

# Recipient Committee Campaign Statement

Primary 2nd Pre Election 1/18/04 (DoLF) to 2/14/04

(Government Code Sections 84200 - 84216.5)

Date Stamp  
OCT 19 11  
RECEIVED

CALIFORNIA FORM 460

Page 1 of 18

A For Official Use Only

Statement covers period  
from 01/18/2004  
through 02/14/2004

Date of Election if applicable:  
(Month, Day, Year)  
03/02/2004

## 1. Type of Recipient Committee:

- Officeholder, Candidate Controlled Committee
- 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
- 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  
1257051

COMMITTEE NAME  
Rubio For Supervisor

CITY  
Bakersfield  
STATE CA ZIP CODE 93301 AREA CODE/PHONE (661) 861-8288

STREET 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  
Tammy Criswell

STREET ADDRESS  
654 Acacia Ave

CITY STATE ZIP CODE AREA CODE/PHONE  
Shafter CA 93263 (661) 746-2671

NAME OF ASSISTANT TREASURER, IF ANY

STREET 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 2/19/2004 DATE

Executed on 2/19/2004 DATE

Executed on DATE

Executed on DATE

By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

State of California Fair Political Practices Commission.

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OF CANDIDATE  
Michael Rubio

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Board of Supervisors, District 5,

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE  
Bakersfield CA 93301

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

**Campaign Disclosure Statement  
Summary Page**

Statement covers period from <u>01/18/2004</u> through <u>02/14/2004</u>	CALIFORNIA FORM <b>460</b> Page <u>3</u> of <u>18</u>
I.D. NUMBER 1257051	

NAME OF FILER Michael Rubio, Rubio For Supervisor

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>13,921.00</u>	\$ <u>16,905.00</u>
2. Loans Received ..... <i>Schedule B, Line 7</i>	<u>500.00</u>	<u>6,570.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>14,421.00</u>	\$ <u>23,475.00</u>
4. Non-monetary Contributions ..... <i>Schedule C, Line 3</i>	<u>988.13</u>	<u>988.13</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>15,409.13</u>	\$ <u>24,463.13</u>

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received ....	\$ <u>18,593</u>	<u>0</u>
21. Expenditures Made .....	\$ <u>26,670</u>	<u>0</u>

**Expenditures Made**

	Column A	Column B
6. Cash Payments ..... <i>Schedule E, Line 4</i>	\$ <u>14,191.84</u>	\$ <u>23,532.53</u>
7. Loans Made ..... <i>Schedule H, Line 7</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>14,191.84</u>	\$ <u>23,532.53</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>5,503.21</u>	<u>5,503.21</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>988.13</u>	<u>988.13</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>20,683.18</u>	\$ <u>30,023.87</u>

**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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Current Cash Statement**

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>4,131.72</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>14,421.00</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>14,191.84</u>
16. <b>ENDING CASH BALANCE</b> ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>4,360.88</u>

*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 .....	\$ <u>0.00</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>12,073.21</u>

**Schedule A  
Monetary Contributions Received**

Statement covers period from <u>01/18/2004</u> through <u>02/14/2004</u>	CALIFORNIA FORM <b>460</b> Page <u>4</u> of <u>18</u>
I.D. NUMBER 1257051	

NAME OF FILER Michael Rubio, Rubio For Supervisor

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)
02/05/2004	3 WAY CHEVROLET 3800 CALIFORNIA AVE. BAKERSFIELD, CA 93389	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P04)
01/29/2004	ALFRED PALLA FARMS 6615 KANE WAY BAKERSFIELD, CA 93309	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P04)
01/24/2004	JOYCE ASH 10716 SANTA CLARA ST. LAMONT, CA 93241-2035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED  LAMONT SCHOOL DISTRICT	200.00	200.00	200.00 (P04)
02/04/2004	BAKERSFIELD REALTY MANAGEMENT 300 H STREET BAKERSFIELD, CA 93304	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P04)
02/08/2004	CHRIS BERNAL 3008 SILLECT AVE. STE. 211 BAKERSFIELD, CA 93308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ACCOUNTANT  SELF	200.00	200.00	200.00 (P04)
<b>SUBTOTAL \$</b>				1,400.00		

