Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CITY OF BENICIA

COVER PAGE

CALIFORNIA 2001/02 FORM **460**

Page 1 of 10

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/03
through 9/20/03

Date of election if applicable: (Month, Day, Year)
11 4 2003

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

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ◯ Primarily Formed
  - ◯ Controlled
  - ◯ Sponsored *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1256188

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
DONNELL RUBAY FOR MAYOR

STREET ADDRESS (NO P.O. BOX)
[illegible] H ST

CITY BENICIA STATE CA ZIP CODE 94510 AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
JEANINE M. SEEDS

MAILING ADDRESS
[illegible]

CITY BENICIA STATE CA ZIP CODE 94510 AREA CODE/PHONE [illegible]

NAME OF ASSISTANT TREASURER, IF ANY
JON VAN LANDSCHOOT

MAILING ADDRESS
[illegible] STREET

CITY BENICIA STATE CA ZIP CODE 94510 AREA CODE/PHONE [illegible]

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 9/24/03 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 9/24/03 (Date) By [signature] (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)

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

DONNELL RUBAY

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

MAYOR OF BENICIA

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

4 ST BENICIA CA 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
N/A	
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. Ballot Measure Committee N/A

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

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 Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.* N/A

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period
from 7/1/03
through 9/20/03

Page 3 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DONNELL RUBAY FOR MAYOR

I.D. NUMBER
1256188

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 6085.99	$ 6085.99
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 6085.99	$ 6085.99
4. Nonmonetary Contributions	Schedule C, Line 3	192.00	192.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 6277.99	$ 6277.99

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

6. Payments Made	Schedule E, Line 4	$ 2784.84	$ 2784.84
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 2784.84	$ 2784.84
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 2784.84	$ 2784.84

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. 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	$ 0
13. Cash Receipts	Column A, Line 3 above	6085.99
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	2784.84
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 3301.15

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 0

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 0

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/03 through 9/20/03

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER 1256188

NAME OF FILER DONNELL RUBAY FOR MAYOR

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)
7/11/03	MARK & JUDI APPEL 580 WEST 1 ST BENICIA, CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MARKETING MNGR NIMBLE FISH 149 NEW MONTGOM, S.F. CA	300.00	300.00	
7/12/03	ALICIA GALLAGHER 314 E 2ND ST BENICIA, CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	REG NURSE KAISER HOSP VALLEJO, CA	100.00	100.00	
7/15/03	RONALD KANE & TERESA FINN 351 RAYMOND DR BENICIA, CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	TEACHER	100.00	100.00	
7/10/03	SIMPKINS AUTO CARE CENTER 980 ADAMS ST BENICIA, CA 94510	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	
7/17/03	RUBAY & RUBAY 375 DIABLO RD, # 210 DANVILLE, CA 94526	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	
			SUBTOTAL $	1250.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 4350.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 1735.99
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 6085.99

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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.)

CALIFORNIA FORM 460

Statement covers period
from 7/1/03
through 9/20/03

NAME OF FILER: DONNELL RUBAY FOR MAYOR

I.D. NUMBER: 1256188

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)
6/14/03	JERRY & MARY ELLEN HAYES 150 WEST G STREET BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	SELF-EMPLOYED HAYES SUPPLY 2125 SONOMA BLVD VALLEJO, CA 94590	150.00	150.00	
7/1/03	BRADLEY ERSKINE 401 MARINA PL BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	GEOLOGIST KLEINFELDER INC 2240 NORTHPT SANTA ROSA, CA	100.00	100.00	
7/1/03	LINDA ERSKINE 401 MARINA PL BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	MANAGER UC BERKELEY BERKELEY	100.00	100.00	
7/3/03	RUTH PIERCE 202 E SECOND ST BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	500.00	500.00	
7/10/03	PAT WIGGINS FOR ASSEMBLY 555 CAPITOL MALL #1425 SACTO, CA 95814	☐IND ☐COM ☒OTH ☐PTY ☐SCC	ASSEMBLY WOMAN 555 CAPITAL MALL SACTO, CA 95814	100.00	100.00	

SUBTOTAL $ 950.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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 7/1/03
through 9/20/03

