

**Recipient Committee  
Campaign Statement  
Cover Page**

Type or print in ink.

COVER PAGE

RECEIVED  
 '12 JUL 18 P 4:56  
 CALIFORNIA FORM 460  
 Page 1 of 23  
 For Official Use Only  
 CITY OF CHULA VISTA  
 CITY CLERK'S OFFICE

Statement covers period  
 from 05/20/2012  
 through 06/30/2012  
 Date of election if applicable:  
 (Month, Day, Year)  
 06/05/2012

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall  
(Also Complete Part 5)

General Purpose Committees  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee  
 Controlled  
 Sponsored  
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

Preelection Statement  
 Semi-annual Statement  
 Termination Statement  
(Also file a Form 410)  
 Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report  
 Supplemental Preelection Statement - Attach Form 495

**3. Committee Information** I.D. NUMBER 1339823

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
 Mary Salas for City Council 2012

STREET ADDRESS (NO P.O. BOX)  
 245 Davidson Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chula Vista	CA	91910-2771	(619) 742-0324

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
 1531 Grand Avenue Suite D

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078-2463	

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
 Xavier Martinez

MAILING ADDRESS  
 1531 Grand Avenue Suite D

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078-2463	(760) 752-1810

NAME OF ASSISTANT TREASURER, IF AN  
 Janice Marshall

MAILING ADDRESS  
 1531 Grand Avenue Suite D

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078-2463	760-750-1948

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

Executed on 7/18/12  
 Executed on 7/18/12  
 Executed on \_\_\_\_\_  
 Executed on \_\_\_\_\_

By \_\_\_\_\_  
 Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
 Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
 Signature of Controlling Officer, Candidate, State Measure Proponent

By \_\_\_\_\_  
 Signature of Controlling Officer, Candidate, State Measure Proponent

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

Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**Mary Salas**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**City Council Member**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)      CITY      STATE      ZIP  
245 Davidson Street      Chula Vista      CA      91910-2771

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive*

COMMITTEE NAME <b>SEE ATTACHED</b>	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS      STREET ADDRESS (NO P.O. BOX)	
CITY      STATE      ZIP CODE      AREA CODE/PHONE	

  

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS      STREET ADDRESS (NO P.O. BOX)	
CITY      STATE      ZIP CODE      AREA CODE/PHONE	

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**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
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**7. Primarily Formed Candidate/Officeholder Committee**

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

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

*Attach continuation sheets if necessary*

**Recipient Committee  
Campaign Statement  
Cover Page - Continuation Pages**

Type or print in ink.

COVER PAGE (CONT)

**CALIFORNIA  
FORM 460**

Page 3 of 23

**Related Committees Not Included in this Statement:**

List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME Mary Salas for State Senate 2010		I.D. NUMBER 1314431	
NAME OF TREASURER Nancy Haley		CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS 245 Davidson Street		STREET ADDRESS (NO P.O. BOX)	
CITY Chula Vista	STATE CA	ZIP CODE 91910-2771	AREA CODE/PHONE

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/20/2012	
through	06/30/2012	Page 4 of 23
NAME OF FILER		ID NUMBER
Mary Salas for City Council 2012		1339823

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Salas for City Council 2012

**Contributions Received**

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 5,570.00	\$ 40,911.00
2. Loans Received	Schedule B, Line 3	\$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 5,570.00	\$ 40,911.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 5,570.00	\$ 40,911.00

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 17,579.17	\$ 49,104.64
7. Loans Made	Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 17,579.17	\$ 49,104.64
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 1,500.00	\$ 2,000.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 19,079.17	\$ 51,104.64

**Expenditure Limit Summary for State  
Candidates**

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

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

**Current Cash Statement**

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 14,261.99
13. Cash Receipts	Column A, Line 3 above	\$ 5,570.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0.00
15. Cash Payments	Column A, Line 8 above	\$ 17,579.17
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,252.82

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 2,000.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

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

**Schedule A**  
**Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded

SCHEDULE A

Statement covers period from <u>05/20/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b> Page <u>5</u> of <u>23</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Salas for City Council 2012