**Monetary Contributions Summary**

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$	<u>13,100.00</u>
2. Amount received this period - contributions of less than \$100. (Do not itemize.) .....	\$	<u>821.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$</b>	<u>13,921.00</u>

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Statement covers period  
from 01/18/2004  
through 02/14/2004

CALIFORNIA  
FORM **460**  
Page 5 of 18  
I.D. NUMBER  
1257051

NAME OF FILER Michael Rubio, Rubio For Supervisor

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)
01/28/2004	PAUL CASTRO 2000 BAKERSFIELD, CA 93301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED  COUNTY OF KERN	100.00	100.00	100.00 (P04)
02/12/2004	Ms. Tenielle Cooper  Bakersfield, CA 93308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  KGD Attorneys	100.00	100.00	200.00 (P04)
02/12/2004	Margaret De Stefano 4204 Orinda Way Bakersfield, CA 93306-2244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor  Bakerfield College	100.00	100.00	250.00 (P04)
01/28/2004	Ms. Adrienne Dominguez  Bakersfield, CA 93309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Field Rep.  State of California	400.00	400.00	500.00 (P04)
01/28/2004 02/12/2004	FRANK DOMINGUEZ 7512 EL VERANDO DR. BAKERSFIELD, CA 93309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER OF OPERATIONS AERA ENERGY	100.00 300.00	500.00	500.00 (P04)
01/28/2004	DEAN FLOREZ  SHAFTER, CA 93263	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STATE SENATOR  STATE OF CALIFORNIA	500.00	500.00	500.00 (P04)

**SUBTOTAL \$ 1,600.00**

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Statement covers period  
from 01/18/2004  
through 02/14/2004

CALIFORNIA  
FORM **460**  
Page 6 of 11  
I.D. NUMBER  
1257051

NAME OF FILER Michael Rubio, Rubio For Supervisor

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)
01/28/2004	ELSA FLOREZ --- SHAFTER, CA 93263	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FUNDRAISER  EVENTFULLY YOURS	500.00	500.00	500.00 (P04)
02/12/2004	Louis Gomez --- Shafter, CA 93263	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director  Kern County Hispanic Chamber	100.00	100.00	260.00 (P04)
02/14/2004	GUNNER & ANDROS INVESTMENTS 555 W. SHAW AVE. STE. B-4 FRESNO, CA 93704	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P04)
02/10/2004	Heat & Frost Insulators & Asbesto, Workers, Local 5-PAC 670 E. Foothill BLVD Unit 2 Azusa, CA 91702	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 1232371	100.00	100.00	300.00 (P04)
02/14/2004	HOLIDAY FORD 1100 E. LERDO HWY. SHAFTER, CA 93263	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P04)
02/03/2004	D. KIRK HUNTER 1825 VARTIKLAN AVE. CLOVIS, CA 93611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ESTHETICIAN  SELF	500.00	500.00	500.00 (P04)

**SUBTOTAL \$ 1,950.00**

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Statement covers period  
from 01/18/2004  
through 02/14/2004

CALIFORNIA  
FORM **460**

Page 7 of 18

I.D. NUMBER  
1257051

NAME OF FILER Michael Rubio, Rubio For Supervisor

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)
01/28/2004	JAMES P. SEARS Co. 2000 18TH STREET BAKERSFIELD, CA 93301	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P04)
02/09/2004	CARL JONES P.O. BOX 60146 BAKERSFIELD, CA 93386	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED BAKERSFIELD FIRE DEPT.	100.00	100.00	100.00 (P04)
02/03/2004	PAUL KANAREK 27632 SONCILLO MISSION VIEJO, CA 92691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO THE PRINCETON REVIEW	500.00	500.00	500.00 (P04)
02/12/2004	Ms. Elva Lopez Bakersfield, CA 93312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Field Rep. State of California	400.00	400.00	500.00 (P04)
02/05/2004	PAMELA PECARICH P.O. BOX 25130 VENTURA, CA 93002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED CPA (SELF)	200.00	200.00	200.00 (P04)
02/14/2004	PEOPLE REALTY 3861 STOCKDALE HWY. BAKERSFIELD, CA 93309	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 (P04)
<b>SUBTOTAL \$</b>				1,550.00		