CALIFORNIA FORM 460

NAME OF FILER: DONNELL RUBAY FOR MAYOR

I.D. NUMBER: 1256188

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)
7/17/03	SUZANNE KLARE 721 W. 2ND ST BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	SELF-EMPLOYED R.E. BROKER 721 W. 2ND ST BENICIA, CA 94510	100.00	100.00	
7/20/03	MICHAEL VAN LANDSCHOOT 212 N. FOURTH ST MARQUETTE, MI 49855	☒IND ☐COM ☐OTH ☐PTY ☐SCC	ROOFER 212 N. FOURTH MARQUETTE, MI 49855	100.00	100.00	
7/25/03	ALEXANDER RUBAY 1816 GOLDEN RAIN #8 WALNUT CREEK, CA 94595	☒IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	100.00	100.00	
7/27/03 9/3/03	JOSEPH A RUBAY 188 ERSELIA TRAIL ALAMO, CA 94507	☒IND ☐COM ☐OTH ☐PTY ☐SCC	APPRAISER RUBAY & RUBAY 375 DIABLO RD #210 DANVILLE, CA 94526	250.00 250.00	500.00	
7/30/03	NIKKI BASCH 123 WEST D BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	ARTIST-S.E. 123 WEST D BENICIA, 94510	100.00	100.00	

SUBTOTAL $ 900.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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.)

CALIFORNIA FORM 460

Statement covers period
from 7/1/03
through 9/20/03

NAME OF FILER: DONNELL RUBAY FOR MAYOR

I.D. NUMBER: 1256188

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)
7/31/03	ELEANOR & JOHN McFADDEN 9 WEST BRINDLE PATH HOCKESSIN, DE 19707	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	200.00	200.00	
8/7/03	KATHRYN L. GRIFFIN 236 BAKER BENICIA, CA 94510	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	S.E. PHOTOGRAPHER 236 BAKER BENICIA, 94510	100.00	100.00	
8/12/03	JAAN & LEANN TAALGEPERA 840 ELANE WAY BENICIA, CA 94510	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ENGINEER VALERO BENICIA, CA 94510	200.00	200.00	
7/19/03	JAMES & ELIZABETH VAN LANDSCHOOT 760 WEST WASHINGTON MARQUETTE, MI 49855	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	S.E. DENTISTS 760 W. WASH MARQUETTE, MI 49855	100.00	100.00	
9/3/03	THOMAS EVANS 212 MARINA VILLAGE WAY BENICIA, CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	INS AGENT ALLSTATE 1310 TENNESSEE VALLEJO, CA 94590	100.00	100.00	

SUBTOTAL $ 700.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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 7/1/03
through 9/20/03

CALIFORNIA FORM 460

NAME OF FILER: DONNELL RUBAY FOR MAYOR

I.D. NUMBER: 1256188

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)
9/3/03	SANDRA L SHANNONHOUSE 110 EAST E ST BENICIA, CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SCULPTOR - S.E. 110 EAST E ST BENICIA	100.00	100.00	
8/22/03	BRENT & SUSAN STREET 232 EAST SECOND ST BENICIA, CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	S.E. REAL ESTATE 1021 FIRST ST BENICIA CA 94510	100.00	100.00	
7/19/03	JEFFREY R. GRAVES 19 ROTARY WAY VALLEJO, CA 94591	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	S.E. ORAL SURG. 19 ROTARY WAY VALLEJO, CA 94591	100.00	100.00	
7/12/03	JEFFERSON ST MANSION 1063 JEFFERSON BENICIA, CA 94510	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 550.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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
CALIFORNIA FORM 460

Statement covers period
from 7/1/03
through 9/20/03

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: DONNELL RUBAY FOR MAYOR

I.D. NUMBER:

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)
8/6/03	JB DAVIS 385 WEST K BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	LAMPSHADE CRAFTSMAN	PHOTOCOPIES	25.00	25.00	
9/3/03	RUTH PIERCE 202 E SECOND BENICIA CA 94510	☐IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	BALLOONS FOR KICK-OFF	42.00	42.00	
9/3/03	MARY ELLEN HAYES 150 WEST G ST, BENICIA, CA 94510	☐IND ☐COM ☐OTH ☐PTY ☐SCC	S.E CAMELLIA TEA 828 FIRST ST BENICIA, CA 94510	FOOD & ROOM RENTAL	125.00	125.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 192.00

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 125.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 67.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ 192.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

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

Statement covers period
from 7/1/03
through 9/20/03

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: DONNELL RUBAY FOR MAYOR

I.D. NUMBER: 1256188

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
VICTORY STORE.COM	LIT	BROCHURES & BUTTONS	2060.42
USPS BENICIA, CA 94510	POS	POSTAGE	247.35

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

SUBTOTAL $ 2307.77

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 2307.77
2. Unitemized payments made this period of under $100 ..... $ 477.07
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 $ 2784.84

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 2001/02 FORM **460**

Date Stamp: RECEIVED JAN 29 20 CITY CLERK'S OFFICE CITY OF BENICIA

Page 1 of 15

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/21/03 through 10/18/03

Date of election if applicable (Month, Day, Year): 11/04/03

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

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ 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
- [x] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

see also attached letter.

