Recipient Committee		rint in ink.	RECEIVED CALIFORNIA			
Campaign Statement	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NEOLIVE	FOR		
Cover Page						
	Statement covers perio	Date of election if applicable: (Month, Day, Year)			1 of23	
SEE INSTRUCTIONS ON REVERSE	through	_06/05/2012	CITY OF CHULA	FFICE		
Type of Recipient Committee: All Committees - Complete Parts	1, 2, 3, and 4.	2. Type of Statement:				
State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committees Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6)  rimarily Formed Candidate/ fficeholder Committee So Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statemen ☐ Termination Statement (Also file a Form 410 ☐ Amendment (Explain below	□ s □ s s	tuarterly Statement pecial Odd-Year Repor supplemental Preelectic statement - Attach Form	on	
3. Committee Information	NUMBER 339823	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE		NAME OF TREASURER				
Mary Salas for City Council 2012		Xavier Martinez  MAILING ADDRESS  1531 Grand AvenueSu	uite D			
STREET ADDRESS (NO P.O. BOX)		сіту San Marcos	STATE CA	ZIP CODE 92078-2463	AREA CODE/PHONE (760) 752-1610	
245 Davidson Street  CITY STATE ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		32010 2400	<del></del>	
Chula Vista CA 91910-2		Janice Marshall	-13.11 7334			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 1531 Grand Avenue Suite D		MAILING ADDRESS 1531 Grand Avenue S	uite D			
CITY STATE ZIP CODE San Marcos CA 92078-2		CITY San Marcos	STATE CA	ZIP CODE 92078-2463	AREA CODE/PHONE 760-750-1948	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS			
4. Verification I have used all reasonable diligence in preparing and reviewing this state complete. I certify  Fixecuted on Date  Executed on Date  Executed on Date	By  By  By  By  By  By  By	Organization of Reasurey for Assistant	Treasurer onent or Responsible Officer of Spons te Measure Proponent	or .		

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

_	NAME OF BALLOT MEASURE		
_			
	BALLOT NO. OR LETTER JURISD	ICTION	SUPPORT OPPOSE
<del>-</del> .771	Identify the controlling officeholder	, candidate, or state measure	proponent, if any.
_	NAME OF OFFICEHOLDER, CANDIDATE, OR	PROPONE	
	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY
_			
<b>-</b> 7.			List names of
_	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
Ε	NAME OF OFFICEHOLDER OR CANDIDATE		
=	NAME OF OFFICEROLDER OR CANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE
= -	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HI	U SUPPORT OPPOSE
	7.	7. Primarily Formed Candidate/Offic officeholder(s) or candidate(s) for which to name of Officeholder or Candidate	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONE  OFFICE SOUGHT OR HELD  7. Primarily Formed Candidate/Officeholder Committee officeholder(s) or candidate(s) for which this committee is primarily formed.

# Recipient Committee Campaign Statement Cover Page - Continuation Pages

Type or print in ink.

COVER PAGE (CONT)

CALIFORNIA FORM	460

Page	$\frac{3}{}$ of .	23
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Related Committees Not Included i List any committees not included in this sta expendictures on behalf of your candidacy.	tement that ar		formed to receive contributions or make
COMMITTEE NAME			I.D. NUMBER
Mary Salas for State Senate 201	0		1314431
NAME OF TREASURER Nancy Haley			CONTROLLED COMMITTEE?  ★ YES □ NO
	RESS (NO P.O.	BOX)	
245 Davidson Street			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chula Vista	CA	91910-2771	

#### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.
Amounts may be rounded

SUMMARY PAGE

Statement covers perio from 05/20/2012	CALIFORNIA FORM 460
through <u>06/30/2012</u>	- Page4 of23
	ID NUMBER 1330823

