Campaign Statement Cover Page	Туре от р	print in ink.	ECEPVED	CALIFO	/1611
(Government Code Sections 84200-84216.5)  SEE INSTRUCTIONS ON REVERSE	Statement covers period from 01/01/2011 through	Date of election if applicable (Month, Day, Year)	JAN 25 P 124		1 of 32 For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committees	rts 1, 2, 3, and 4.  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 Term Amendment (Explain below	Sination)	Quarterly Statement Special Odd-Year Repo Supplemental Preelect Statement - Attach For	ion
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 COL  Chula Vista CA 91910  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  1531 Grand Avenue Suite D  CITY STATE ZIP COL	0-2771 (619) 742-0324 DE AREA CODE/PHONE	Treasurer(s)  NAME OF TREASURER  Xavier Martinez  MAILING ADDRESS 1531 Grand AvenueSu  CITY  San Marcos  NAME OF ASSISTANT TREASURE  Janice Marshall  MAILING ADDRESS 1531 Grand Avenue Su  CITY	CA R, IF ANY  site D  STATE	ZIP CODE 92078-2463 ZIP CODE	AREA CODE/PHONE (760) 752-1610  AREA CODE/PHONE
San Marcos CA 92078  OPTIONAL: FAX / E-MAIL ADDRESS  4. Verification I have used all reasonable diligence in preparing and reviewing this stunder penalty of perjury under the laws of the State of California that the Executed on Executed on Date  Executed on Date		San Marcos OPTIONAL: FAX / E-MAIL ADDRES  ormation controlling officer, Candidate, State Measure Propon	ched schedules is true and of the control of the co	<u> </u>	760-750-1948

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

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

Type or print in ink.

COVER PAGE - PART 2

	IFORNIA FORM	460
Page	2 of _	32

Officeholder or Candidate Co	ntrolled Committ	tee			6.	Primarily Formed Ballot	Measure Cor	mmittee		
NAME OF OFFICEHOLDER OR CANDID.	ATE					NAME OF BALLOT MEASURE				
Mary Salas										
OFFICE SOUGHT OR HELD (INCLUDE L City Council Member	OCATION AND DISTRI	CT NUMBER IF APPL	ICABLE)			BALLOT NO. OR LETTER	JURISDICTIC	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (No 245 Davidson Street	D. AND STREET)	CITY Chula Vista	STATE CA	ZIP 91910-2771		Identify the controlling offi	ceholder, car	ndidate, or state measur	re proponen	t, if any.
						NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROF	PONENT		
Related Committees Not Inclu not included in this statement that are contributions or make expendidtures	controlled by you or	r are primarily forme				OFFICE SOUGHT OR HELD			DISTRICT NO	). IF ANY
COMMITTEE NAME	-	I.D. NUMBER								
SEE ATTACHE NAME OF TREASURER	:D	CONTROLLEI  YES			7.	Primarily Formed Candid officeholder(s) or candidate(s) f			List nam	es of
COMMITTEE ADDRESS STREE	FADDRESS (NO P.O. E	BOX)				NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR H	IELD	SUPPORT OPPOSE
CITY	STATE	ZIP CODE	AREA	CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR H	IELD	SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUMBER				NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR H	IELD	SUPPORT OPPOSE
NAME OF TREASURER		CONTROLLEI YES	COMMITTEE			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR H	ELD	SUPPORT
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. E	BOX)								OPPOSE

# Recipient Committee Campaign Statement Cover Page - Continuation Pages

Type or print in ink.

COVER PAGE (CONT)

california form 460

age	3 of _	32
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Related Committees Not Inclu List any committees not included in the expendidtures on behalf of your candi	his statement that ar		formed to receive contributions or make
COMMITTEE NAME  Mary Salas for State Senate			I.D. NUMBER 1314431
NAME OF TREASURER Nancy Haley			CONTROLLED COMMITTEE?  YES NO
COMMITTEE ADDRESS STREET 245 Davidson Street	ADDRESS (NO P.O.	BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chula Vista	CA	91910-2771	

#### Campaign Disclosure Statement **Summary Page**

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

Statement covers period

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE	to whole dollars.		from <u>01/01</u>	1/2011 2/31/2011	CALIFORNIA FORM 460
NAME OF FILER  Mary Salas for City Council 2012			·		I.D. NUMBER 1339823
Contributions Received  1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	**STAL THIS PERIOD (FROM ATTACHED SCHEDULES)  \$ \$14,725.00   \$1,000.00   \$ \$15,725.00   \$0.00   \$ \$15,725.00	\$1 \$ \$15	R YEAR	Running in Both the General Elections  20. Contributions Received \$  21. Expenditures	nmary for Candidates le State Primary and  1/1 through 6/30 7/1 to Date  \$
Expenditures Made  6. Payments Made  7. Loans Made  8. SUBTOTAL CASH PAYMENTS  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  11. TOTAL EXPENDITURES MADE  Schedule E, Line 4  Schedule E, Line 3  Schedule F, Line 3  Add Lines 8 + 9 + 10	\$ \$4,278.54 \$0.00 \$ \$4,278.54 \$1,334.00 \$0.00 \$	\$ \$4 \$1	,278.54 \$0.00 ,278.54 ,334.00 \$0.00 ,612.54		ummary for State  ative Expenditures Made* to Voluntary Expenditure Limit)  Total to Date  \$5,612.54
Current Cash Statement  12. Beginning Cash Balance	\$ \$0.00 \$15,725.00 \$0.00 \$4,278.54 \$ \$11,446.46 \$ \$0.00 \$ \$0.00	To calculate Columnamounts in Column and from Column Booreport. Some armocolumn A may be figures that shoul subtracted from period amounts. If the first report befor this calendary carry over the amfrom Lines 2, 7, and any).	nn A to the nounts f your last punts in e negative d be revious f this is ing filed rear, only ounts	*Amounts in this section reported in Column B.	may be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$\$2,334.00			FPPC Toll-Free	FPPC Form 460 (January/05 Helpline: 866/ASK-FPPC (866/275-3772

Powered by CompleteCampaigns.com | 888-217-9600

Schedule	A	
Monetary	Contributions	Received

Type or print in ink.