1. Line 15 of "Summary Statement" was added rather than subtracted; 2. Payment to Voter Information Guide on 10/9/03 not listed; 3. nonmonetary election items added - Treasurer misinterpreted audio report.

3. Committee Information

I.D. NUMBER: 1256188

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Donnell Rubay for Mayor

STREET ADDRESS (NO P.O. BOX): 175 West H Street

CITY: Benicia, STATE: CA, ZIP CODE: 94510, AREA CODE/PHONE:

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

CITY, STATE, ZIP CODE, AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS:

Treasurer(s)

NAME OF TREASURER: Jeanine M. Seeds

MAILING ADDRESS: [illegible] Street

CITY: Benicia, STATE: CA, ZIP CODE: 94510, AREA CODE/PHONE: 7[illegible]

NAME OF ASSISTANT TREASURER, IF ANY: Jon Van Landschoot

MAILING ADDRESS: [illegible] Street

CITY: Benicia, STATE: CA, ZIP CODE: 94510, AREA CODE/PHONE: 7

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 1/27/04 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 1/28/04 (Date) By [signature] (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)

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Donnell Rubay

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

Mayor of Benicia

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

[illegible] Street Benicia, CA 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
N/A	
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. Ballot Measure Committee N/A

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

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 Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed. N/A

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period
from 9/21/03
through 10/18/03

Page 3 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Donnell Rubay for Mayor

I.D. NUMBER
1256188

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions 6172	Schedule A, Line 3	$ 1620	$ 7792
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 1620	$ 7792
4. Nonmonetary Contributions 192	Schedule C, Line 3	4028.40	4,220.40
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 5648.40	$ 12,012.40

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

6. Payments Made 2964.84	Schedule E, Line 4	$ 1949.10	$ 4913.94
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 1949.10	$ 4913.94
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment 192	Schedule C, Line 3	4028.40	4220.40
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 5977.50	$ 9,134.34

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. 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	$ 3207.16
13. Cash Receipts	Column A, Line 3 above	1620
14. Miscellaneous Increases to Cash	Schedule I, Line 4	2427
15. Cash Payments	Column A, Line 8 above	1949.10
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 5305.06

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

7254.16

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 — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 0

Schedule A
Monetary Contributions Received

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

Statement covers period
from 9/21/03
through 10/18/03

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Donnell Rubay For Mayor

I.D. NUMBER: 1256188

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)
9/24/03	Corrine E. Youngling 16 Compo Pky Westport, CT	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	$300	$300	
9/28/03	Don Dean 257 West I St Benicia, CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	planner/consultant	$100	$100	
9/28/03	Jackie and Tom Hebson 505 Sorrel Court Benicia, CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	$120	$120	
9/28/03	Julie Rubay 3347 Quail Walk Lane Danville, CA 94506	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	homemaker	$20	$20	
9/28/03	Kathryn Griffin 236 Baker St Benicia, CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	S.E. photographer	$10	$130	

SUBTOTAL $ 550

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) 550+140 ..... $ 690
2. Amount received this period – unitemized contributions of less than $100 ..... $ 930
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 1620

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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.)

CALIFORNIA FORM 460

Statement covers period
from 9/21/03
through 10/18/03

Page 5 of 15

I.D. NUMBER 1256188

NAME OF FILER: Donnell Rubay for Mayor

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)
9/28/03	Nancy Lund / Dave Ernst 2000 Marina Village Way Benicia, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Salesperson / Gumps	$50	50	
9/28/03	Jerry and Mary Ellen Mays 150 West G Street Benicia CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	SE Mays Supply 2125 Sonoma Blvd Vallejo, CA 94590	$20	$170.00	
9/28/03	Ken Rubay 500 Rubay + Rubay 325 Diablo Blvd #210 Danville, CA 94526	☒IND ☐COM ☐OTH ☐PTY ☐SCC	SE Rubay & Rubay appraiser	$50	550	
9/28/03	Joseph A Rubay 500 188 E Belia Trail Alamo, CA 94507	☒IND ☐COM ☐OTH ☐PTY ☐SCC	SE Rubay & Rubay appraiser	$20	$520	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				