ID NUMBER

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 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker Homemaker	\$150.00	\$150.00	\$150.00 P12
05/29/2012	Chuck Anfuso 1041 Camino Atajo Chula Vista, CA 91910-6781	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$50.00	\$100.00	\$100.00 P12
05/30/2012	Alyce Arnold 1211 16th Street San Diego, CA 92154-2765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	(\$50.00)	\$50.00	\$50.00 P12
05/30/2012	Nadia P. Bermudez 4132 Mandarin Terrace San Diego, CA 92115-6053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Garcia Calderon Ruiz, LLP	\$200.00	\$200.00	\$200.00 P12

**SUBTOTAL \$ 350.00**

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	5,175.00
2. Amount received this period - unitemized monetary contributions of less than \$100	395.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	5,570.00

\* Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(Other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor

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

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

Type or print in ink.  
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>05/20/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>23</u>

NAME OF FILER

Mary Salas for City Council 2012

ID NUMBER  
1339823

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
06/05/2012	Thomas Blessent 814 Amiford Drive San Diego, CA 92107-4206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Land Planner Thomas Blessent, Land Planner	\$150.00	\$150.00	\$300.00 P12
05/23/2012	Paul J. Borden 1903 Wright Place Suite 220 Carlsbad, CA 92008-6584	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Board Executive Home Fed Corp.	\$300.00	\$300.00	\$300.00 P12
05/31/2012	Barbara A. Bry 6327 La Pintura Drive La Jolla, CA 92037-6940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	investor Blackbird Ventures	\$100.00	\$100.00	\$200.00 P12
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102					

**SUBTOTAL \$ 550.00**

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
(Other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor

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

Type or print in ink.  
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>05/20/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>Mary Salas for City Council 2012</b>	ID NUMBER <b>1339823</b>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
05/24/2012	Anna Caballero 941 New Salem Drive Salinas, CA 93906-4604  Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney State of California	\$300.00	\$300.00	\$300.00 P12
06/05/2012	Dick F. Chase 3730 Valley Vista Road Bonita, CA 91902-1125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Certified Public Accountant Considine and	\$200.00	\$200.00	\$200.00 P12

<b>SUBTOTAL \$</b>	<b>600.00</b>
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 COM - Recipient Committee  
(Other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor

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

Type or print in ink.  
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>05/20/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>Mary Salas for City Council 2012</b>	ID NUMBER <b>1339823</b>
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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)
06/05/2012	Raymond M. Contreras 5328 Robinwood Road Bonita, CA 91902-2148  Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Raymond Contreras, Attorney	\$150.00	\$150.00	\$150.00 P12
05/29/2012	Stephen P. Cushman 11261 Sherrard Way San Diego, CA 92131-3633  Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Cush Enterprises	\$500.00	\$300.00	\$300.00 P12

<b>SUBTOTAL \$</b>	<b>650.00</b>
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\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 (Other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor



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

Type or print in ink.  
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>05/20/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER 1339823	

NAME OF FILER

Mary Salas for City Council 2012

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)
05/29/2012	Stephen P. Cushman 11261 Sherrard Way San Diego, CA 92131-3633	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Cush Enterprises	(\$200.00)	\$300.00	\$300.00 P12
05/31/2012	Griselda Delgado 2296 Red Leaf Lane Chula Vista, CA 91915-1944  Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Continuation high school principal Sweetwater Unio High	\$100.00	\$100.00	\$300.00 P12
06/01/2012	Wallace C. Dieckmann 363 Prospect Street La Jolla, CA 92037-4653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sr. Project Manager Chelsea Investment Corp.	\$100.00	\$200.00	\$200.00 P12

**SUBTOTAL \$ 0.00**

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(Other than PTY or SCC)
- OTH - Other (e.g., business entity)
- PTY - Political Party
- SCC - Small Contributor

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

Type or print in ink.  
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>05/20/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>10</u> of <u>23</u>

NAME OF FILER <b>Mary Salas for City Council 2012</b>	I.D. NUMBER <b>1339823</b>
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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)
06/05/2012	Jeremiah J. Doran 3042 Laurel Street San Diego, CA 92104-5035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investment Advisor Capital Benefits	\$100.00	\$100.00	\$100.00 P12
06/05/2012	Todd Galarnau 9907 Mandi Lane Santee, CA 92071-1666	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sr. Vice President The Corky McMillin Companies	\$75.00	\$275.00	\$275.00 P12
	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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supervising Deputy Atty. General State of CA, Dept.of	\$200.00	\$200.00	\$200.00 P12