SCHEDULE A

Monetary Contributions Received  SEE INSTRUCTIONS ON REVERSE			unts may be rounded to whole dollars.	Statement cover 01/01/20 from 12/31/	011	CALIFORNIA FORM 460 Page5 of32
NAME OF FI	LER					I.D. NUMBER
Mary S	alas for City Council 2012					1339823
DATE RECEIV		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 TO DATE
12/28/20	Margarita Alonso 648 Hartford Street Chula Vista, CA 91913-2456	LIND COM OTH PTY	Manager SIMNSA Health Plan	\$300.00	\$3	\$300.00 P12
08/16/20	David A Alvarez 2048 Julian Avenue San Diego, CA 92113-1235	IND COM OTH PTY	Councilmember City of San Diego	\$100.00	\$1 	\$150.00 P12
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102					
12/31/20	David A Alvarez 2048 Julian Avenue San Diego, CA 92113-1235	ME IND  COM OTH PTY SCC	Councilmember City of San Diego	\$50.00	\$1 	\$150.00 P12
			SUBTOTAL \$	450.00		
Sched	ule A Summary					ontributor Codes - Individual
	mount received this period - itemized monetary contributions.  nclude all Schedule A subtotals.)		·····	13,100.00		M - Recipient Committee (Other than PTY or SCC) H - Other (e.g., business entity)
2. A	mount received this period - unitemized monetary contributions of I	ess than \$100		1,625.00		′ - Political Party C - Small Contributor Committee
	otal monetary contributions received this period. Add Lines 1 and 2. Enter here and on the Summary Page, Column	A, Line 1.)		14,725.00		FPPC Form 460 (January/05)

Type or print in ink.

SCHEDULE A (CONT.)

Manatam Cantulbutions Descined		Amo	unts may be rounded			SCHEDOLE A (CONT.)		
Monetary (	Contributions Received	1	to whole dollars.	Statement covers	CA	FORM 460		
				through12/31/	2011 Page	6 of 32		
NAME OF FILER					I.D. N	UMBER		
Mary Salas	for City Council 2012				133	9823		
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							
12/31/2011	Randy Bellamy 750 Plaza Miroda Chula Vista, CA 91910-7733	ME IND  COM OTH PTY SCC	Funeral Director Village CremationService	\$100.00	\$100.C	\$100.00 P12		
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102							
12/31/2011	Andrew H Berg 7788 Salix Place San Diego, CA 92129-3769	IND COM OTH PTY	Executive Manager National Electrical Contractors	\$100.00	\$100.0	\$100.00 P12		
			SUBTOTAL \$	3 200.00				

\* 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.

SCHEDULE A (CONT.)

Monotony (	Monetary Contributions Received		unts may be rounded	04-4					
Wionetary	Continuations Received		to whole dollars.	Statement covers		CALIFORNIA 4			
				through12/31/	2011	Page		32	
NAME OF FILER				<u> </u>	1	D. NUMBER			
Mary Salas	for City Council 2012				1	339823			
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 D CALENDAR YEA (JAN. 1 - DEC. 3	R	PER ELEC TO DA' (IF REQUI	TE	
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102								
12/29/2011	Thomas Blessent 814 Amiford Drive San Diego, CA 92107-4206	IND COM OTH PTY	Land Planner Thomas Blessent, Land Planner	\$150.00	\$15	60.00	\$150.0	00 P12	
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102								
08/05/2011	Barbara A. Bry 6327 La Pintura Drive La Jolla, CA 92037-6940	IND □ COM □ OTH □ PTY □ SCC	Investor Blackbird Ventures	\$100.00	\$10	00.00	\$100.0	00 P12	
			SUBTOTAL \$	250.00			·.		

\* 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 rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		,	to whole dollars.	Statement covers	·	CALIFORNIA FORM 460		
				through12/31/2	2011	Page8 of		32
NAME OF FILER				·		I.D. NUMB		
Mary Salas	for City Council 2012			·		133982	3	
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	то	LECTION DATE QUIRED)
12/20/2011	Josie L. Calderon 3462 Malito Drive Bonita, CA 91902-1220	LIND COM OTH PTY SCC	Comm. Relations Consultant JLC Consultant	\$150.00	\$1	50.00	\$15	0.00 P12
12/31/2011	Jesus Cardenas 3484 Glen Abbey Boulevard Chula Vista, CA 91910-3215	IND COM OTH PTY	Consultant Innovation Media Group	\$100.00	\$1	00.00	\$10	0.00 P12
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102							
12/28/2011	Frank S. Carrillo 333 H Street Suite 6040 Chula Vista, CA 91910-5565	END COM OTH PTY	Pres. & CEO Simnsa Health Plan	\$300.00	\$3	300.00	\$30	0.00 P12
							· · · · · · · · · · · · · · · · · · ·	
			SUBTOTAL \$	550.00			· · · · · · · · · · · · · · · · · · ·	

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IND - Individual

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(Other than PTY or SCC)