SUBTOTAL $ 140

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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
CALIFORNIA FORM 460

Statement covers period
from 9/21/03
through 10/18/03

Page 6 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: DONNELL RUBAY FOR MAYOR

I.D. NUMBER: 1256188

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/03 to 10/10/03	JERRY & MARYELLEN HAYES 150 WEST G STREET BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	SELF-EMPLOYED HAYES SUPPLY	NEWSPAPER ADS	146.40	271.40	
10/18/03	NIKKI-BASCH-DAVIS 128 W. O, BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	SELF-EMPLOYED ARTIST	COFFEE	25.00	25.00	
10/7	LEANN TAAGEPERA 840 ELANE WAY BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	HOMEMAKER	COFFEE	12.00	12.00	
10/12	LUANA LUTHER 325 COLUMBIA CIRCLE BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	SELF-EMPLOYED ARTIST	PHOTO-COPYING	50.00	50.00	

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 233.40

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... 233.40 + 1100 + 500 + 1235 + 100 ..... $ 3238.40
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 790.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ 4028.40

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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SCC – Small Contributor Committee

Schedule C (Continuation Sheet)
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 9/21/03
through 10/18/03

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Donnell Rubay for Mayor

I.D. NUMBER: 1256188

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)
9/28/03	Luana Luther 325 Columbia Circle Benicia, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	artist + retired	painting/ mosaic Art	$500	$550	
9/28/03	Ruth Pierce 202 East Second St Benicia, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	retired	art print	$200	$242	
9/28/03	Fred Schlatter 475 West J Street Benicia, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	sign carver	carved sign	$300	$300	
9/28/03	Doe Rubay 188 Eselia Trail Benicia, CA 94507	☒IND ☐COM ☐OTH ☐PTY ☐SCC	real estate appraiser Rubay and Rubay Appraisers	2 Raiders tickets	$100	$100	

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 1100

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ _____
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ _____
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ _____

*Contributor Codes
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COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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SCC – Small Contributor Committee

Schedule C (Continuation Sheet)
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 9/21/03
through 10/18/03

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Donnell Rubay for Mayor

I.D. NUMBER: 1256188

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)
9/28/03	Susan & Brant Street 232 E 2d St Benicia, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Realestate broker/agent Help U Sell Realty	Dinner for four	$100	$100	
9/28/03	Benicia Arts and Crafts 621 1st Street Benicia, CA 94510	☐IND ☐COM ☒OTH ☐PTY ☐SCC		Faux Flower arrangement + pendant-pin	$170	$170	
9/28/03	Lynda Silva 174 West F St #6 Benicia, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	artist	oil painting	$100	$100	
9/28/03	Magnolia Furniture 620 1st Street Benicia, CA 94510	☐IND ☐COM ☒OTH ☐PTY ☐SCC		wood bench	$200	$200	

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 570

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ _____
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ _____
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ _____

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OTH – Other
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Schedule C (Continuation Sheet)
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 9/21/03
through 10/18/03

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Donnell Rubay for Mayor

I.D. NUMBER: 1256188

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)
9/28/03	Judi Appel 580 West I Street Benicia, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Substitute teacher/ French teacher	5 photographs + ping pong table	$550	$550	
9/28/03	Nikki Basch-Davis 123 West D Street Benicia, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	artist	painting	$520	$525	
9/28/03	Donna Shehan 393 Marina Place Benicia, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	Fall basket + Bentwood chair	$110	$110	
9/28/03	Mary Ellen Hayes 150 West G Street Benicia, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	S.E Camellia Tea Room 828 First St Benicia, CA 94510	Food at auction	$75	$346.40	

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 1235

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ _____
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ _____
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ _____

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule C (Continuation Sheet)
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 9/21/03
through 10/18/03

Page 10 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Donnell Rubay for Mayor

I.D. NUMBER
1256188

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)
9/28/03	Leann Thagepera 840 Elane Way Benicia, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	antique glass dishes	$100	$112	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 100

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ _____
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ _____
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ _____

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

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

Statement covers period
from 9/21/03
through 10/18/03

SCHEDULE E
CALIFORNIA FORM 460

Page 11 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DONNELL RUBAY FOR MAYOR