1339823 Mary Salas for City Council 2012 Calendar Year Summary for Candidates Column B Column A **Contributions Received** CALENDAR YEAR TOTAL TO DATE TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Running in Both the State Primary and **General Elections** \$40,911.00 \$5,570.00 7/1 to Date 1/1 through 6/30 1. Monetary Contributions Schedule A, Line 3 \$0.00 \$0.00 2. Loans Received Schedule B, Line 3 20. Contributions \$40.911.00 \$5,570.00 Add Lines 1 + 2 Received SUBTOTAL CASH CONTRIBUTIONS \$0.00 \$0.00 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures \$5,570.00 \$40.911.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made** \$49,104.64 \$17,579.17 Candidates 6. Payments Made Schedule E, Line 4 \$0.00 \$0.00 Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made\* \$17,579.17 \$49,104.64 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$2,000.00 \$1,500.00 Total to Date Date of Election 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 \$0.00 \$0.00 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 \$19,079.17 \$51,104.64 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** \$14,261.99 Previous Summary Page, Line 16 12. Beginning Cash Balance To calculate Column B, \$5.570.00 13. Cash Receipts Column A, Line 3 above add amounts in Column A \$0.00 to the corresponding Schedule I, Line 4 14. Miscellaneous Increases to Cash \$17,579.17 amounts from Column B of 15. Cash Payments Column A, Line 8 above your last report. Some \$2,252.82 amounts in Column A may 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 be negative figures that If this is a termination statement, Line 16 must be zero should be subtracted from previous period amounts. \$0.00 If this is the first report 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \*Amounts in this section may be different from being filed for this amounts reported in Column B. calendar year, only carry Cash Equivalents and Outstanding Debts over the amounts from \$0.00 18. Cash Equivalents See instructions on reverse Lines 2, 7, and 9 (if any). \$2,000.00 FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Powered by Complete Campaigns.com | 888-217-9600

Schedule A Monetary Contributions Received		-	rpe or print in ink. Amounts may be rounded	Statement covers	CA	CALIFORNIA FORM 460		
				from06/30/2	2012 Page			
SEE INSTRUCTIONS	S ON REVERSE				ID N	IUMBER		
	for City Council 2012				133	9823		
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)		
05/30/2012	Toni Aden 711 Margarita Avenue Coronado, CA 92118-2322	ME IND  COM  OTH  PTY  SCC	Homemaker Homemaker	\$150.00	\$150.0	\$150.00 P12		
05/29/2012	Chuck Anfuso 1041 Camino Atajo Chula Vista, CA 91910-6781	LIND COM	Retired None	\$50.00	\$100.0	\$100.00 P12		
05/30/2012	Alyce Arnold 1211 16th Street San Diego, CA 92154-2765	ED IND	Retired None	(\$50.00)	\$50.0	\$50.00 P12		
05/30/2012	Nadia P. Bermudez 4132 Mandarin Terrace San Diego, CA 92115-6053	₺ IND □ COM □ OTH □ PTY □ SCC	Attorney Garcia Calderon Ruiz, LLP	\$200.00	\$200.0	\$200.00 P12		
			SUBTOTAL:	\$ 350.00				

 Amount received this period - itemized monetary contributions. 5,175.00 (Include all Schedule A subtotals.)

2. Amount received this period - unitemized monetary contributions of less than \$100

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

(Other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

395.00

5,570.00

SCC - Small Contributor

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Barbara A. Bry

Card Processor)

6327 La Pintura Drive

La Jolla, CA 92037-6940

610 Gateway Center Way Suite K

Intermediary: CompleteCampaigns.com (Credit

Type or print in ink.
Amounts may be

SCHEDULE A (CONT.)

Monetary Contributions Received		rounded		from 05/20/20	FORM 460			
				through06/30/2	2012	Page	6 of	23
NAME OF FILER  Mary Salas	s for City Council 2012					10 NUMBER		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	R YEAR TO DATE		TE
06/05/2012	Thomas Blessent 814 Amiford Drive San Diego, CA 92107-4206	IND COM OTH PTY SCC	Land Planner Thomas Blessent, Land Planner	\$150.00	\$	\$150.00		00 P12
05/23/2012	Paul J. Borden 1903 Wright Place Suite 220 Carlsbad, CA 92008-6584	IND COM OTH PTY	Board Executive Home Fed Corp.	\$300.00	\$	300.00	\$300.0	00 P12

