>8</u> of <u>9</u> | I.D. NUMBER <u>991262</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Tom 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) |
|---|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 9/25/05 | Kerry Conway 155 E. O. 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 | Self Employed | I POD | 216.00 | 216.00 | 216.00 |
| 9/25/05 | Kerry Conway 155 E. O. 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 | Self Employed | Gourmet Pen | 80.00 | 296.00 | 296.00 |
| 9/25/05 | Kerry Conway 155 E. O. 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 | Self Employed | Book | 17.00 | 313.00 | 313.00 |
| 9/25/05 | Shannon Frisinger 221 Panorama 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 | Teacher Vallejo School District | Therapist | 120.00 | 120.00 | 120.00 |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$ | | |

Schedule C Summary

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

*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 from <u>9/25/05</u> | CALIFORNIA FORM 460 |
| through <u>10/22/05</u> | |
| Page <u>9</u> of <u>9</u> | I.D. NUMBER <u>991262</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Campbell for Council

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

| | | |
|---|---|---|
| CVP 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>Veteran's House Commission 5200 1150 First St. Berkeley, Calif. 94510</u> | <u>MTG</u> | <u>check</u> | <u>200.00</u> |
| <u>Rite Aid 60 Solano Square Berkeley, Calif. 94510</u> | <u>FND</u> | <u>check</u> | <u>199.92</u> |
| <u>Paper Tiger 901 First St. Berkeley, Calif. 94510</u> | <u>LIT</u> | <u>check</u> | <u>2908.67</u> |

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

SUBTOTAL \$

Schedule E Summary

| | |
|--|--------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ <u>3308.59</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>0</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ <u>0</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>3308.59</u> |

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp
RECEIVED
SEP 26 2005
CITY CLERK'S OFFICE
CITY OF BENICIA

CALIFORNIA FORM 460

Page 1 of 8

For Official Use Only

Statement covers period
from 7/1/05
through 9/24/05

Date of election if applicable:
(Month, Day, Year)
11/8/05

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
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
(Also Complete Part 6)
 - 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)
- Amendment (Explain below)
- 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 STATE ZIP CODE AREA CODE/PHONE

Benicia Calif 94510

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

164 E. H. St.

CITY STATE ZIP CODE AREA CODE/PHONE

Benicia Calif 94510 4

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 true and correct.

Executed on 9/26/05
Date

Executed on 9/26/05
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>7/1/05</u> through <u>9/24/05</u> | CALIFORNIA FORM 460 |
| | Page <u>2</u> of <u>8</u> |
| | I.D. NUMBER <u>991262</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom 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>1734.00</u> | \$ <u>1734.00</u> |
| 2. Loans Received Schedule B, Line 3 | <u>2800.00</u> | <u>2800.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>4534.00</u> | \$ <u>4534.00</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | <u>300.00</u> | <u>300.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>4834.00</u> | \$ <u>4834.00</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ <u>2545.05</u> | \$ <u>2593.05</u> |
| 7. Loans Made Schedule H, Line 3 | <u>0</u> | <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>2545.05</u> | \$ <u>2593.05</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | <u>0</u> | <u>0</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | <u>0</u> | <u>0</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>2545.05</u> | \$ <u>2593.05</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> / / </u> | \$ _____ |
| <u> / / </u> | \$ _____ |

Current Cash Statement

| | |
|---|-------------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>40.90</u> |
| 13. Cash Receipts Column A, Line 3 above | <u>4534.00</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | <u>0</u> |
| 15. Cash Payments Column A, Line 8 above | <u>2545.05</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>2029.85</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 Add Line 2 + Line 9 in Column B above | \$ _____ |