I.D. NUMBER
1256188

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
KINKO'S 720 ADMIRAL CALLAHAN WAY VALLEJO, CA	CMP	COPIES	558.30
USPS L STREET BENICIA, CA 94510	POS		652.00
GARNET ENTERPRISES INDUSTRIAL PARKWAY BENICIA, CA 94510	CMP		200.00

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

SUBTOTAL $ 1401.30

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) 1401.30 + 460 $ 1861.30
2. Unitemized payments made this period of under $100 $ 87.80
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 1949.10

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 9/21/03
through 10/18/03

I.D. NUMBER
1256188

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
Voter Information Guide 13701 Riverside Dr., Ste. 604 Sherman Oaks, CA 91423	LIT		460.00

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

SUBTOTAL $ 460.00

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 9/21/03
through 10/18/03

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: DONNELL RUBAY FOR MAYOR

I.D. NUMBER: 1256188

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/28/03	MARK APPEL 580 WEST I BENICIA, CA 94510	oil painting by Nikki Basch-Davis	375.00
9/28/03	NANCY CAREY 7 RIDGE CIRCLE BENICIA, CA 94510	Dinner for four, wine + assorted basket 6 week art class, ice cream dish	165.00
9/28/03	RUTH PIERCE 202 E SECOND BENICIA, CA 94510	hand carved sign, toy cars	125.00
9/28/03	JOSEPH RUBAY 188 ERSELIA TRAIL ALAMO, CA 94507	Cal Football tickets, willie mays baseball Lynda Silva oil painting ping pong table, print, hula hoop	230.00
9/28/03	NANCY CHANDLER 917 FIRST STREET BENICIA, CA 94510	gardening gloves, ironhouse gift certificate lavender scrub landscape services	120.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 1015

Schedule I Summary

1. Increases to cash of $100 or more this period. 10157878-1107 ..... $ 2000
2. Unitemized increases to cash under $100 this period. ..... $ 427
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ 2427

Schedule I (Continuation Sheet)
Miscellaneous Increases to Cash

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

Statement covers period
from 9/21/03
through 10/18/03

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER
1256189

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/28/03	MARBAY REALTY 390 CATALAN WAY SAN RAMON, CA 94583	History/mystery tea mosaic art, vase Benicia mug	178.00
9/28/03	DENNIS & KATHRYN DELLAROCA 113 TUSTIN COURT BENICIA, CA 94510	Garden Guide + gift certificate/ Dinner for 4 at Rubay's	110.00
9/28/03	JULIE RUBAY 3347 QUAIL WALK LANE DANVILLE, CA 94506	Starbucks coffee Birdhouse Benicia photo Benicia History wooden bench	$295 (C820 to Sched H/A)
9/28/03	WM & MARYELLEN HAYES 150 WEST G STREET BENICIA, CA 94510	Benicia photo, Missio sculptur 1936 mantel clock, depression cups + saucers, faux flowers	$180.00
9/28/03	David Ernst 200 Marina Village Way Benicia, CA 94510	framed photographs	$115.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 878

Schedule I Summary

1. Increases to cash of $100 or more this period. ..... $ _____
2. Unitemized increases to cash under $100 this period. ..... $ _____
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ _____
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ _____

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 9/21/03
through 10/18/03

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER
1256188

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/28/03	Kathryn Griffin 236 Baker St Benicia, CA 94510	Cheesecake gift certificates	$ 75 (810 - Schedule A)
9/28/03	Donna Sheehan 393 Marina Place Benicia, CA 94510	Storage box + book	$ 32
9/28/03			

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 107

~~Schedule I Summary~~

1. Increases to cash of $100 or more this period. ..... $ _____
2. Unitemized increases to cash under $100 this period. ..... $ _____
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ _____
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ _____

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 2001/02 FORM 460

Date Stamp: RECEIVED JAN 29 CITY CLERK'S OFFICE CITY OF BENICIA

Page 1 of 8

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10/18/03 through 12/31/03

Date of election if applicable (Month, Day, Year): 11/04/03

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

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement

- [x] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1256188

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Donnell Rubay for Mayor

STREET ADDRESS (NO P.O. BOX): [illegible] street

CITY: Benicia STATE: CA ZIP CODE: 94510 AREA CODE/PHONE:

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

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS:

Treasurer(s)

NAME OF TREASURER: Jeanne M. Seeds

MAILING ADDRESS: [illegible] Street

CITY: Benicia STATE: CA ZIP CODE: 94510 AREA CODE/PHONE:

NAME OF ASSISTANT TREASURER, IF ANY: Jon Van Landschoot

MAILING ADDRESS: [illegible] st

CITY: Benicia STATE: CA ZIP CODE: 94510 AREA CODE/PHONE: 707-746-6193

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 1/27/04 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 1/28/04 (Date) By [signature] (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)

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Donnell Rubay

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[illegible] West Street Benicia, CA 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
N/A	
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. Ballot Measure Committee N/A

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

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 Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed. N/A

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period
from 10/18/03
through 12/31/03

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Donnell Rubay for Mayor

I.D. NUMBER
1256188

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions 7,867	Schedule A, Line 3	$ 60.00	$ 7927
2. Loans Received	Schedule B, Line 3	0	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 60.00	$ 7,927
4. Nonmonetary Contributions 4220.40	Schedule C, Line 3	146.40	4,366.80
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 206.40	$ 12,293.80

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

6. Payments Made 4913.94	Schedule E, Line 4	$ 3491.80	$ 8,405.74
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 3491.80	$ 8,405.74
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment 4220.40	Schedule C, Line 3	146.40	4,366.80
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 3,638.20	$ 12,772.54

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. 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	$ 5305.06
13. Cash Receipts	Column A, Line 3 above	60.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	15.00
15. Cash Payments	Column A, Line 8 above	3491.80
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 1888.26

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 0

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 0

Schedule A
Monetary Contributions Received

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

Statement covers period
from 10/18/03
through 12/31/03

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Donnell Rubay for Mayor

I.D. NUMBER
1256188

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)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $			

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 0
2. Amount received this period – unitemized contributions of less than $100 ..... $ 60
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 60

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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
CALIFORNIA FORM 460

Statement covers period
from 10/18/03
through 12/31/03

Page 5 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Donnell Rubay for Mayor

I.D. NUMBER
1256188

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/03 10/31/03	Jerry and Mary ellen Hayes 150 West G Street Benicia, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	self-employed Hayes Supply	newspaper ads	146.40	492.80	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 146.40

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 146.40
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ 146.40

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

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

Statement covers period
from 10/18/03
through 12/31/03

SCHEDULE E
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Donnell Rubay for Mayor

I.D. NUMBER
1256188

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
D-mail Inc 325 Westridge Dr. Watsonville, CA 95076	POS	806.75 + 351.49	1,158.24
PrintworX P.O. Box 1240 Watsonville, CA 95076	LIT		1,706.40
Benicia Herald 820 First Street Benicia, CA 94510	PRT		384.30

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

SUBTOTAL $ 3 248.94

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) 3248.94 + 190.80 ..... $ 3439.74
2. Unitemized payments made this period of under $100 ..... $ 52.06
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 3491.80

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 10/18/03
through 12/31/03

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Donnell Rugay for Mayor

I.D. NUMBER: 1256188

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
Don Van Landschoot 175 West H Street Benicia, CA 94510	CMP	for Payment to: Solano County Registrar of Voters for voter labels and setup and permanent absentee list 510 Clay St P.O. Box "1" Fairfield, CA 94533	190.80

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

SUBTOTAL $ 190.80

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 10/18/03
through 12/31/03

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Donnell Rubay for Mayor

I.D. NUMBER
1256188

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule I Summary

1. Increases to cash of $100 or more this period. ..... $ 0
2. Unitemized increases to cash under $100 this period. ..... $ 15
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ 15

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

RECEIVED JAN 29 2004 CITY CLERK'S OFFICE CITY OF BENICIA

CALIFORNIA 2001/02 FORM 460

Page 1 of 11

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 1/1/03 through 9/20/03

Date of election if applicable: (Month, Day, Year) 11/4/03

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

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ 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
- [x] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

Payments to Benicia Herald and Kith Kos not listed; unitemized totals in error; Dircumpbell contribution not itemized. See also attached letter.

3. Committee Information

I.D. NUMBER 1256188

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Donnell Rubay for Mayor

STREET ADDRESS (NO P.O. BOX): H street

CITY / STATE / ZIP CODE / AREA CODE/PHONE: Benicia, CA 94510

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

CITY / STATE / ZIP CODE / AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Jeanine M. Seeds

MAILING ADDRESS: K Street

CITY / STATE / ZIP CODE / AREA CODE/PHONE: Benicia, CA 94510 ...831

NAME OF ASSISTANT TREASURER, IF ANY: Jon Van Landschoot

MAILING ADDRESS: ... street

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

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 1/27/04 (Date) By _____ Signature of Treasurer or Assistant Treasurer

Executed on 1/28/04 (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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