San Diego, CA 92102				
	SUR	TOTAL \$	550.00	

investor

**Blackbird Ventures** 

\* IND

COM

scc

\* Contributor Codes

IND - Individual

05/31/2012

COM - Recipient Committee

(Other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor

\$100.00

\$200.00 P12

\$100.00

#### Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received		,	Amounts may be rounded		perio 112 2012	CALIFORI FORM	
NAME OF FILER				through		1D NUMBER	
	for City Council 2012					1339823	
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 CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
05/24/2012	Anna Caballero 941 New Salem Drive Salinas, CA 93906-4604	ME IND  COM  OTH  PTY  SCC	Attorney State of California	\$300.00	\$3	300.00	\$300.00 P12
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102						
06/05/2012	Dick F. Chase 3730 Valley Vista Road Bonita, CA 91902-1125	BE IND COM OTH PTY SCC	Manager Allied Waste	\$100.00	\$	100.00	\$100.00 P12
05/27/2012	Timothy Considine 16271 Via De Santa Fe Rancho Santa Fe, CA 92091	IND COM OTH PTY	Certified Public Accountant Considine and	\$200.00	\$2	200.00	\$200.00 P12
			SUBTOTAL	\$ 600.00			

\* Contributor Codes

IND - Individual

COM - Recipient Committee

(Other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.
Amounts may be

SCHEDULE A (CONT.)

Monetary Contributions Received		·	rounded	Statement covers	CALIFORNIA FORM 460			
				through06/30/2	2012	Page	8 of	23
NAME OF FILER  Mary Salas	s for City Council 2012					10 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN: 1 - DEC	'EAR	TO	ECTION DATE QUIRED)
06/05/2012	Raymond M. Contreras 5328 Robinwood Road Bonita, CA 91902-2148	E IND  COM  OTH  PTY  SCC	Attorney Raymond Contreras, Attorney	\$150.00	\$	150.00	\$150	).00 P12
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102							
05/29/2012	Stephen P. Cushman 11261 Sherrard Way San Diego, CA 92131-3633	IND COM OTH PTY SCC	Retired Cush Enterprises	\$500.00	\$	300.00	\$300	).00 P12
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102							
			SUBTOTAL \$	650.00				

\* Contributor Codes

IND - Individual

COM - Recipient Committee

(Other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.
Amounts may be

SCHEDULE A (CONT.)

Monetary Contributions Received		,	rounded		perio )12	california form 460		
				through	2012	Page	2 of	
NAME OF FILER						ID NUMBER		
Mary Salas	for City Council 2012		T			1339823		
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 CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
05/29/2012	Stephen P. Cushman 11261 Sherrard Way San Diego, CA 92131-3633	E IND COM OTH PTY SCC	Retired Cush Enterprises	(\$200.00)	\$3	800.00	\$300.00 P12	
05/31/2012	Griselda Delgado 2296 Red Leaf Lane Chula Vista, CA 91915-1944	ME IND  COM  OTH  PTY  SCC	Continuation high school principal Sweetwater Unio High	\$100.00	\$1	100.00	\$300.00 P12	
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102							
06/01/2012	Wallace C. Dieckmann 363 Prospect Street La Jolla, CA 92037-4653	MIND COM	Sr. Project Manager Chelsea Investment Corp.	\$100.00	\$2	200.00	\$200.00 P12	
			SUBTOTAL \$	0.00				

\* Contributor Codes

IND - Individual

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PTY - Political Party

Type or print in ink.
Amounts may be

SCHEDULE A (CONT.)

Monetary Contributions Received		,	rounded	Statement covers perio  05/20/2012  from 06/30/2012  through		CALIFORNIA FORM 460  Page		23
NAME OF FILER						ID NUMBER	!	
Mary Salas	for City Council 2012					1339823		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
06/05/2012	Jeremiah J. Doran 3042 Laurel Street San Diego, CA 92104-5035	E IND  COM  OTH  PTY  SCC	Investment Advisor Capital Benefits	\$100.00	\$	100.00	\$100.00 P1	2
06/05/2012	Todd Galarneau 9907 Mandi Lane Santee, CA 92071-1666	MIND COM	Sr. Vice President The Corky McMillin Companies	\$75.00	\$	275.00	\$275.00 P1	2
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102							
05/31/2012	Lilia E. Garcia 451 Abeto Drive Chula Vista, CA 91910-8013	E IND  COM  OTH  PTY  SCC	Supervising Deputy Atty. General State of CA, Dept.of	\$200.00	\$	200.00	\$200.00 P1	2
		· · · · · · · · · · · · · · · · · · ·	SUBTOTAL	\$ 375.00				

\* Contributor Codes

IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

#### Schedule A (Continuation Sheet) Manatany Contributions Possived

Type or print in ink. Amounts may be

SCHEDULE A (CONT.)