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

PTY - Political Party

#### Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received			from 01/01/20	11	FORM	460	
			through 12/31/2	2011 Pa	ge9	of <u>32</u>	
				I.D.	NUMBER		
for City Council 2012			.,	133	39823		
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)	
Alicia P. Casillas 1036 Vista Way Chula Vista, CA 91911-2241	END COM OTH PTY	Retired N/A	\$300.00			300.00 P12	
Gloria Casillas 571 E J Street Chula Vista, CA 91910-6414	LIND COM OTH PTY	Retired N/A	\$100.00	\$100		100.00 P12	
Paula Casillas 1036 Vista Way Chula Vista, CA 91911-2241	IND COM OTH PTY SCC	Retired N/A	\$100.00	\$100		100.00 P12	
Carlos Chacon 9225 Aero Drive San Diego, CA 92123-2413	ME IND COM OTH PTY SCC	Detective Sergeant The City of San Diego Police Department	\$300.00	\$300		300.00 P12	
		SUBTOTAL	800.00				
1	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  Alicia P. Casillas 1036 Vista Way Chula Vista, CA 91911-2241  Gloria Casillas 571 E J Street Chula Vista, CA 91910-6414  Paula Casillas 1036 Vista Way Chula Vista, CA 91911-2241  Carlos Chacon 9225 Aero Drive	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  CODE *  Alicia P. Casillas  1036 Vista Way  Chula Vista, CA 91911-2241  Gloria Casillas  571 E J Street  Chula Vista, CA 91910-6414  PTY  SCC  Paula Casillas  1036 Vista Way  Chula Vista, CA 91911-2241  PTY  SCC  Carlos Chacon  9225 Aero Drive San Diego, CA 92123-2413	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  CODE OF COMMITTEE ALSO ENTER I.D. NUMBER)  Alicia P. Casillas  1036 Vista Way  Chula Vista, CA 91911-2241  Gloria Casillas  571 E J Street  Chula Vista, CA 91910-6414  Paula Casillas  1036 Vista Way  Chula Vista, CA 91910-6414  Paula Casillas  Com OTH	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  FOR SELF-LEMPLOYER, CHTER JAME  CODE *  COOPTION AND EMPLOYER  OF SELF-LEMPLOYER, CHTER JAME  PERIOD  Retired  N/A  \$300.00  Alicia P. Casillas  1036 Vista Way  Chula Vista, CA 91911-2241    D PTY	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  OF COMMETTER, AND ENTER 1D INCHMER(I)  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  OF COMMETTER, AND ENTER 1D INCHMER(I)  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  CODE OF COMMETTER, AND ENTER 1D INCHMER(I)  FOR CODE OF COMPATION AND EMPLOYER  RECEIVED THIS  COLUMNATIVE TO DAT  CALENDAR YEAR  (JAN. 1 - DEC 31)  Alicia P. Casillas  1036 Vista Way  Chula Vista, CA 91911-2241  Full ND  COM  OTH  OTH  OTH  OTH  OTH  OTH  OTH  O	FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  CODE :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  CODE :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  CODE :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  CODE :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  CODE :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  CODE :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  COME :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  COME :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  COME :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  COME :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  COME :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  COME :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  COME :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  COME :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  COME :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  COME :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CANTRIBUTOR  COME :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CANTRIBUTOR  COME :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CANTRIBUTOR  COME :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CANTRIBUTOR  COME :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CANTRIBUTOR  COME :  FULL NAME. STREET ADDRESS AND ZIP CODE OF CANTRIBUTOR  CAMPACITY OF CALL STREET ADDRESS AND ZIP COME :  FULL NAME. STREET ADORS AND ZIP CALL STREET CALENDARY  FULL NAME. STREET ADDRESS AND ZIP CALL STREET CALENDARY  FULL NAME. STREET ADDRESS AND ZIP CALL STREET CALENDARY  FULL NAME. STREET ADDRESS AND ZIP CALL STREET CALENDARY  FULL NAME. STREET ADDRESS AND ZIP CALL STREET CALL STREET CALL STREET CALL STREET CALL STREET CALL STREET CALL STRE	

\* 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 rounded

SCHEDULE A (CONT.)

Monetary (	Monetary Contributions Received		to whole dollars.		period C	CALIFORNIA FORM	
				through 12/31/2	2011 Pa	ge10	of32
NAME OF FILER Mary Salas	s for City Council 2012			-		NUMBER 39823	
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	_	ER ELECTION TO DATE F REQUIRED)
09/03/2011	Jorge Covarrubias 5 2nd Avenue Chula Vista, CA 91910-1929	IND COM OTH PTY SCC	Retired N/A	\$100.00	\$100		6100.00 P12
12/28/2011	Liana P Damian 301 Rancho Drive Unit B Chula Vista, CA 91911-6524	IND □ COM □ OTH □ PTY □ SCC	Medical Biller SIMNSA Health Plan	\$300.00	\$300		\$300.00 P12
12/30/2011	Griselda Delgado 2296 Red Leaf Lane Chula Vista, CA 91915-1944	IND COM OTH PTY	Administrator SUHSD	\$200.00	\$200		\$200.00 P12
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102						
			SUBTOTAL	\$ 600.00			

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

SCHEDULE A (CONT.)

Statement covers period

Monetary (	Monetary Contributions Received		to whole dollars.		period CA	CALIFORNIA FORM	
				through12/31/2	2011 Pag	e11_of _	32
NAME OF FILER	s for City Council 2012					NUMBER 39823	
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)	TO	LECTION DATE QUIRED)
09/03/2011	Debra Diaz 89 E Paisley Street Chula Vista, CA 91911-4537	IND COM OTH PTY SCC	Homemaker None	\$250.00	\$250.		0.00 P12
12/29/2011	Juan Diaz 1631 Bayview Heights Drive Unit 2 San Diego, CA 92105-5817	ME IND  COM  OTH  PTY  SCC	Owner TSI -Testing Service Inspections	\$200.00	\$200.		0.00 P12
08/05/2011	Norma A. Diaz 1459 Woodglen Terrace Bonita, CA 91902-4283	IND COM OTH PTY SCC	President Community Health Group	\$300.00	\$300.		0.00 P12
08/05/2011	Mr. Al Ducheny 2168 Logan Avenue San Diego, CA 92113-2204	IND COM OTH PTY SCC	Commissioner Boxing	\$300.00	\$300.		0.00 P12
			SUBTOTAL	\$ 1,050.00			

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

SCHEDULE A (CONT.)