DONNELL RUBAY

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

MAYOR OF BENICIA

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

BENICIA CA 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
N/A	
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. Ballot Measure Committee N/A

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

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 Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed. N/A

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period
from 1/1/03
through 9/20/03

Page 3 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Donnell Rubay for Mayor

I.D. NUMBER: 1256188

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 6172	$ 6172
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 6172	$ 6172
4. Nonmonetary Contributions	Schedule C, Line 3	192.00	192.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 6364	$ 6364

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

6. Payments Made	Schedule E, Line 4	$ 2964.84	$ 2964.84
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 2964.84	$ 2964.84
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	192.00	192.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 3156.84	$ 3156.84

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. 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	$ 0
13. Cash Receipts	Column A, Line 3 above	6172
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	2964.84
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 3207.16

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 0

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 0

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/03
through 9/20/03

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER 1256188

NAME OF FILER
DONNELL RUBAY FOR MAYOR

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)
7/11/03	MARK & JUDI APPEL 580 WEST 1 ST BENICIA, CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MARKETING MNGR NIMBLE FISH 149 NEW MONTGOM, S.F. CA	300.00	300.00	
7/12/03	ALICIA GALLAGHER 314 E 2ND ST BENICIA, CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	REG NURSE KAISER HOSP VALLEJO, CA	100.00	100.00	
7/15/03	RONALD KANE & TERESA FINN 351 RAYMOND DR BENICIA, CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	TEACHER	100.00	100.00	
7/10/03	SIMPKINS AUTO CARE CENTER 980 ADAMS ST BENICIA, CA 94510	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	
7/17/03	RUBAY & RUBAY 375 DIABLO RD, # 210 DANVILLE, CA 94526	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	
			SUBTOTAL $	1250.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) 1250+1950+900+200+675 ..... $ 4975.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 1697.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 6672.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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 1/1/03
through 9/20/03

CALIFORNIA FORM 460

NAME OF FILER: DONNELL RUBAY FOR MAYOR

I.D. NUMBER: 1256188

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)
6/14/03	JERRY & MARY ELLEN HAYES 150 WEST G STREET BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	SELF-EMPLOYED HAYES SUPPLY 2125 SONOMA BLVD VALLEJO, CA 94590	150.00	150.00	
7/1/03	BRADLEY ERSKINE 401 MARINA PL BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	GEOLOGIST KLEINFELDER INC 2240 NORTHPT SANTA ROSA, CA	100.00	100.00	
7/1/03	LINDA ERSKINE 401 MARINA PL BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	MANAGER UC BERKELEY BERKELEY	100.00	100.00	
7/3/03	RUTH PIERCE 202 E SECOND ST BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	500.00	500.00	
7/10/03	PAT WIGGINS FOR ASSEMBLY 555 CAPITOL MALL #1425 SACTO, CA 95814	☐IND ☐COM ☒OTH ☐PTY ☐SCC	ASSEMBLY WOMAN 555 CAPITAL MALL SACTO, CA 95814	100.00	100.00	
			SUBTOTAL $	950.00		

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OTH – Other
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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 1/1/03
through 9/20/03

CALIFORNIA FORM 460

NAME OF FILER: DONNELL RUBAY FOR MAYOR

I.D. NUMBER: 1256188

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)
7/17/03	SUZANNE KLARE 721 W. 2ND ST BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	SELF-EMPLOYED R.E. BROKER 721 W. 2ND ST BENICIA, CA 94510	100.00	100.00	
7/20/03	MICHAEL VAN LANDSCHOOT 212 N. FOURTH ST MARQUETTE, MI 49855	☒IND ☐COM ☐OTH ☐PTY ☐SCC	ROOFER 212 N. FOURTH MARQUETTE, MI 49855	100.00	100.00	
7/25/03	ALEXANDER RUBAY 1816 GOLDEN RAIN #8 WALNUT CREEK, CA 94595	☒IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	100.00	100.00	
7/27/03 9/3/03	JOSEPH A RUBAY 188 ERSELIA TRAIL ALAMO, CA 94507	☒IND ☐COM ☐OTH ☐PTY ☐SCC	APPRAISER RUBAY & RUBAY 375 DIABLO RD #210 DANVILLE, CA 94526	250.00 250.00	500.00	
7/30/03	NIKKI BASCH 123 WEST D BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	ARTIST-S.E. 123 WEST D BENICIA, 94510	100.00	100.00	
			SUBTOTAL $	900.00		

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OTH – Other
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.)