NAME OF FILER	Monetary Contributions Received			rounded		<u>12</u> F	_ CALIFORNIA FORM 460	
Mary Salas for City Council 2012   1339823					through 00/30/2	Page	11 of23	
DATE   PULL NAME STREET ADDRESS AND 2IP CODE OF CODE *   CONTRIBUTOR RECEIVED   PULL NAME STREET ADDRESS AND 2IP CODE OF CODE *   CONTRIBUTOR CODE *   CON	NAME OF FILER							
CODE	Mary Salas	for City Council 2012				13398	23	
Southwestern College   \$150.00   \$150.00   \$150.00		CONTRIBUTOR		OCCUPATION AND EMPLOYER	RECEIVED THIS	CALENDAR YEAR	TO DATE	
COM	05/20/2012	5121 Glen Verde Drive	□ COM □ OTH □ PTY		\$150.00	\$150.00		
MP Tax & Business   \$150.00   \$150.00     Bonita, CA 91902-1335   CoM OTH	06/03/2012	4436 Saratoga Avenue	□ COM □ OTH □ PTY		\$150.00	\$150.00		
620 Fig Avenue Chula Vista, CA 91910-5423    Chula Vista CA 91910-5423   Chula Vista C	05/25/2012	4045 Bonita Road Suite 101	☐ COM ☐ OTH ☐ PTY	MP Tax & Business	\$150.00	\$150.00		
	05/24/2012	620 Fig Avenue	□ COM □ OTH □ PTY		\$300.00	\$300.00		
SUBTOTAL \$ 750.00				CUPTOTAL	\$ 750.00			

\* Contributor Codes

IND - Individual

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(Other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

### Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received		, , , , , , , , , , , , , , , , , , ,	rounded		2012	CALIFORNIA FORM 460 Page12 of23	
NAME OF FILER						NUMBER	
Mary Salas	for City Council 2012			1	133	9823	
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)	
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102						
05/24/2012	Bobby R Price 502 Anita Street Space 8 Chula Vista, CA 91911-4714	E IND  COM  OTH  PTY  SCC	Engineer/Manager SAIC	\$50.00	\$200.	\$300.00 P12	
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102						
05/24/2012	Julia Price 502 Anita Street Space 8 Chula Vista, CA 91911-4714	E IND  COM  OTH  PTY  SCC	Bar Tender VFW Post 2111	\$150.00	\$300.	\$300.00 P12	
			SUBTOTAL \$	\$ 200.00			

\* Contributor Codes

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Type or print in ink.
Amounts may be

SCHEDULE A (CONT.)

Monetary Contributions Received		rounded		Statement covers	CAL	CALIFORNIA FORM 460	
				through06/30/2	2012 Page	13 of23	
NAME OF FILER					ID NI		
Mary Salas	for City Council 2012		,		1339	823	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)	
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102						
06/21/2012	Hale Yahyapour Richardson 6827 Helenite Place Carlsbad, CA 92009-1731	E IND COM OTH PTY SCC	Marketing Home Fed Corp	\$100.00	\$100.0	\$100.00 G12	
05/25/2012	Katina Rondeau 219 Shasta Street Chula Vista, CA 91910-5610	ME IND  COM  OTH  PTY  SCC	Teacher SUHSD	\$300.00	\$300.0	\$300.00 P12	
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102						

SUBTOTAL \$ 400.00	SUBTOTAL \$	400.00	
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(Other than PTY or SCC)

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PTY - Political Party

NAME OF FILER

Type or print in ink.
Amounts may be

SCHEDULE A (CONT.)

rounded	Statement covers perio 05/20/2012 from	CALIFORNIA FORM 460
	through 06/30/2012	Page14 of23
		LO NUMBER
		1339823