Statement covers period

Monetary	Contributions Received		to whole dollars.	Statement covers  from 01/01/20	·	CALIFORNIA —— FORM		<b>460</b>	
				through12/31/2	2011 Pa	ge12.0	of3	2	
NAME OF FILER					1.D	. NUMBER	-		
Mary Salas	for City Council 2012		,		13	39823			
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)		
12/28/2011	Breanna M Ellis 1050 Island Avenue Unit 403 San Diego, CA 92101-7261	IND COM OTH PTY SCC	Accountant Unicare Systems	\$300.00	\$300		300.00 P12	2	
12/28/2011	Bert Epsten 3526 Emerson Street San Diego, CA 92106-2548	MIND COM OTH PTY SCC	CEO Mobil Homes Acceptance Corp.	\$300.00	\$300		300.00 P1	2	
12/28/2011	Lynn Epsten 3526 Emerson Street San Diego, CA 92106-2548	IND COM OTH PTY SCC	Homemaker None	\$300.00	\$300		300.00 P1	2	
12/28/2011	Steve Epsten 3659 Cedarbrae Lane San Diego, CA 92106-3255	IND COM OTH PTY SCC	Property Manager Mobile Homes Acceptance Corp.	\$300.00	\$300		300.00 P1	2	
			SUBTOTAL	\$ 1,200.00		· · · · · · · · · · · · · · · · · · ·			

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IND - Individual

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(Other than PTY or SCC)

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

PTY - Political Party

Type or print in ink.

Amounts may be rounded

SCHEDULE A (CONT.)

Mionetary (	Contributions Neceived	to whole dollars.		from01/01/20	011	CALIFORNIA FORM 460		
				through 12/31/2	2011 Pa	ge13 of32		
NAME OF FILER					I.D.	NUMBER		
Mary Salas	for City Council 2012				133	39823		
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)		
07/29/2011	Clarissa Falcon 3015 Sandover Court Bonita, CA 91902-2127	L IND  COM  OTH  PTY  SCC	Business Owner Falcon Strategies	\$100.00	\$100	\$100.00 P12		
12/21/2011	Beatrice G. Fernandez 4100 Normal Street Room 3126 San Diego, CA 92103-2653	IND COM OTH PTY	Teacher San Diego Unified School District	\$100.00	\$100	\$100.00 P12		
12/24/2011	Jerry Fick 358 Broadway Chula Vista, CA 91910-3502	IND COM OTH PTY SCC	Property Manager Avalon Management Company	\$300.00	\$300	\$300.00 P12		
12/23/2011	Raul R Fontes 318 Surrey Drive Bonita, CA 91902-2325	E IND  COM  OTH  PTY  SCC	Vice President RBins, Inc.	\$50.00	\$100	\$100.00 P12		
				550.00				
			SUBTOTAL	550.00				

\* 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 rounded

SCHEDULE A (CONT.)

Monetary (	Monetary Contributions Received		to whole dollars.		period CA	CALIFORNIA FORM 460		
				through 12/31/2	2011 Pag	e14 of32		
NAME OF FILER					LD. N	IUMBER		
Mary Salas	for City Council 2012			<b>,</b>	133	9823		
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 PÉRIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
12/23/2011	Raul R Fontes 318 Surrey Drive Bonita, CA 91902-2325	MIND COM OTH PTY SCC	Vice President RBins, Inc.	\$50.00	\$100.0	\$100.00 P12		
12/29/2011	Susan Fuller 1140 Seacoast Drive Imperial Beach, CA 91932-3102	IND COM	Retired N/A	\$300.00	\$300.0	\$300.00 P12		
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102							
12/31/2011	Juan A Gallegos 502 Euclid Avenue Suite 202 National City, CA 91950-2985	MIND COM OTH PTY SCC	Principal J.A. Gallegos & Assoc.	\$100.00	\$100.	\$100.00 P12		
			SUBTOTAL \$	450.00				

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from01/01/2011	011	FORM 460
				through12/31/2	2011 Pag	e <u>15</u> of <u>32</u>
NAME OF FILER		<del> </del>			1	NUMBER
Mary Salas	for City Council 2012				133	9823
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)
07/29/2011	Adela C. Garcia 1060 Abarca Court Chula Vista, CA 91910-8001	ME IND  COM OTH PTY SCC	Retired N/A	\$150.00	\$150.	\$150.00 P12
12/21/2011	Dr. James S. Grisolia 4033 3rd Avenue Suite 410 San Diego, CA 92103-2140	ME IND COM OTH PTY SCC	Physician/Neurologist Self; JSG MD, Inc.	\$300.00	\$300.	\$300.00 P12
07/29/2011	Norma Hernandez 5409 Central Avenue Bonita, CA 91902-2707	IND COM OTH PTY SCC	retired N/A	\$50.00	\$100.	\$100.00 P12
12/29/2011	Norma Hernandez 5409 Central Avenue Bonita, CA 91902-2707	IND COM OTH PTY SCC	retired N/A	\$50.00	\$100.	\$100.00 P12
			SUBTOTAL	\$ 550.00		

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(Other than PTY or SCC)

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PTY - Political Party

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

SCHEDULE A (CONT.)

wonetary C	Contributions Received		to whole dollars.	from01/01/20	011	_ CALIFORNIA FORM . 460		
				through12/31/2	2011 Pag	e <u>16</u> of <u>32</u>		
NAME OF FILER						NUMBER		
Mary Salas	for City Council 2012		<u>-</u>		133	9823		
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							
12/25/2011	Sara Y. Hice 55 F Street Chula Vista, CA 91910-3034	MIND COM OTH PTY SCC	Equal Emp. Opporunity Specialist Dept. of Navy	\$100.00	\$100.	\$100.00 P12		
12/21/2011	David Hoffman 1034 Firebaugh Place Chula Vista, CA 91913-1679	■ IND □ COM □ OTH □ PTY □ SCC	Insurance Agent Hoffman Hanono Insurance	\$100.00	\$100.	\$100.00 P12		
12/31/2011	Gregory Hulsizer 7 Puerto Morant San Clemente, CA 92672-6058	ME IND  COM  OTH  PTY  SCC	CEO South Bay Expressway, LLC	\$200.00	\$200.	\$200.00 P12		
			SUBTOTAL \$	400.00				

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PTY - Political Party

Type or print in ink.