CALIFORNIA FORM 460

Statement covers period
from 7/1/03
through 9/20/03

NAME OF FILER: DONNELL RUBAY FOR MAYOR

I.D. NUMBER: 1256188

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)
7/31/03	ELEANOR & JOHN McFADDEN 9 WEST BRINDLE PATH HOCKESSIN, DE 19707	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	200.00	200.00	
8/7/03	KATHRYN L. GRIFFIN 236 BAKER BENICIA, CA 94510	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	S.E. PHOTOGRAPHER 236 BAKER BENICIA, 94510	100.00	100.00	
8/12/03	JAAN & LEANN TAAGEPERA 840 ELANE WAY BENICIA, CA 94510	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ENGINEER VALERO BENICIA, CA 94510	200.00	200.00	
7/19/03	JAMES & ELIZABETH VAN LANDSCHOOT 760 WEST WASHINGTON MARQUETTE, MI 49855	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	S.E. DENTISTS 760 W. WASH MARQUETTE, MI 49855	100.00	100.00	
9/3/03	THOMAS EVANS 212 MARINA VILLAGE WAY BENICIA, CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	INS AGENT ALLSTATE 1310 TENNESSEE VALLEJO, CA 94590	100.00	100.00	
			SUBTOTAL $	700.00		

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IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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.)

CALIFORNIA FORM 460

Statement covers period
from 1/1/03
through 9/20/03

NAME OF FILER: DONNELL RUBAY FOR MAYOR

I.D. NUMBER: 1256188

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)
9/3/03	SANDRA L SHANNONHOUSE 110 EAST E ST BENICIA, CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SCULPTOR-SE, 110 EAST E ST BENICIA	100.00	100.00	
8/22/03	BRENT & SUSAN STREET 232 EAST SECOND ST BENICIA, CA 94510	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	S.E. REAL ESTATE 1021 FIRST ST BENICIA, CA 94510	100.00	100.00	
7/19/03	JEFFREY R. GRAVES 19 ROTARY WAY VALLEJO, CA 94591	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	S.E. ORAL SURG. 19 ROTARY WAY VALLEJO, CA 94591	100.00	100.00	
7/12/03	JEFFERSON ST MANSION 1063 JEFFERSON BENICIA, CA 94510	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	
7/21/03 9/3/03	Thomas W.T. Lampbell 155 East H Street Benicia, CA 94510	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	S.E. Orthodontist 155 East H Street Carney, Lampbell & Vidakis	75.00 50.00	125.00	
			SUBTOTAL $	675.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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
CALIFORNIA FORM 460

Statement covers period
from 7/1/03
through 9/20/03

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: DONNELL RUBAY FOR MAYOR

I.D. NUMBER: 1256188

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)
8/6/03	Lisa Reynolds 385 WEST K ST BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	teacher Richmond Unified	PHOTOCOPIES	25.00	25.00	
9/3/03	RUTH PIERCE 202 E SECOND BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	BALLOONS FOR KICK-OFF	42.00	42.00	
9/3/03	MARY ELLEN HAYES 150 WEST G ST, BENICIA, CA 94510	☒IND ☐COM ☐OTH ☐PTY ☐SCC	S.E CAMELLIA TEA 828 FIRST ST BENICIA, CA 94510	FOOD & ROOM RENTAL	125.00	125.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 192.00

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 125.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 67.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ 192.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

SCHEDULE E

Schedule E
Payments Made

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

Statement covers period
from 1/1/03
through 9/20/03

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: DONNELL RUBAY FOR MAYOR

I.D. NUMBER: 1256188

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
VICTORY STORE.COM	LIT	BROCHURES & BUTTONS	2060.42
USPS BENICIA, CA 94510	POS	POSTAGE 100 + 80 + 13.65 + 59.80	253.45
Kinkos Vallejo, CA	LIT		300.65

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

SUBTOTAL $ 2614.52

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) 2614.52 + 146.40 ..... $ 2760.92
2. Unitemized payments made this period of under $100 32.93 + 11.80 + 11.65 + 6.44 + 8.21 + 11.86 + 12.84 + 64.57 + 43.27 $ 203.92
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 2964.84

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
from 1/1/03
through 9/20/03

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Donnell Rubay for Mayor

I.D. NUMBER
1256188

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
Benicia Herald 820 First Street Benicia, CA 94510	PRT	Ads 73.20 + 73.20	146.40

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

SUBTOTAL $ 146.40