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Statement covers period  
from 01/18/2004  
through 02/14/2004

CALIFORNIA FORM **460**  
Page 8 of 18

NAME OF FILER Michael Rubio, Rubio For Supervisor

I.D. NUMBER  
1257051

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)
02/12/2004	Ricardo Perugorria Bakersfield, CA 93305-3738	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Member Service Coordinator Blue Cross of California	200.00	200.00	250.00 (P04)
02/14/2004	Plumbers & Steamfitters Local Union 409 3710 Broad St. San Luis Obispo, CA 93401	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 880500	1,000.00	1,000.00	1,300.00 (P04)
02/08/2004	PRINCETON REVIEW PRODUCTS, LLC 2315 BROADWAY NEW YORK, NY 10024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P04)
02/08/2004	TERRY REDWINE 9401 MARVIN STREET BAKERSFIELD, CA 93307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT MISSION BANK	100.00	100.00	100.00 (P04)
01/29/2004	ROXBOROUGH, POMERANCE & NYE, LLP 10866 WILSHIRE BLVD. STE. 1200 LOS ANGELES, CA 90024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P04)
01/28/2004	Timothy Ruiz 1500 Manning Street Bakersfield, CA 93309-2745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR EAST NILES COMMUNITY SERVICE	100.00	100.00	190.00 (P04)

**SUBTOTAL \$ 2,400.00**

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Statement covers period  
from 01/18/2004  
through 02/14/2004

CALIFORNIA  
FORM **460**  
Page 9 of 18  
I.D. NUMBER  
1257051

NAME OF FILER Michael Rubio, Rubio For Supervisor

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)
01/18/2004	Kimberly Salas Bakersfield, CA 93306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Field Rep. State of California	(300.00)	(300.00)	100.00 (P04)
01/29/2004	BHAJAN SANDHU 232 KING STREET ARVIN, CA 93203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STORE OWNER RAPIDO FOOD MARKET	500.00	500.00	500.00 (P04)
01/29/2004	RABINDER SANDHU 232 KING STREET ARVIN, CA 93203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STORE CLERK RAPIDO FOOD MARKET	500.00	500.00	500.00 (P04)
02/03/2004	CLAIRE SMEED 3200-21ST STREET, STE. 401 BAKERSFIELD, CA 93301-3108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WILL AMEND CHELSEA INVESTMENT COMPANY	250.00	250.00	250.00 (P04)
02/03/2004	J.R. SMEED 401 OAK PARK TOWER BAKERSFIELD, CA 93301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT CHELSEA INVESTMENT COMPANY	500.00	500.00	500.00 (P04)
02/04/2004	STAN HARPER & ASSOCIATES P.O. BOX 265 BAKERSFIELD, CA 93382	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P04)
<b>SUBTOTAL \$</b>				<b>1,700.00</b>		

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Statement covers period  
from 01/18/2004  
through 02/14/2004

CALIFORNIA FORM **460**  
Page 10 of 18  
I.D. NUMBER  
1257051

NAME OF FILER Michael Rubio, Rubio For Supervisor

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)
01/24/2004	JOSEPH TABACCO, JR PORTOLA VALLEY, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY BERMAN DEVALERO	500.00	500.00	500.00 (P04)
02/14/2004	U.F.C.W. 1288 PAC 3485 W. SHAW AVE. STE. 101 FRESNO, CA 93711	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 830460	500.00	500.00	500.00 (P04)
02/04/2004	BILLIE VALDEZ 2305 GAMBEL OAK WAY BAKERSFIELD, CA 93311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WILL AMEND WILL AMEND	100.00	100.00	100.00 (P04)
02/04/2004	VALLEY FORD 455 11TH AVE. HANFORD, CA 93230	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 (P04)
01/28/2004	RENEE WAGNER 9506 TOKELAND CT. BAKERSFIELD, CA 93312-4428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMIN. ASSISTANT KENNEDY JENKS CONSULTING	500.00	500.00	500.00 (P04)
02/03/2004	THELMA WAGNER 9506 TOKELAND CT. BAKERSFIELD, CA 93312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED MCFARLAND UNIFIED SCHOOL DISTRICT	500.00	500.00	500.00 (P04)
<b>SUBTOTAL \$</b>				2,300.00		