Mary Salas for City Council 2012 PER ELECTION CUMULATIVE TO DATE AMOUNT CONTRIBUTOR IF AN INDIVIDUAL, ENTER DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF TO DATE CODE \* RECEIVED THIS CALENDAR YEAR OCCUPATION AND EMPLOYER CONTRIBUTOR RECEIVED (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) PERIOD (JAN. 1 - DEC. 31) MI M \$100.00 P12 Hotelier 05/25/2012 Rufino Roque □сом \$100.00 \$100.00 El Primero Boutique 416 3rd Avenue □отн PTY and Hotel Chula Vista, CA 91910-4603 □ scc MI 🗷 \$200.00 P12 Retired 05/25/2012 Manuela Rubalcava □сом \$200.00 \$200.00 N/A 821 2nd Avenue □отн ☐ PTY Chula Vista, CA 91911-1431 □ scc MD IND Real Estate Broker \$200.00 P12 05/25/2012 Minnie Rzeslawski □сом \$200.00 \$100.00 RE/MAX 24K 3135 Briarwood Road □отн PTY Bonita, CA 91902-2011 □ scc Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102

SUBTOTAL \$	400.00	Tariff Commence of

\* Contributor Codes

IND - Individual

COM - Recipient Committee

(Other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

# Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded		CA	CALIFORNIA FORM 460	
			through 06/30/2012		<u>15</u> of <u>23</u>	
for City Council 2012					9823	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)	
Joel H. San Juan 2743 Highland Avenue National City, CA 91950-7410	E IND  COM  OTH  PTY  SCC	Clinic Director Operation Samahan, Inc.	\$250.00	\$250.	\$250.00 P12	
Elisa M. Sanchez 4552 Paseo Azul Las Cruces, NM 88011-0934	₩ IND  COM  OTH  PTY  SCC	retired retired	\$100.00	\$100.	\$200.00 P12	
Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102						
Phil Seltenrich 245 E Millan Street Chula Vista, CA 91910-6339	E IND  COM OTH PTY SCC	Retired N/A	\$100.00	\$100.	\$100.00 P12	
	for City Council 2012  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALBOENTER LD. NUMBER)  Joel H. San Juan 2743 Highland Avenue National City, CA 91950-7410  Elisa M. Sanchez 4552 Paseo Azul Las Cruces, NM 88011-0934  Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102  Phil Seltenrich 245 E Millan Street	for City Council 2012  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  Joel H. San Juan 2743 Highland Avenue National City, CA 91950-7410  Elisa M. Sanchez 4552 Paseo Azul Las Cruces, NM 88011-0934  Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102  Phil Seltenrich 245 E Millan Street Chula Vista, CA 91910-6339	for City Council 2012    FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSOENTER LD. NUMBER)   COOE * CONTRIBUTOR (IF SCL-SEAND XIP COMMITTEE ALSOENTER LD. NUMBER)   COOM OF BUTTER NAME (IF SCL-SEAND XIP SEAND XIP	Tounded   Statement covers	Contributions Received   Founded   Statement covers perfor   05/20/2012	

SUBTOTAL \$	450.00

\* Contributor Codes

IND - Individual

COM - Recipient Committee

(Other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule	Α	(Continua	tion	Sheet)
Monetary	Con	tributions	Rec	eived

Type or print in ink.
Amounts may be

SCHEDULE A (CONT.)

Monetary Contributions Received		rounded		Statement covers perio  05/20/2012  from		california form 460	
				through06/30/2	2012	Page	16 of23
NAME OF FILER Mary Salas	s for City Council 2012					1339823	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
05/31/2012	Patricia A. Silvas 567 Wisteria Street Chula Vista, CA 91911-5619	IND COM OTH PTY	Florist Patricia Silvas, Florist	\$100.00	\$	3100.00	\$100.00 P12
05/25/2012	James T Waring 7965 La Jolla Scenic Drive N La Jolla, CA 92037-3527	IND COM OTH PTY	Investor FI Financial, LLC	\$100.00	\$	3100.00	\$100.00 P12
05/28/2012	Deborah Young 1882 Sheridan Avenue San Diego, CA 92103-1636	IND COM OTH PTY SCC	Business Owner MSI	\$250.00	\$	3250.00	\$250.00 P12

SUBTOTAL \$	450.00

\* Contributor Codes

IND - Individual

COM - Recipient Committee

(Other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule	E
<b>Payments</b>	Made

Type or print in ink.