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

| | |
|---|------------------------------|
| Statement covers period from <u>9/1/05</u> through <u>9/24/05</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>8</u> | I.D. NUMBER <u>991262</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom 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) |
|---------------|---|--|---|-----------------------------|--|---------------------------------------|
| 8/12/05 | Sandra Shannon house 110 East E. St. Benicia, Calif. | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Artist Self Employed | 100.00 | 100.00 | 100.00 |
| 9/7/05 | Gregg Renfrow 1060 Jackson St. Benicia, Calif. | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Artist Self Employed | 150.00 | 150.00 | 150.00 |
| 9/7/05 | Jerry Hayes 150 W. G. St. Benicia, Calif. | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Hayes Office Supply Self Employed | 150.00 | 150.00 | 150.00 |
| 9/23/05 | Debra & Joseph Morel 903 W. Third St. Benicia, Calif. | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Glassblower Self Employed | 100.00 | 100.00 | 100.00 |
| 9/14/05 | Donnal Ruben For Mayor 175 W. H. St. Benicia, Calif. | <input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Writer Self Employed | 100.00 | 100.00 | 100.00 |

SUBTOTAL \$

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 800.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 934.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1734.00

*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 A (Continuation Sheet)
 Monetary Contributions Received

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

SCHEDULE A (CONT.)

| | |
|---|------------------------------|
| Statement covers period from <u>7/1/05</u> through <u>9/24/05</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>8</u> |
| | I.D. NUMBER <u>991262</u> |

NAME OF FILER

Tom 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/7/05 | Carol Rich 277 W. H. St. Berrie, Calif. | <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 | 100.00 |
| 9/7/05 | IDE Mary Francis Kelly Polk 643 Windsor Dr. Berrie, Calif. | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Nurse | 100.00 | 100.00 | 100.00 |
| | | <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 | | | | |

SUBTOTAL \$

*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>7/1/05</u> through <u>9/24/05</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>8</u> |
| I.D. NUMBER <u>991262</u> | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Tom Campbell for Council

| 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 |
|---|---|--|------------------------------------|--|--|-----------------------------------|---|--|
| | | | | | | | | |
| <i>Tom Campbell 164 E. H. St. Benicia, Calif. 94510</i> † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Orthodontist Self Employed</i> | \$ <u>0</u> | \$ <u>2800</u> | <input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u> | \$ <u>2800</u> NA DATE DUE | <u>0</u> % RATE \$ <u>0</u> | \$ <u>2800</u> <u>9/24/05</u> DATE INCURRED | \$ <u>2800</u> \$ <u>2800</u> \$ <u>2800</u> |
| † <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 | \$ _____ \$ _____ \$ _____ |
| † <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 | \$ _____ \$ _____ \$ _____ |

SUBTOTALS \$ _____ \$ _____ \$ _____ \$ _____

Schedule B Summary

1. Loans received this period \$ 2800.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. 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.)
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 2800.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

†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>7/1/05</u> through <u>9/24/05</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>8</u> |
| I.D. NUMBER <u>991262</u> | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Tom 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 9/7/05 | Mary Ellen Hayes 150 W. G. 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 | Mary Ellen Hayes Restaurant owner Self Employed | Food Restaurant Facilities | 300 | 300 | |
| | | <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.) \$ 300
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- 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 \$** 300

*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 from <u>7/1/05</u> through <u>9/24/05</u> | CALIFORNIA FORM 460 |
| | Page <u>7</u> of <u>8</u> |
| | I.D. NUMBER <u>991262</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom 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 |
|---|-------------------------------|------------------------|----------------|
| <i>Emergyville Taiko Drummers 1601 - A 63rd St Emergyville, Calif 94608</i> | <i>MTG MAE</i> | <i>Check</i> | <i>300.00</i> |
| <i>Victory Stores. Com 5200 S.W. 30th St. Davenport, Iowa 52802</i> | <i>LIT TRC</i> | <i>Check</i> | <i>1388.63</i> |
| <i>Veteran's House Commission 1150 First St. Benicia, Calif.</i> | <i>MTG</i> | <i>Check</i> | <i>300.00</i> |