SCHEDULE A (CONT.)

t O tellections Described	Amounts may be rounded				CONEDULE TO (COTTO)			
Monetary Contribut	tions Received		to whole dollars.	Statement covers  01/01/20	•	CALIFO FOI		460
				through 12/31/	2011	Page	17_of	32
NAME OF FILER						.D. NUMBE	R	
Mary Salas for City Co	ouncil 2012	_				339823	3	
DATE FULL N RECEIVED	IAME, 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 D CALENDAR YEA (JAN: 1 - DEC: 3	AR .	PER ELI TO D (IF REQ	ATE
Card Pro 610 Gate	iary: CompleteCampaigns.com (Credit cessor) way Center Way Suite K io, CA 92102							
	rani ncock Street Suite 100 no, CA 92110-2051	E IND  COM OTH PTY SCC	Investor Pacifica Companies	\$300.00	\$30	00.00	\$300	.00 P12
4 ·	ni ckgold Road CA 92037-1117	IND COM OTH PTY	Homemaker None	\$300.00	\$30	00.00	\$300	.00 P12
	seph yal Crest Drive lo, CA 92025-7012	LE IND COM OTH PTY SCC	Veteranarian Chula Vista Nature Cat	\$150.00	\$1	50.00	\$150	.00 P12
			SUBTOTAL \$	750.00		-		

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Type or print in ink.

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received			to whole dollars.	Statement covers period		CALIFORNIA FORM 460 Page18 of32			
NAME OF FILER					<u>.</u>	I.D. NUM	BER		
Mary Salas	s for City Council 2012					13398	23		
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 \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)		
07/29/2011	Carla Kirkwood 371 7th Avenue San Diego, CA 92103	MIND COM OTH PTY SCC	Professor Southwestern College	\$150.00	\$150.0		\$150.00		\$150.00 P12
12/28/2011	Grace Kojima 43 Montego Court Coronado, CA 92118-3246	IND COM OTH PTY SCC	Education Consultant Self; Grace Kojima	\$250.00	\$	250.00	\$250.00 P12		
12/21/2011	Jonathan P. Laverick 24 2nd Avenue Chula Vista, CA 91910-1953	IND □ COM □ OTH □ PTY □ SCC	Retired Air Force N/A	\$100.00	\$	100.00	\$100.00 P12		
08/05/2011	Richard S. Ledford 8848 Hampe Court San Diego, CA 92129-4457	E IND COM OTH PTY SCC	Consultant Ledford Enterprises	\$300.00	\$	300.00	\$300.00 P12		
			SUBTOTAL \$	800.00					

\* Contributor Codes

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(Other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

SCHEDILLE A (CONT.)

Monotom	onetary Contributions Received	Amounts may be rounded				SCHEDOLE A (CONT.)		
wonetary	monotary Contributions (Coeffed		to whole dollars.			CALIFORI FORM	//	60
				through 12/31/2	2011 P	age	19 of	32
NAME OF FILER					1.1	D. NUMBER		
Mary Salas	s for City Council 2012				1:	339823		
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 DA CALENDAR YEAF (JAN. 1 - DEC. 31)	₹	PER ELECTION TO DATE (IF REQUIRE)	
07/29/2011	Michael Meacham 4209 Huerfano Avenue San Diego, CA 92117-4309	MIND COM OTH PTY SCC	Municipal Management City of Chula Vista	\$300.00	\$300	0.00	\$300.00	P12
12/21/2011	Dr. Ben Medina 357 Wagonwheel Way Bonita, CA 91902-2428	IND COM OTH PTY SCC	Physician Paradise Senior Health Center	\$100.00	\$100	0.00	\$100.00	P12
12/28/2011	Nehd E Montalbo 45 E Flower Street Apt. 240 Chula Vista, CA 91910-7631	IND COM OTH PTY SCC	YN Navy	\$300.00	\$300	0.00	\$300.00	P12
12/28/2011	Henry R. Murphy 5457 Sycuan Road El Cajon, CA 92019-1821	IND COM OTH PTY	Retired NA	\$300.00	\$300	0.00	\$300.00	P12
					a			
			SUBTOTAL \$	1,000.00	<u> </u>			

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PTY - Political Party

Type or print in ink.

SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received		Amounts may be rounded to whole dollars.		s period	CALIFORNIA 4.C.O.		
				from01/01/20	011	FORM 460		
_				through12/31/3	2011 P	age		
NAME OF FILER					1.1	D. NUMBER		
Mary Salas	s for City Council 2012				1	339823		
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 DA CALENDAR YEAF (JAN. 1 - DEC. 31	R TO DATE		
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K							
	San Diego, CA 92102							
07/29/2011	Mr. Stephen C. Padilla 1736 Harvard Street Chula Vista, CA 91913-3008	IND COM OTH PTY SCC	Principal City of Chula Vista	\$100.00	\$100	\$100.00 P12		
12/28/2011	Cynthia Park 636 Tyrone Street El Cajon, CA 92020-2235	ME IND  COM  OTH  PTY  SCC	Educator San Diego State University	\$250.00	\$25	\$250.00 P12		
09/03/2011	Robert Penner, MD 1883 Cabernet Drive Chula Vista, CA 91913-1268	IND COM OTH PTY	Physician Eye Physicians Medical Surgical	\$100.00	\$10	\$100.00 P12		
			SUBTOTAL \$	450.00				