SCHEDULE E

Payments Made			rounded to whole do	d	Sta	tement covers period 05/20/2012	CALIFO FOI		460
					throug	h06/30/2012	Page	<u>17</u> of	23_
SEE INSTRUCTIONS ON REVERSE							ID NUMBE	R	
Mary Salas for City Council 2012							133982	3	
CODES: If one of the following codes accurately describes the	navment	vou may	enter the co	ode Otherwise des	scribe th	e pavment.			
		nember com			RAD	radio airtime and production costs			
CMP campaign paraphernalia/misc. CNS campaign consultants			appearances		RFD	returned contributions			
CTB contribution (explain nonmonetary)*		ffice expense			SAL	campaigns workers'salaries			
CVC civic donations		etition circula			TEL	t.v. or cable airtime and production	n costs		
FIL candidate filing/ballot fees	PHO pl	hone banks	_		TRC	candidate travel, lodging, and mea	als		
FND fundraising events	POL p	olling and su	rvey research		TRS	staff/spouse travel, lodging, and n	neals		
IND independent expenditure supporting/opposing others (explain)*	POS p	ostage, deliv	ery and messe	nger services	TSF	transfer between committees of th	e same can	didate/sponso	or
LEG legal defense	PRO p	rofessional s	services (legal, a	accounting)	VOT	voter registration			
LIT campaign literature and mailings	PRT p	rint ads			WEB	information technology costs (inte	rnet, e-mail)		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)			ÇODE (	OR .	DESCRIPTI	ON OF PAYMENT		AMOUN	IT PAID
California Public Safety 1298740 30011 Ivy Glenn Drive Suite 223			LIT	Voter Guide					\$1,173.00
Laguna Niguel, CA 92677-5018									
completecampaigns.com - a division of Aristotle Internat'l. Inc. 205 Pennsylvania Avenue SE Washington, DC 20003-1164			OFC	Credit Card Proc	essing F	ees			\$60.00
completecampaigns.com - a division of Aristotle Internat'l. Inc. 205 Pennsylvania Avenue SE Washington, DC 20003-1164			OFC	Credit Card Proc	essing F	ees			\$25.00
* Payments that are contributions or independent expenditures must also be	e summariz	zed on Sche	edule D.			SUB	TOTAL \$		1,258.00
Schedule E Summary								47.00	
Itemized payments made this period. (Include all Schedule E Sub	otals.)						\$	17,52	8.00 51.17
Unitemized payments made this period of under \$100							\$		
Total Interest paid this period on loans. (Enter amount from Sched	dule B, Pa	rt 1, Colun	nn (e).)				<b>\$</b> —		0.00
								_17,57	9.17

Schedule E		Type or prin					SCHED	ULE E (CONT.)
(Continuation Sheet) Payments Made		Amounts m rounde to whole de	ed	Stat	CALIFO	460		
SEE INSTRUCTIONS ON REVERSE				through	06/30/2012	Page	18 of .	
NAME OF FILER				L		1D NUMBE	R	
Mary Salas for City Council 2012						1339823	3	
CODES: If one of the following codes accurately describes the	e payment you ma	v enter the c	ode Otherwise	describe the	pavment.			
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 cor MTG meetings ar OFC office expen PET petition circu PHO phone bank POL polling and a postage, de	mmunications nd appearances nsese ulating	enger services		radio airtime and production cor returned contributions campaigns workers'salaries t.v. or cable airtime and product candidate travel, lodging, and n staff/spouse travel, lodging, and transfer between committees of voter registration information technology costs (ir	tion costs neals I meals I the same cand	didate/spons	sor
NAME AND ADDRESS OF PAYEE (IF COMMITTE: ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOL	INT PAID
completecampaigns.com - a division of Aristotle Internat'l. Inc 205 Pennsylvania Avenue SE Washington, DC 20003-1164	c.	OFC	Credit Card Pr	ocessing Fe	ees			\$18.25
completecampaigns.com - a division of Aristotle Internat'l. In 205 Pennsylvania Avenue SE Washington, DC 20003-1164	C.	OFC	Credit Card Pr	ocessing Fe	ees			\$11.25
completecampaigns.com - a division of Aristotle Internat'l. In		OFC	Credit Card Pr	ocessing Fe	ees			<b>A</b> 7 50

