Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM

CALIFORNIA FORM 460

FILE

Date Stamp

JAN 16 2003

REGISTRAR OF VOTERS By Deputy

For Official Use Only

COPY

Statement covers period	Date of Election if applicable (Month, Day, Year)
from 12/15/2002 through 12/31/2002	01/28/2003

1. Type of Recipient Committee:

- [x] Officeholder, Candidate Controlled Committee
  - (x) State Candidate Election Committee
  - ( ) Recall
- [ ] General Purpose Committee
  - ( ) Sponsored
  - ( ) Small Contributor Committee
  - ( ) Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ( ) Primarily Formed
  - ( ) Controlled
  - ( ) Sponsored
- [ ] Primarily Formed Candidate Officeholder Committee

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER: 1243639

COMMITTEE NAME: Bill Campbell for Supervisor

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

CITY: [redacted] STATE: [redacted] ZIP CODE: [redacted] AREA CODE/PHONE: [redacted]

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: Corliss Delameter

MAILING ADDRESS: [redacted]

CITY: [redacted] STATE: [redacted] ZIP CODE: [redacted] AREA CODE/PHONE: [redacted]

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 01/16/2003 (DATE) By Corliss Delameter (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 01/16/2003 (DATE) By Bill Campbell (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR)

Executed on 01/16/2003 (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Executed on 01/16/2003 (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

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

Bill Campbell

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

County Supervisor, District, District 3

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

[redacted]

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
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?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Ballot Measure Committee

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

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

Campaign Disclosure Statement
Summary Page

Statement covers period from 12/15/2002 through 12/31/2002

CALIFORNIA FORM 460

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER 1243639

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... *Schedule A, Line 3*	$ 6,794.00	$ 224,044.39
2. Loans Received ..... *Schedule B, Line 7*	0.00	10,000.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... *Add Lines 1 + 2*	$ 6,794.00	$ 234,044.39
4. Non-monetary Contributions ..... *Schedule C, Line 3*	468.72	2,733.72
5. TOTAL CONTRIBUTIONS RECEIVED ..... *Add Lines 3 + 4*	$ 7,262.72	$ 236,778.11

Expenditures Made

6. Cash Payments ..... *Schedule E, Line 4*	$ 37,401.97	$ 206,247.48
7. Loans Made ..... *Schedule H, Line 7*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... *Add Lines 6 + 7*	$ 37,401.97	$ 206,247.48
9. Accrued Expenses (Unpaid Bills) ..... *Schedule F, Line 3*	11,603.74	27,689.69
10. Nonmonetary Adjustment ..... *Schedule C, Line 3*	468.72	2,733.72
11. TOTAL EXPENDITURES MADE ..... *Add Lines 8 + 9 + 10*	$ 49,474.43	$ 236,670.89

Current Cash Statement

12. Beginning Cash Balance ..... *Previous Summary Page, Line 16*	$ 58,404.99
13. Cash Receipts ..... *Column A, Line 3 above*	6,794.00
14. Miscellaneous Increases to Cash ..... *Schedule I, Line 4*	0.00
15. Cash Payments ..... *Column A, Line 8 above*	37,401.97
16. **ENDING CASH BALANCE** *Add Lines 12 + 13 + 14, then subtract Line 15*	$ 27,797.02

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 1, Column (b)* $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	$ 0.00
19. Outstanding Debts ..... *Add Line 2 + Line 9 in Column C above*	$ 37,689.69

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	$	0
21. Expenditures Made	$ 0	0

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date

Schedule A
Monetary Contributions Received

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period from 12/15/2002 through 12/31/2002

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER 1243639

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12/16/2002	Barbara Abouchar [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00 (P03)
12/16/2002	David Armstrong [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Psychiatrist Metropolitan State Hospital	100.00	100.00	100.00 (P03)
12/18/2002	Aslan Companies Inc. [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00 (P03)
12/26/2002	John Burt [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00 (P03)
12/17/2002	John Cooley [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	50.00	125.00	125.00 (P03)

SUBTOTAL $ 450.00 [redacted]

Monetary Contributions Summary

1. Amount received this period - contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 6,199.00
2. Amount received this period - contributions of less than $100. (Do not itemize.) ..... $ 595.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 6,794.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