<b>SUBTOTAL \$</b>	<b>375.00</b>
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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>05/20/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b> Page <u>11</u> of <u>23</u>
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NAME OF FILER <b>Mary Salas for City Council 2012</b>	ID NUMBER <b>1339823</b>
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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)
05/20/2012	Bill Kinney 5121 Glen Verde Drive Bonita, CA 91902-2625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator Southwestern College	\$150.00	\$150.00	\$150.00 P12
06/03/2012	Rebecca Llewellyn 4436 Saratoga Avenue San Diego, CA 92107-2338	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO PayCo Specialties	\$150.00	\$150.00	\$150.00 P12
05/25/2012	Magdalena Peraza 4045 Bonita Road Suite 101 Bonita, CA 91902-1335	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tax Consultant MP Tax & Business Solutions	\$150.00	\$150.00	\$300.00 P12
05/24/2012	Kay Poindexter 620 Fig Avenue Chula Vista, CA 91910-5423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$300.00	\$300.00	\$300.00 P12

<b>SUBTOTAL \$</b>	<b>750.00</b>
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\* Contributor Codes  
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 (Other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor

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

Type or print in ink.  
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>05/20/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b> Page <u>12</u> of <u>23</u>
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NAME OF FILER <b>Mary Salas for City Council 2012</b>	ID NUMBER <b>1339823</b>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
	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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer/Manager SAIC	\$50.00	\$200.00	\$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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bar Tender VFW Post 2111	\$150.00	\$300.00	\$300.00 P12

<b>SUBTOTAL \$</b>	<b>200.00</b>
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\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
(Other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor

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

Type or print in ink.  
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>05/20/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>13</u> of <u>23</u>

NAME OF FILER

Mary Salas for City Council 2012

ID NUMBER

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 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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing Home Fed Corp	\$100.00	\$100.00	\$100.00 G12
05/25/2012	Katina Rondeau 219 Shasta Street Chula Vista, CA 91910-5610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher SUHSD	\$300.00	\$300.00	\$300.00 P12
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102					

**SUBTOTAL \$ 400.00**

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(Other than PTY or SCC)
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- PTY - Political Party
- SCC - Small Contributor

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

Type or print in ink.  
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>05/20/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>14</u> of <u>23</u>

NAME OF FILER

Mary Salas for City Council 2012

ID NUMBER

1339823

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

**SUBTOTAL \$ 400.00**

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(Other than PTY or SCC)
- OTH - Other (e.g., business entity)
- PTY - Political Party
- SCC - Small Contributor

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

Type or print in ink.  
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>05/20/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Mary Salas for City Council 2012

I.D. NUMBER  
1339823

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
05/29/2012	Joel H. San Juan 2743 Highland Avenue National City, CA 91950-7410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clinic Director Operation Samahan, Inc.	\$250.00	\$250.00	\$250.00 P12
06/07/2012	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	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired retired	\$100.00	\$100.00	\$200.00 P12
06/02/2012	Phil Seltnerich 245 E Millan Street Chula Vista, CA 91910-6339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$100.00	\$100.00	\$100.00 P12

**SUBTOTAL \$ 450.00**

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(Other than PTY or SCC)
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- PTY - Political Party
- SCC - Small Contributor

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

Type or print in ink.  
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>05/20/2012</u> through <u>06/30/2012</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>Mary Salas for City Council 2012</b>	ID NUMBER <b>1339823</b>
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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)
05/31/2012	Patricia A. Silvas 567 Wisteria Street Chula Vista, CA 91911-5619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Florist Patricia Silvas, Florist	\$100.00	\$100.00	\$100.00 P12
05/25/2012	James T Waring 7965 La Jolla Scenic Drive N La Jolla, CA 92037-3527	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor FI Financial, LLC	\$100.00	\$100.00	\$100.00 P12
05/28/2012	Deborah Young 1882 Sheridan Avenue San Diego, CA 92103-1636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner MSI	\$250.00	\$250.00	\$250.00 P12