\$7.50

205 Pennsylvania Avenue SE Washington, DC 20003-1164

Schedule E		Type or print					SCHEDU	JLE E (CONT.
(Continuation Sheet) Payments Made		Amounts ma rounded to whole do	ď	Stat	ement covers period 05/20/2012		CALIFORNIA FORM	
SEE INSTRUCTIONS ON REVERSE				through	06/30/2012	Page	19 of _	23_
NAME OF FILER					•	ID NUMBI		
Mary Salas for City Council 2012						133982	.3	
CODES: If one of the following codes accurately describes the campaign paraphemalia/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 con MTG meetings ar OFC office exper PET petition circle PHO phone bank POL polling and postage, de	mmunications nd appearances nsese ulating	enger services	RAD RFD SAL TEL TRC TRS	payment.  radio airtime and production coreturned contributions campaigns workers'salaries t.v. or cable airtime and produc candidate travel, lodging, and staff/spouse travel, lodging, an transfer between committees of voter registration information technology costs (in	ction costs meals id meals of the same car		or
NAME AND ADDRESS OF PAYEE (IF COMMITTE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAYMENT		A <b>M</b> OU	NT PAID
completecampaigns.com - a division of Aristotle Internat'l. In 205 Pennsylvania Avenue SE Washington, DC 20003-1164	C.	OFC	Computer So	ftware				\$250.00
Martinez & Associates, Inc. 1531 Grand Avenue Suite D San Marcos, CA 92078-2463		PRO	Professional <sup>-</sup>	Treasurer Se	ervices			\$600.00
NTLC Newsletter		LIT	Slate Mailer					<b>M4.445.0</b>

SUBTOTAL \$

\$1,145.00

1,995.00

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

30011 Ivy Glenn Drive Suite 223 Laguna Niguel, CA 92677-5018

Schedule E			Type or print Amounts ma					SCHED	ULE E (CONT.)
(Continuation Sheet) Payments Made		rounded to whole dollars.				tement covers period 05/20/2012	CALIFORNIA 46		
SEE INSTRUCTIONS ON REVERSE					through	06/30/2012	Page _	20 of	23_
NAME OF FILER							ID NUM	BFR	
Mary Salas for City Council 2012							13398	23	
CODES: If one of the following codes accurately describes the p	payment	t, you may	enter the co	ode. Otherwise, de	escribe the	e 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 MTG OFC PET PHO POL POS PRO	member come meetings and office expense petition circular phone banks polling and supostage, delive	munications appearances ese	nger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production cos returned contributions campaigns workers'salaries t.v. or cable airtime and producti candidate travel, lodging, and m staff/spouse travel, lodging, and transfer between committees of voter registration information technology costs (inf	ion costs eals meals the same c		sor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)			CODE (	DR .	DESCRIPTION	ON OF PAYMENT		AMOI	JNT PAID
San Diego County Democratic Party 741906 8304 Clairemont Mesa Boulevard Suite 108 San Diego, CA 92111-1315			OFC	Office Rent					\$500.00
Save Prop 13 598040 Attn: Jim Lacy 30011 Ivy Glenn Dr., Ste. 223 Laguna Niguel, CA 92677	,		LiT		:				\$1,024.00
SBAC Newsletter 1322823 Attn: Jim Lacy 30011 Ivy Glenn Dr., Ste. 223 Laguna Niguel, CA 92677			LIT						\$792.00
			<u> </u>						<u>.</u>