CALIFORNIA FORM 460

Statement covers period
from 12/15/2002
through 12/31/2002

I.D. NUMBER 1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12/18/2002	Debra Cross [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Travel More Hawaii for Less Inc.	100.00	100.00	100.00 (P03)
12/17/2002	Lynn Robert Davis [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Reading Success LLC	1,000.00	1,000.00	1,000.00 (P03)
12/17/2002	James deHaan [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer Nalar Industries	100.00	100.00	100.00 (P03)
12/26/2002	DMJM + Harris PAC [redacted]	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	ID# 1243637	250.00	250.00	250.00 (P03)
12/19/2002	John Drake [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Bob Drake Bail Bonds	1,000.00	1,000.00	1,000.00 (P03)
12/18/2002	Frank Fertitta Jr. [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 (P03)

SUBTOTAL $ 2,950.00 [redacted]

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

CALIFORNIA FORM 460

Statement covers period from 12/15/2002 through 12/31/2002

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER 1243639

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12/24/2002	Paul Folino [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO EMULEX Corp.	500.00	500.00	500.00 (P03)
12/20/2002	Robert Hall [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired .	100.00	100.00	100.00 (P03)
12/16/2002	Beverly Kaltenbach [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker .	100.00	100.00	100.00 (P03)
12/26/2002	MK Centennial [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00 (P03)
12/23/2002	J. Moffatt [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00 (P03)
12/26/2002	Jane Olson [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Fresh Start Bakeries Inc.	500.00	500.00	500.00 (P03)

SUBTOTAL $ 1,550.00 [redacted]

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from 12/15/2002 through 12/31/2002

CALIFORNIA FORM 460

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER 1243639

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12/18/2002	Virginia Patrick [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired .	100.00	200.00	200.00(P03)
12/23/2002	Michael Proctor [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Michael Proctor	100.00	100.00	100.00(P03)
12/17/2002	Rietsch Enterprises Inc. [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		249.00	249.00	249.00(P03)
12/24/2002	Paul Snyder [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Educator Coastline Rop	100.00	100.00	100.00(P03)
12/19/2002	Rex Vance [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired .	100.00	450.00	450.00(P03)
12/17/2002	Jeanette Villalobos [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Computer Manager Jeanette Villalobos	100.00	100.00	100.00(P03)

SUBTOTAL $ 749.00 [redacted]

SCHEDULE A (cont.)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 12/15/2002
through 12/31/2002

CALIFORNIA FORM 460

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER 1243639

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12/16/2002	William Walsh [redacted] [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Continental Vending Inc.	500.00	500.00	500.00(P03)
		☐ 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 $ 500.00 [redacted]

Schedule B - Part I
Loans Received

CALIFORNIA FORM 460

Statement covers period from 12/15/2002 through 12/31/2002

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER 1243639

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
Bill Campbell [redacted] ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Assemblyman State of California	$ 10,000	$ 0	☐ PAID $ 0 ☐ FORGIVEN $ 0	$ 10,000 12/31/2003 DATE DUE	0.000 % RATE $ 0	$ 10,000 03/15/2002 DATE INCURRED	CALENDAR YEAR $ 10,216 PER ELECTION $ 10,000 P02
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION $
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION $
		SUBTOTAL $ 0.00	$ 0.00	$ 10,000.00	$ 0.00			

Schedule B Summary

1. Loans received this period ..... $ 0.00
   (Total Column (b) plus initemized loans less than $100.)

2. Loans paid or forgiven this period ..... $ 0.00
   (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 $ 0.00
   Enter the net here and on the Summary Page, Column A, Line 2

Schedule C
Non-Monetary Contributions Received

SCHEDULE C

CALIFORNIA FORM 460

Statement covers period from 12/15/2002 through 12/31/2002

I.D. NUMBER 1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, MAILING 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	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12/17/2002 -01/14/2003	Bob Kraus [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Danoff Kraus	Reception - food & beverages	468.72	468.72	468.72 (P03)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