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

SUBTOTAL \$

Schedule E Summary

| | |
|--|--------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ <u>2427.05</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>128.00</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ <u>0</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>2545.05</u> |

**Schedule E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT.)

| | |
|---|--------------------------------|
| Statement covers period from <u>7/1/05</u> through <u>9/24/05</u> | CALIFORNIA FORM 460 |
| | Page <u>8</u> of <u>8</u> |
| | I.D. NUMBER <u>991262</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Tom Campbell for Council

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

- | | | |
|---|---|---|
| CVP 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 |
|--|------------|----|------------------------|---|
| <i>Rite Aide 60 Solano Square Bericia, Calif</i> | <i>PRO</i> | | <i>check</i> | <i>199.92</i> |
| <i>Bericia Herald 820 East St. Bericia, Calif</i> | <i>PRT</i> | | <i>check / cash</i> | <i>30.00</i> <i>61.00</i> <i>122.00</i> |
| <i>Solano County Registrar of Voters 570 City Hall Fairfield, Calif.</i> | <i>PRO</i> | | <i>check</i> | <i>123.50</i> |
| | | | | |
| | | | | |

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

SUBTOTAL \$ *2427.05*

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | |
|--|--|
| Date Stamp JUL 19 2005 CITY CLERK'S OFFICE CITY OF BENICIA | CALIFORNIA 460 2001/02 FORM |
| | Page <u>1</u> of <u>5</u> For Official Use Only |

Statement covers period
 from 1/1/05
 through 6/30/05

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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small> | <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

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

MAILING ADDRESS Kerry Conroy

CITY STATE ZIP CODE AREA CODE/PHONE

Benicia Calif. 94510

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 true and correct.

Executed on 7/19/05
Date

Executed on 7/19/05
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

| | |
|---|------------------------------|
| Statement covers period from <u>1/1/05</u> through <u>6/30/05</u> | CALIFORNIA FORM 460 |
| Page <u>2</u> of <u>5</u> | I.D. NUMBER <u>991262</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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>50</u> | \$ <u>50</u> |
| 2. Loans Received Schedule B, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>0</u> | \$ <u>0</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>0</u> | \$ <u>0</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ <u>48</u> | \$ <u>48</u> |
| 7. Loans Made Schedule H, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>48</u> | \$ <u>48</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>48</u> | \$ <u>48</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 |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|-----------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>39.10</u> |
| 13. Cash Receipts Column A, Line 3 above | \$ <u>50.00</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | \$ <u>0</u> |
| 15. Cash Payments Column A, Line 8 above | \$ <u>48.00</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>40.90</u> |

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

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.

| | |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ <u>0</u> |
|---|-------------|

Cash Equivalents and Outstanding Debts

| | |
|---|----------|
| 18. Cash Equivalents See instructions on reverse | \$ _____ |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ _____ |

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

| | |
|---|----------------------------|
| Statement covers period from <u>1/1/05</u> through <u>6/30/05</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>5</u> |
| I.D. NUMBER <u>991262</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

| 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) |
|--------------------|---|--|---|-----------------------------|--|---------------------------------------|
| | | <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 | | | | |
| | | <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 | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 50
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 50

*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 C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/05</u> through <u>6/30/05</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>5</u> |
| | I.D. NUMBER <u>991262</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

| 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) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
| | | <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 | | | | | |
| | | <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 \$ 0

Schedule C Summary

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

*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 | | CALIFORNIA FORM 460 |
| from | <u>1/1/05</u> | |
| through | <u>6/30/05</u> | Page <u>5</u> of <u>5</u> |
| NAME OF FILER | | I.D. NUMBER <u>991262</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 |
|---|---------|------------------------|-------------|
| | | | |
| | | | |
| | | | |

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

SUBTOTAL \$

Schedule E Summary

| | | |
|--|-----------------|--------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | <u>0</u> |
| 2. Unitemized payments made this period of under \$100 | \$ | <u>48.00</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ | |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | <u>48.00</u> |