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Statement covers period  
from 01/18/2004  
through 02/14/2004

CALIFORNIA  
FORM **460**  
Page 11 of 18  
I.D. NUMBER  
1257051

NAME OF FILER Michael Rubio, Rubio For Supervisor

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)
02/10/2004	Wendy Wayne Bakersfield, CA 93301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATOR K C S S	200.00	200.00	260.00 (P04)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$** 200.00

Schedule B - Part I  
Loans Received

Statement covers period  
from 01/18/2004  
through 02/14/2004

CALIFORNIA FORM **460**  
Page 12 of 18  
I.D. NUMBER  
1257051

NAME OF FILER Michael Rubio, Rubio For Supervisor

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
Michael Rubio Bakersfield, CA 93301 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Capitol Director  Senator Dean Florez	\$ 1,700	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 1,700 09/27/2004 DATE DUE	% 0.000 RATE \$ 0	\$ 1,700 08/01/2003 DATE INCURRED	\$ 500 PER ELECTION \$ 6,570 P04
Michael Rubio (Continued)  <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 500	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 500 09/27/2004 DATE DUE	% 0.000 RATE \$ 0	\$ 500 09/01/2003 DATE INCURRED	\$ 500 PER ELECTION \$ 6,570 P04
Michael Rubio (Continued) (Continued)  <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 900	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 900 09/27/2004 DATE DUE	% 0.000 RATE \$ 0	\$ 900 09/28/2003 DATE INCURRED	\$ 500 PER ELECTION \$ 6,570 P04
<b>SUBTOTAL</b>		\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,100.00	\$ 0.00		

**Schedule B Summary**

- Loans received this period ..... \$ 500.00  
(Total Column (b) plus itemized loans less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 500.00  
Enter the net here and on the Summary Page, Column A, Line 2

Schedule B - Part I (Continuation Sheet)  
Loans Received

Statement covers period  
from 01/18/2004  
through 02/14/2004

CALIFORNIA  
FORM **460**  
Page 13 of 18  
I.D. NUMBER  
1257051

NAME OF FILER Michael Rubio, Rubio For Supervisor

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
Michael Rubio (Continued) (Continued) (Continued)  <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>920</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>920</u>  <u>09/27/2004</u> DATE DUE	% <u>0.000</u> RATE \$ <u>0</u>	\$ <u>920</u>  <u>10/06/2003</u> DATE INCURRED	\$ <u>500</u> PER ELECTION \$ <u>6,570</u> P04
Michael Rubio (Continued) (Continued) (Continued) (Continued)  <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>500</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>500</u>  <u>09/24/0420</u> DATE DUE	% <u>0.000</u> RATE \$ <u>0</u>	\$ <u>500</u>  <u>12/15/2003</u> DATE INCURRED	\$ <u>500</u> PER ELECTION \$ <u>6,570</u> P04
Michael Rubio (Continued) (Continued) (Continued) (Continued) (Continued)  <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>800</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>800</u>  <u>09/24/2004</u> DATE DUE	% <u>0.000</u> RATE \$ <u>0</u>	\$ <u>800</u>  <u>12/28/2003</u> DATE INCURRED	\$ <u>500</u> PER ELECTION \$ <u>6,570</u> P04
Michael Rubio (Continued) (Continued) (Continued) (Continued) (Continued) (Continued)  <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>300</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>300</u>  <u>09/27/2004</u> DATE DUE	% <u>0.000</u> RATE \$ <u>0</u>	\$ <u>300</u>  <u>12/31/2003</u> DATE INCURRED	\$ <u>500</u> PER ELECTION \$ <u>6,570</u> P04
Michael Rubio (Continued) (Continued) (Continued) (Continued) (Continued) (Continued)  <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>200</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>200</u>  <u>09/27/2004</u> DATE DUE	% <u>0.000</u> RATE \$ <u>0</u>	\$ <u>200</u>  <u>12/31/2003</u> DATE INCURRED	\$ <u>500</u> PER ELECTION \$ <u>6,570</u> P04