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Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received		to whole dollars.		period	california form 46	
				through12/31/2	2011 P	Page21 of	32
NAME OF FILER					l.	D. NUMBER	
Mary Salas	s for City Council 2012				1	339823	
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 DA CALENDAR YEAF (JAN. 1 - DEC. 31	R T	ELECTION O DATE REQUIRED)
12/27/2011	Magdalena Peraza 4045 Bonita Road Suite 101 Bonita, CA 91902-1335	MIND COM OTH PTY SCC	Tax Consultant MP Tax & Business Solutions	\$150.00	\$15	0.00 \$1	50.00 P12
12/29/2011	Bobby R Price 121 Orange Avenue Space 25 Chula Vista, CA 91911-5136	IND COM OTH PTY	engineer/manager SAIC	\$100.00	\$10	0.00	00.00 P12
	Intermediary: CompleteCampaigns.com (Credit Card Processor) 610 Gateway Center Way Suite K San Diego, CA 92102						
12/21/2011	Mark N. Rogers 3826 Avenida Johanna La Mesa, CA 91941-7312	LIND COM	General Manager Sweetwater Authority	\$100.00	\$10	0.00 \$1	00.00 P12
			SUBTOTAL S	350.00			

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(Other than PTY or SCC)

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PTY - Political Party

#### Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Contributions Received		to whole dollars.	Statement covers	)11 ———————————————————————————————————	california form 460		
				through12/31/2	2011	Page _	22 of _	32
NAME OF FILER  Mary Salas	s for City Council 2012					1.D. NUMB		
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	то	LECTION DATE QUIRED)
12/28/2011	Michele R. Salas 2703 Dove Street San Diego, CA 92103	ME IND  COM OTH PTY SCC	Construction Safety Consultant Ledcor Construction	\$300.00	\$	300.00	\$300	0.00 P12
12/29/2011	George Saldamando 1401 Broadway San Diego, CA 92101-5710	E IND COM OTH PTY SCC	Retired Asst. Chief of Police None	\$250.00	\$	250.00	\$250	0.00 P12
12/29/2011	Elisa M. Sanchez 4552 Paseo Azul Las Cruces, NM 88011-0934	IND COM OTH PTY SCC	Retired N/A	\$100.00	\$	100.00	\$100	0.00 P12
12/28/2011	Gregory V Santelices 763 E. Manola Glendale, CA 91740	IND COM OTH PTY	Retired Police Officer None	\$150.00	\$	150.00	\$150	0.00 P12
								age of the second
· ·			SUBTOTAL \$	800.00			<u> </u>	

\* Contributor Codes

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(Other than PTY or SCC)

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

PTY - Political Party

#### Type or print in ink.

SCHEDULE A (CONT.)

Monetary (	Contributions Received		unts may be rounded to whole dollars.	Statement covers  from	)11 	CALIF FO	ORNIA RM	460 32
NAME OF FILER						I.D. NUMBE		
Mary Salas	for City Council 2012		· -			133982	3	
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 YE (JAN. 1 - DEC.	AR	PER ELEC TO DA (IF REQUI	TE
07/29/2011	Zachary W. Schlagel 3836 Front Street Apt. 302 San Diego, CA 92103-3055	ME IND	Government & Community Relations UC San Diego Medical	\$100.00	\$1	00.00	\$100.0	00 P12
07/29/2011	James Shadoan 3318 Calle San Blas Carlsbad, CA 92009-9325	IND COM OTH PTY	Retired None	\$300.00	\$3	00.00	\$300.0	00 P12
07/29/2011	Gustavo Slovinsky 310 I Street Chula Vista, CA 91910-5605	E IND  COM OTH PTY SCC	Attorney Slovinsky & Slovinsky	\$300.00	\$3	00.00	\$300.0	00 P12
12/30/2011	Linda Smyth 944 Paseo La Cresta Chula Vista, CA 91910-6726	E IND  COM OTH PTY SCC	Homemaker None	\$150.00	\$1	50.00	\$150.0	00 P12
					•			
			SUBTOTAL \$	850.00				

\* 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.

SCHEDULE A (CONT.)

Monetary	Contributions Received		unts may be rounded to whole dollars.	Statement covers  from	011		ORNIA 46( 24 of3	32
NAME OF FILER						I.D. NUME		
Mary Salas	for City Council 2012					133982	23	
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)	
12/29/2011	Elizabeth Souza 3810 Valley Vista Road Bonita, CA 91902-1206	IND COM OTH PTY SCC	Business Owner Village Club Cardroom	\$300.00	\$3	300.00	\$300.00 P1	2
12/29/2011	Harvey F Souza 429 Broadway Chula Vista, CA 91910-4320	L IND  COM  OTH  PTY  SCC	owner Village Club card room	\$300.00	\$:	300.00	\$300.00 P1	2
07/29/2011	Eduardo Valerio 1209 Positas Road Chula Vista, CA 91910-7910	IND COM	Outdoor Advertising Self; Valerio Resources Inc.	\$100.00	\$	100.00	\$100.00 P1	2
12/30/2011	Eloy G Villa 247 D Street Chula Vista, CA 91910-1804	IND     □ COM     □ OTH     □ PTY     □ SCC	Retired None	\$150.00	\$	150.00	\$150.00 P1	2
			SUBTOTAL	850.00				

\* 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)		rpe or print in ink. unts may be rounded	SCHEDULE A (CONT.)				
Monetary Contributions Received		to whole dollars.  Statement covers period  from 01/01/2011		011	california form 460			
				through	2011	Page .	25 of3	
NAME OF FILER						I.D. NUN	BER	
Mary Salas	for City Council 2012					13398	23	
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 N (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
			· · · · · · · · · · · · · · · · · · ·					