<b>SUBTOTAL \$</b>	<b>450.00</b>
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 (Other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor



**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/20/2012	
through	06/30/2012	Page 17 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Salas for City Council 2012

ID NUMBER

1339823

**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 campaigns workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Public Safety 1298740 30011 Ivy Glenn Drive Suite 223 Laguna Niguel, CA 92677-5018	LIT	Voter Guide	\$1,173.00
completecampaigns.com - a division of Aristotle Internat'l. Inc. 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OFC	Credit Card Processing Fees	\$60.00
completecampaigns.com - a division of Aristotle Internat'l. Inc. 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OFC	Credit Card Processing Fees	\$25.00

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

**SUBTOTAL \$ 1,258.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E Subtotals.)	\$ 17,528.00
2. Unitemized payments made this period of under \$100	\$ 51.17
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
	<u>\$ 17,579.17</u>

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

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Mary Salas for City Council 2012

ID NUMBER

1339823

**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	campaigns workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
completecampaigns.com - a division of Aristotle Internat'l. Inc. 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OFC	Credit Card Processing Fees	\$18.25
completecampaigns.com - a division of Aristotle Internat'l. Inc. 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OFC	Credit Card Processing Fees	\$11.25
completecampaigns.com - a division of Aristotle Internat'l. Inc. 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OFC	Credit Card Processing Fees	\$7.50
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>			<b>SUBTOTAL \$ 37.00</b>

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

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Mary Salas for City Council 2012

I D NUMBER

1339823

**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 campaigns workers'salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
completecampaigns.com - a division of Aristotle Internat'l. Inc. 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OFC	Computer Software	\$250.00
Martinez & Associates, Inc. 1531 Grand Avenue Suite D San Marcos, CA 92078-2463	PRO	Professional Treasurer Services	\$600.00
NTLC Newsletter 30011 Ivy Glenn Drive Suite 223 Laguna Niguel, CA 92677-5018	LIT	Slate Mailer	\$1,145.00
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>			<b>SUBTOTAL \$ 1,995.00</b>

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

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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Mary Salas for City Council 2012

I.D. NUMBER

1339823

**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	campaigns workers'salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
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
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>			<b>SUBTOTAL \$ 2,316.00</b>

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

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Mary Salas for City Council 2012

I.D. NUMBER

1339823

**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	campaigns workers'salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Starbuck's 20 3rd Avenue Chula Vista, CA 91910-1082	OFC	Volunteer Food/Beverage	\$50.00
Starbuck's 20 3rd Avenue Chula Vista, CA 91910-1082	OFC	Volunteer Food/Beverage	\$50.00
Starbuck's 20 3rd Avenue Chula Vista, CA 91910-1082	OFC	Volunteer Food/Beverage	\$50.00
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>			<b>SUBTOTAL \$ 150.00</b>

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

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	05/20/2012	
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NAME OF FILER

Mary Salas for City Council 2012

ID NUMBER  
1339823

**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	campaigns workers'salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Turpin McLaughlin Communications 5694 Mission Center Road # 446 San Diego, CA 92108-4355	LIT	Literature/Mailing	\$10,889.00
United States Postal Service (USPS) 750 3rd Avenue Chula Vista, CA 91910-5804	POS	Postage	\$180.00
Women's Voice 1293667 30011 Ivy Glenn Drive Suite 223 Laguna Niguel, CA 92677-5018	LIT	Slate Mailer	\$703.00
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>			<b>SUBTOTAL \$ 11,772.00</b>

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

Type or print in ink.  
Amounts may be  
rounded

SCHEDULE F

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	05/20/2012	
through	06/30/2012	Page <u>23</u> of <u>23</u>
NAME OF FILER		ID NUMBER
Mary Salas for City Council 2012		1339823

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Salas for City Council 2012

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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 expense	SAL	campaigns workers'salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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	
<b>* Payments that are contributions or independent expenditures must also be</b>		<b>SUBTOTALS</b>	\$500.00	\$2,000.00	\$500.00	\$2,000.00

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	<b>INCURRED TOTALS \$</b>	2,000.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	<b>PAID TOTALS \$</b>	500.00
3. Net change this period. ( <b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<b>TOTAL \$</b>	1,500.00

May be a negative number

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)