**SUBTOTAL** \$ 0.00 \$ 0.00 \$ 2,720.00 \$ 0.00

Schedule B - Part I (Continuation Sheet)  
Loans Received

Statement covers period  
from 01/18/2004  
through 02/14/2004

CALIFORNIA  
FORM **460**  
Page 14 of 18  
I.D. NUMBER  
1257051

NAME OF FILER Michael Rubio, Rubio For Supervisor

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
Michael Rubio (Continued) (Continued) (Continued) (Continued) (Continued) (Continued) (Continued) (Continued) <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 250	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 250  01/09/2005 DATE DUE	% 0.000 RATE \$ 0	\$ 250  12/31/2003 DATE INCURRED	\$ 500 PER ELECTION \$ 6,570 P04
Michael Rubio (Continued) (Continued) (Continued) (Continued) (Continued) (Continued) (Continued) (Continued) (Continued) <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0	\$ 500	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 500  / / DATE DUE	% 0.000 RATE \$ 0	\$ 500  02/09/2004 DATE INCURRED	\$ 500 PER ELECTION \$ 6,570 P04
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$  DATE DUE	% RATE \$	\$  DATE INCURRED	\$ PER ELECTION \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$  DATE DUE	% RATE \$	\$  DATE INCURRED	\$ PER ELECTION \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$  DATE DUE	% RATE \$	\$  DATE INCURRED	\$ PER ELECTION \$

**SUBTOTAL** \$ 500.00 \$ 0.00 \$ 750.00 \$ 0.00

**Schedule C  
Non-Monetary Contributions Received**

Statement covers period  
from 01/18/2004  
through 02/14/2004

CALIFORNIA  
FORM **460**  
Page 15 of 18  
I.D. NUMBER  
1257051

NAME OF FILER Michael Rubio, Rubio For Supervisor

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	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/27/2004	WILLIAM MOSESIAN 7149 E. PANAMA ROAD BAKERSFIELD, CA 93307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED FARMER  SELF	POSTAGE	500.00	500.00	500.00 (P04)
02/10/2004	BOB ORTIZ 1400 EASTON DR. BAKERSFIELD, CA 93309	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRINTER  SELF	BUSINESS CARDS	220.00	220.00	220.00 (P04)
01/27/2004	RUBEN SALAS 2653 SECURITY AVE. BAKERSFIELD, CA 93306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DELIVERY MANGER  LOWE'S HOME IMPROVEMENT DEPT.	BUMPER STICKERS	268.13	268.13	268.13 (P04)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
<b>SUBTOTAL \$</b>					988.13		

**Non-Monetary Contributions Summary**

- Amount received this period - non-monetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 988.13
- Amount received this period - non-monetary contributions of less than \$100.  
(Do not itemize.) ..... \$ 0.00
- Total non-monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) ..... **TOTAL \$** 988.13

**Schedule E  
Payments Made**

Statement covers period from <u>01/18/2004</u> through <u>02/14/2004</u>	CALIFORNIA FORM <b>460</b> Page <u>16</u> of <u>18</u>
NAME OF FILER <u>Michael Rubio, Rubio For Supervisor</u>	
I.D. NUMBER <u>1257051</u>	

**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 (explain)             |
| FND fundraising events                                            | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| 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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	AT&T 4200 Truxtun Ave. Bakersfield, CA 93301	OFC	
ELAINE BISHOP 9013 PINERIDGE WAY BAKERSFIELD, CA 93312	CMP		145.00
CompUSA 4001 California Ave. Bakersfield, CA 93303	OFC		107.25
<b>SUBTOTAL \$</b>			<b>652.25</b>