SUBTOTAL $ 468.72

Non-Monetary Contributions Summary

1. Amount received this period - non-monetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 468.72
2. Amount received this period - non-monetary contributions of less than $100. (Do not itemize.) ..... $ 0.00
3. Total non-monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) ..... **TOTAL $** 468.72

Schedule E
Payments Made

SCHEDULE E

CALIFORNIA FORM **460**

Statement covers period
from 12/15/2002
through 12/31/2002

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER 1243639

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 (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Armand Pedicini/Pinewood Plaza [redacted]	OFC		1,250.00
Fisher Printing Inc. [redacted]	LIT		730.00
Jennifer Henry [redacted]	OFC		139.50

SUBTOTAL $ 2,119.50

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 37,356.36
2. Unitemized payments made this period of under $100. ..... $ 45.61
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... **TOTAL** $ 37,401.97

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 12/15/2002
through 12/31/2002

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER 1243639

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 messanger 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 (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Lewis Consulting Group [redacted]	CNS		2,500.00
Morrison & Burke [redacted]	CMP		1,841.31
Pacific Bell Payment Center [redacted]	OFC		1,390.53
Phillip Barry Greer Attorney at Law [redacted]	PRO		5,506.00

SUBTOTAL $ 11,237.84

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 12/15/2002
through 12/31/2002

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER 1243639

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 (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Sergio Prince [redacted]	OFC CNS	179.83 5,000.00	5,179.83
Registrar of Voters - County of Orange [redacted]	FIL		7,819.19
U.S. Postmaster [redacted]	POS		11,000.00

SUBTOTAL $ 23,999.02

Schedule F
Accrued Expenses (Unpaid Bills)

SCHEDULE F

CALIFORNIA FORM **460**

Statement covers period
from 12/15/2002
through 12/31/2002

I.D. NUMBER 1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

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 (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUND PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AT&T [redacted]	OFC	20.61	12.39	20.61	12.39
American Express [redacted]	POS	0.00	1,659.34	0.00	1,659.34
Clover Communications [redacted]	LIT	1,000.00	0.00	0.00	1,000.00
	SUBTOTALS $	1,020.61	$ 1,671.73	$ 20.61	$ 2,671.73

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for payments for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTAL** ... $ 19,793.19

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTAL** .. $ 8,189.45

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET** $ 11,603.74

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 12/15/2002
through 12/31/2002

I.D. NUMBER
1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

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 (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUND PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Corliss Delameter [redacted]	PRO	0.00	1,389.43	0.00	1,389.43
Fisher Printing Inc. [redacted]	LIT	730.00	0.00	730.00	0.00
G. Strahan & Associates [redacted]	LIT	4,956.50	14,714.98	0.00	19,671.48
JC Evans Communications [redacted]	LIT	0.00	1,620.00	0.00	1,620.00
	SUBTOTALS $	5,686.50	$ 17,724.41	$ 730.00	$ 22,680.91

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 12/15/2002
through 12/31/2002

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER 1243639

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUND PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Lea Petersen [redacted]	FND	600.00	0.00	0.00	600.00
Mary Campbell [redacted]	POS	0.00	370.00	0.00	370.00
Maxcomm Technologies Inc. [redacted]	PHO	1,140.00	0.00	0.00	1,140.00
Morrison & Burke [redacted]	CMP	1,841.31	0.00	1,841.31	0.00
	SUBTOTALS $	3,581.31 $	370.00 $	1,841.31 $	2,110.00

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 12/15/2002
through 12/31/2002

I.D. NUMBER 1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

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

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Pacific Bell [redacted]	OFC	91.53	27.05	91.53	27.05
Phillip Barry Greer Attorney at Law [redacted] Newport Beach, CA 92660	PRO	5,506.00	0.00	5,506.00	0.00
Political Data Inc. [redacted]	LIT	200.00	0.00	0.00	200.00
SUBTOTALS $		5,797.53 $	27.05 $	5,597.53 $	227.05

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)

SCHEDULE G

CALIFORNIA FORM 460

Statement covers period from 12/15/2002 through 12/31/2002

I.D. NUMBER 1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR:

American Express

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

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FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
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TRC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster [redacted] [redacted]	POS		1,659.34

SUBTOTAL $ 1,659.34