2,316.00

SUBTOTAL \$

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

Schedule E		Type or print					SCHED	ULE E (CONT.)
(Continuation Sheet) Payments Made	rounded to whole dollars.				ement covers period 05/20/2012	CALIF	460	
SEE INSTRUCTIONS ON REVERSE				from -	06/30/2012	Page _	21_of _	23
NAME OF FILER						ID NUMF	RFR	
Mary Salas for City Council 2012						13398	23	
CODES: If one of the following codes accurately describes the p	ayment, you may	y enter the co	ode. Otherwise, desc	cribe 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 con MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	mmunications ad appearances sese ulating	nger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production cos returned contributions campaigns workers'salaries t.v. or cable airtime and producti candidate travel, lodging, and m staff/spouse travel, lodging, and transfer between committees of voter registration information technology costs (in	ion costs eals meals the same ca		sor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR E	DESCRIPTIO	ON OF PAYMENT		AMOU	INT PAID
Starbuck's 20 3rd Avenue Chula Vista, CA 91910-1082		OFC	Volunteer Food/Bo	everage	•			\$50.00
Starbuck's 20 3rd Avenue Chula Vista, CA 91910-1082		OFC	Volunteer Food/Be	everage				\$50.00
Starbuck's 20 3rd Avenue Chula Vista, CA 91910-1082		OFC	Volunteer Food/B	everage				\$50.00
		<u> </u>						

150.00

SUBTOTAL \$

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

Schedule E		Type or print		SCHEDULE E (CON					
(Continuation Sheet) Payments Made		Amounts may be rounded to whole dollars.			ment covers period 05/20/2012	CALIFORNIA 460		0	
•				from –	06/30/2012	Page .		23_	
SEE INSTRUCTIONS ON REVERSE						ID NUM	BER		
NAME OF FILER						13398	323		
Mary Salas for City Council 2012									
CODES: If one of the following codes accurately describes to the 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 com MTG meetings and OFC office expension PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearances sese lating	enger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production cost- returned contributions campaigns workers'salaries t.v. or cable airtime and production candidate travel, lodging, and me staff/spouse travel, lodging, and retransfer between committees of the voter registration	on costs eals meals he same c			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	N OF PAYMENT		AMOUNT PAID		
Turpin McLaughlin Communications 5694 Mission Center Road # 446 San Diego, CA 92108-4355		LIT	Literature/Mailin	g			\$10,88	9.00	
United States Postal Service (USPS) 750 3rd Avenue Chula Vista, CA 91910-5804		POS	Postage				\$18	30.00	
Women's Voice 1293667		LIT	Slate Mailer				\$70	3.00	

30011 Ivy Glenn Drive Suite 223 Laguna Niguel, CA 92677-5018

Schedule F		
Accrued Expenses	(Unpaid	Bills)

Type or print in ink. Amounts may be rounded

SCHEDULE F

Statement covers perio **CALIFORNIA** 460 05/20/2012 **FORM** 06/30/2012

ID NUMBER

1339823

23 of \_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Salas for City Council 2012

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

independent expenditure supporting/opposing others (explain)\* legal defense LEG

PET

phone banks polling and survey research

MBR member communications

office expensese

petition circulating

meetings and appearances

postage, delivery and messenger services professional services (legal, accounting)

RAD radio airtime and production costs

RFD returned contributions

campaigns workers'salaries TEL t.v. or cable airtime and production costs

candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

voter registration

through

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE
Innovation Media Group, LLC 22 W 35th Street Suite 205 National City, CA 91950-7927	CNS Consulting Services	\$0.00	\$2,000.00	\$0.00	\$2,000.00
San Diego County Democratic Party 741906 8304 Clairemont Mesa Boulevard Suite 108 San Diego, CA 92111-1315	OFC Office Rent	\$500.00	\$0.00	\$500.00	\$0.00

* P	Payments that are contributions or independent expenditures must also	SUBTOTALS	\$500.00	\$2,000.00	\$500.00	\$2,000.00
Sc	chedule F Summary					
1.	Total accrued expenses incurred this period. (Include all Schedule F, Colur accured expenses of \$100 or more, plus total unitemized accured expense	mn (b) subtotals for es under \$100.)		INCU	RRED TOTALS \$	2,000.00
2.	Total accrued expenses paid this period. (Include all Schedule F, Column (accured expenses of \$100 or more, plus total unitemized payments on acc	(c) subtotals for payments of cured expenses under \$100	on .)		PAID TOTALS \$	500.00
3.	Net change this period. ( <b>Subtract</b> Line 2 form Line 1. Enter the difference to on the Summary Page, Column A, Line 9.)	here and			TOTAL \$	1,500.00 May be a negative number

May be a negative number FPPC Form 460 (January/05)