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$	<u>14,066.51</u>
2. Unitemized payments made this period of under \$100. ....	\$	<u>125.33</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).) .....	\$	<u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... <b>TOTAL</b>	\$	<u>14,191.84</u>

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

Statement covers period from <u>01/18/2004</u> through <u>02/14/2004</u>	CALIFORNIA FORM <b>460</b> Page <u>17</u> of <u>18</u>
I.D. NUMBER 1257051	

NAME OF FILER Michael Rubio, Rubio 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.                                  | 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 (explain)             |
| FND fundraising events                                            | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| 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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kirk Briggs Signs 551 South Yosemite Ave. Oakdale, CA 95361	CMP			6,308.24
DANIEL OLGUIN 6182 W.SAN RAMON FRESNO, CA 93722	CMP			230.00
UNITED STATES POSTMASTER 3400 Pegasus Dr. BAKERSFIELD, CA 93308	POS			6,876.02

**SUBTOTAL \$ 13,414.26**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Statement covers period from <u>01/18/2004</u> through <u>02/14/2004</u>	CALIFORNIA FORM <b>460</b> Page <u>18</u> of <u>18</u> I.D. NUMBER <u>1257051</u>
--------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

NAME OF FILER Michael Rubio, Rubio 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) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Lee's Printing Center 4410 Easton Drive Bakersfield, CA 93309	LIT	0.00	2,278.85	0.00	2,278.85
PROFESSIONAL PRINTERS 15421 RED HILL AVE., STE.B TUSTIN, CA 92780	LIT	0.00	2,596.78	0.00	2,596.78
TURKS KERN COPY, INC. 1701 18TH STREET BAKERSFIELD, CA 93301	OFC	0.00	627.58	0.00	627.58
<b>SUBTOTALS \$</b>		0.00	5,503.21	0.00	5,503.21

**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.)	<b>INCURRED TOTAL</b> .....	\$ <u>5,503.21</u>
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.)	<b>PAID TOTAL</b> .....	\$ <u>0.00</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<b>NET</b> .....	\$ <u>5,503.21</u>

Rubio

Primary 2nd Pre Election 1/18/04 (DoLF) to 2/14/04 - Amend

AMENDMENT

Amendment to Campaign Disclosure Statement

Amendment Run Date: 03/04/2004

Date Stamp Recd 3-16-04 2:21pm 	CALIFORNIA FORM 405 A For Official Use Only
------------------------------------------	------------------------------------------------

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

The information required in Part I must correspond to the information provided on the campaign statement.

I Name of Filer

NAME OF FILER: Rubio For Supervisor		LD. NUMBER (IF APPLICABLE) 1257051
STREET ADDRESS OF FILER: (NO. AND STREET) 420 18th Street		
CITY Bakersfield	STATE CA	ZIP CODE 93301
AREA CODE/DAYTIME PHONE (661) 861-8288		
NAME OF TREASURER IF RECIPIENT COMMITTEE: Tammy Criswell		
PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND STREET) 654 Acacia Ave		
CITY Shafter	STATE CA	ZIP CODE 93263
AREA CODE/DAYTIME PHONE (661) 746-2671		

II Amendment Information

- A. The following information amends campaign disclosure statement, Form No. 460, executed on 02/14/2004 for the period 01/18/2004 through 02/14/2004.
- B. The amended information affects items on the:  
 Cover Page     Allocation Page     Summary Page  
 Schedule(s) A     Part(s) \_\_\_\_\_
- C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification. Include additional information on appropriately labeled continuation sheets. (Number of sheets attached 0.)
- amended to provide occupation & employer for: Billie Valdez, retired teacher and for Claire J.Smeed, retired

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 3/12/2004 At Bakersfield, CA By Tammy Criswell

Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification: I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty or perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/12/04 At Bakersfield, CA By \_\_\_\_\_

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_