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)
07/29/2011	William Virchis 1604 Dartmouth Street Chula Vista, CA 91913-2006	IND COM OTH PTY SCC	Administrator Sweetwater Union High School Dist.	\$100.00	\$100.00	\$100.00 P12
12/28/2011	Shuzo Wakita 4237 Colling Road W Bonita, CA 91902-2557	ME IND  COM  OTH  PTY  SCC	Realtor Wakita & Associates	\$100.00	\$100.00	\$100.00 P12

SUBTOTAL \$	200.00	

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PTY - Political Party

Schedule B - Part 1	
Loans Received	

Type or print in ink

Schedule B - Part 1			or print in ink. may be rounded				SCHEDULE B - PART 1			
Loans Received			hole dollars.		Statement cover	s period 01/01/2011	CALIFORNIA FORM	460		
SEE INSTRUCTIONS ON REVERSE					through	12/31/2011	Page26	of <u>32</u>		
NAME OF FILER				· ·			I.D. NUMBER			
Mary Salas for City Council 2012							1339823			
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	(b) AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT CLOSE	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
Mary Salas 245 Davidson Street Chula Vista, CA 91910-2771	Candidate Chula Vista City Council	\$0.00	\$900.00	PAID \$0.0  FORGIVEN \$0.0	40/04/0040	0.00 <sub>%</sub>	\$900.00  07/27/2011  DATE INCURRED	CALENDAR YEAR \$1,000.00 PER ELECTION** P12 \$1,000.00		
Mary Salas 245 Davidson Street Chula Vista, CA 91910-2771	Candidate Chula Vista City Council	\$0.00	\$100.00	PAID \$0.0	40/04/0040	0.00 <sub>%</sub> RATE	\$100.00  07/27/2011  DATE INCURRED	CALENDAR YEAR \$1,000.00 PER ELECTION** P12 \$1,000.00		
		SUBTOTALS	\$ \$1,000.00	\$0.0	0 \$1,000.00	\$0.00				

Schedule B Summary	24.000.00	(Enter (e) on Schedule E, Line 3)
Loans received this period	\$1,000.00	
(Total Column (b) plus unitemized loans of less than \$100.)		† Contributor Codes
Loans paid or forgiven this period	\$0.00	IND - Individual
(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)		COM - Recipient Committee (Other than PTY or SCC) OTH - Other (e.g., business entity)
Net change this period. (Subtract Line 2 from Line 1.)	NET(May be a negative number)	PTY - Political Party SCC - Small Contributor Committee
Enter the net here and on the summary page, Column A, Line 2.	(may be a negative number)	
* Amounts forgiven or paid by another party must also be reported on Schedule A.     ** If required.		FPPC Form 460 (January/05)
п годинов.		FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

### Schedule E

#### Type or print in ink.

СН			

Payments Made	-		State	ement covers period 01/01/2011			460
01/01/2011 CALIFOR	<u>27</u> of .	.32					
					I.D. NUMBE	R	
Mary Salas for City Council 2012					133982	3	
	ou may enter the co	ode. Otherwise, des	scribe the	payment.			
CMP campaign paraphernalia/misc. MBR mem CNS campaign consultants MTG mee CTB contribution (explain nonmonetary)* OFC office CVC civic donations PET petit FIL candidate filing/ballot fees PHO phor FND fundraising events POL pollin IND independent expenditure supporting/opposing others (explain)* POS post LEG legal defense PRO profe	nber communications tings and appearances e expensese ion circulating ne banks ng and survey research age, delivery and messer essional services (legal, a	nger services	RAD REPORTED TO THE PORTED TO	radio airtime and production cos returned contributions campaigns workers'salaries t.v. or cable airtime and production candidate travel, lodging, and me staff/spouse travel, lodging, and cransfer between committees of voter registration	on costs eals meals the same car		sor
	CODE C	DR	DESCRIPTION	OF PAYMENT		AMOU	NT PAID
205 Pennsylvania Avenue SE	OFC	Credit Card Proc	essing Fe	es			\$16.45
205 Pennsylvania Avenue SE	OFC	Computer Softwa	are	ACTION AND ADDRESS OF THE PARTY			\$250.00
205 Pennsylvania Avenue SE	OFC	Computer Softwa	are				\$125.00
* Payments that are contributions or independent expenditures must also be summarized	on Schedule D.			sui	BTOTAL \$		391.45
Schedule E Summary							
Itemized payments made this period. (Include all Schedule E Subotals.)					\$		20.69
			<del> </del>		\$	1	57.85
Total Interest paid this period on loans. (Enter amount from Schedule B, Part 1)					\$		0.00
<ol> <li>Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on th</li> </ol>				тс	TAL \$	4,2	78.54

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

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		(CONT	

Amounts may be rounded Statement covers period to whole dollars. **CALIFORNIA** 01/01/2011 **FORM** 12/31/2011 28 of \_ through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1339823 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. radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. returned contributions MTG meetings and appearances CNS campaign consultants campaigns workers'salaries SAL OFC office expensese contribution (explain nonmonetary)\* CTB t.v. or cable airtime and production costs TEL petition circulating CVC civic donations PET candidate travel, lodging, and meals TRC PHO phone banks candidate filing/ballot fees FIL staff/spouse travel, lodging, and meals POL polling and survey research fundraising events transfer between committees of the same candidate/sponsor TSF postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* POS IND voter registration professional services (legal, accounting) VOT legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Computer Software Completecampaigns.com a div. of Aristotle Internat'l. Inc. OFC \$250.00 205 Pennsylvania Avenue SE Washington, DC 20003-1164 Computer Software Completecampaigns.com a div. of Aristotle Internat'l. Inc. OFC \$250.00 205 Pennsylvania Avenue SE Washington, DC 20003-1164 Credit Card Processing Fees Completecampaigns.com a div. of Aristotle Internat'l. Inc. **OFC** \$17.50 205 Pennsylvania Avenue SE Washington, DC 20003-1164

517.50

SUBTOTAL \$

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

## Schedule E

Type or print in ink.

SCHEDI	м	 . ,	\KIT	١
SI.HEIN	H	 	71 <b>%</b> I	

(Continuation Sheet) Payments Made	to whole dollars.	Statement covers period  from01/01/2011	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through12/31/2011	Page
NAME OF FILER			I.D. NUMBER
Mary Salas for City Council 2012			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				
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions				
	contribution (explain nonmonetary)*	OFC	office expensese		campaigns workers'salaries				
	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				
	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals				
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor				
	legal defense		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 LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Martinez & Associates, Inc 1531 Grand Avenue Suite D San Marcos, CA 92078-2463	PRO	Professional Treasuer Services	\$350.0
Martinez & Associates, Inc. 1531 Grand Avenue San Marcos, CA 92078-2463	PRO	Professional Treasurer Services	\$150.0
Shubhayan Industries, Inc. 4660 La Jolla Village Drive Suite 500 San Diego, CA 92122-4605	WEB	Website Services	\$300.0
* Payments that are contributions or independent expenditures must also be s	summarized on Schedule D	SUE	BTOTAL \$ 800.00

Schedule E	Type or print in ink. Amounts may be rounded					SCHEDULE E (CONT.)				
(Continuation Sheet) Payments Made	to whole dollars.			State	ement covers period 01/01/2011	CALIFORNIA FORM		460		
				through	12/31/2011	Page	<u>30</u> of _	32		
SEE INSTRUCTIONS ON REVERSE						I.D. NUMBE	R			
NAME OF FILER						133982				
Mary Salas for City Council 2012						100002				
CODES: If one of the following codes accurately describes the payme	nt, you may	y enter the co	ode. Otherwise, de	escribe the	payment.					
CMP campaign paraphernalia/misc. MBR CNS campaign consultants MTG CTB contribution (explain nonmonetary)* OFC CVC civic donations PET FIL candidate filing/ballot fees PHO fundraising events POL independent expenditure supporting/opposing others (explain)* POS LEG legal defense PRO LIT campaign literature and mailings	office expension petition circulum phone banks polling and significant professional	d appearances sese ılating		RFD SAL TEL TRC TRS TSF VOT	radio airtime and production co returned contributions campaigns workers'salaries t.v. or cable airtime and produc candidate travel, lodging, and n staff/spouse travel, lodging, and transfer between committees of voter registration information technology costs (in	tion costs neals I meals f the same car		sor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE C	DR	DESCRIPTION	N OF PAYMENT		AMOU	INT PAID		
SL Graphics 663 Palomar Street Suite C Chula Vista, CA 91911-2659		OFC	Printing; Remits	•				\$217.50		
Jason K. Moore 202 F Street Chula Vista, CA 91910-2802		CNS	Consulting Serv	rices				\$750.00		
Jason K. Moore 202 F Street Chula Vista, CA 91910-2802		CNS	Consulting Serv	vices				\$750.00		

1,717.50

SUBTOTAL \$

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

Schedule E	Am	Type or print in ink. Amounts may be rounded to whole dollars.				SCHED	ULE E (CONT.)	
(Continuation Sheet) Payments Made					tement covers period 01/01/2011	CALIFORNIA 4		460
SEE INSTRUCTIONS ON REVERSE				through	12/31/2011	Page	31 of _	32
NAME OF FILER						I.D. NUMBE	R	
Mary Salas for City Council 2012						133982	3	
CODES: If one of the following codes accurately describes t	he payment, you may	enter the co	de. Otherwise	e, describe 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 member common meetings and OFC office expense PET petition circular PHO phone banks POL polling and su POS postage, deliv	munications appearances ese ating	nger services	RAD RFD SAL TEL	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 car		sor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE (	DR .	DESCRIPTIO	ON OF PAYMENT		AMOU	INT PAID
Jason K. Moore 202 F Street Chula Vista, CA 91910-2802		CNS	Consulting \$	Services				\$600.00
Jason K. Moore 202 F Street Chula Vista, CA 91910-2802		FND	Reimbursen	nent for fundra	aising costs			\$94.24
			1					

SUBTOTAL \$

694.24

Schedule	e F				
Accrued	<b>Expenses</b>	(Unp	aid E	3ills)	

#### Type or print in ink.

SCHEDULE F

Accrued Expenses (Unpaid Bills)  SEE INSTRUCTIONS ON REVERSE	to whole dollars.	Statement covers period  from 01/01/2011  12/31/2011  through	CALIFORNIA FORM Page32_of _	460 32
NAME OF FILER			I.D. NUMBER	
Mary Salas for City Council 2012			1339823	

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

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

NAME AND ADDRESS OF 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
Martinez & Associates, Inc 1531 Grand Avenue Suite D San Marcos, CA 92078-2463	PRO Professional Treasurer Services	\$0.00	\$550.00	\$0.00	\$550.00
Shubhayan Industries, Inc. 4660 La Jolla Village Drive Suite 500 San Diego, CA 92122-4605	WEB Website Services	\$0.00	\$784.00	\$0.00	\$784.00

	Payments that are contributions or independent expenditures must also be ummarized on Schedule D.	SUBTOTALS	\$0.00	\$1,334.00	\$0.00	\$1,334.00
Sc	chedule F Summary					
1.	Total accrued expenses incurred this period. (Include all Schedule F, Co accured expenses of \$100 or more, plus total unitemized accured expenses.)			INCURR	ED TOTALS\$	1,334.00
2.	Total accrued expenses paid this period. (Include all Schedule F, Column accured expenses of \$100 or more, plus total unitemized payments on a			P#	ID TOTALS \$	0.00

3. Net change this period. (Subtract Line 2 form Line 1. Enter the difference here and ..... on the Summary Page, Column A, Line 9.)