

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200 - 84216.5)

COVER PAGE

Date Stamp RECEIVED 2011 JAN 13 P 4:35	CALIFORNIA FORM 460
	Page <u>1</u> of <u>14</u>
REGISTRAR OF VOTERS MONTEREY COUNTY	A For Official Use Only

Statement covers period	Date of Election if applicable:
from <u>07/01/2010</u>	(Month, Day, Year)
through <u>12/31/2010</u>	<u>11/02/2010</u>

1. Type of Recipient Committee:

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

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME				I.D. NUMBER
<u>Simon Salinas for Supervisor</u>				<u>1282405</u>
STREET ADDRESS (NO P.O. BOX)				
CITY	STATE	ZIP CODE	AREA CODE/PHONE	
<u>Salinas</u>	<u>CA</u>	<u>93901-3306</u>	<u>(831) 422-6261</u>	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX				
CITY	STATE	ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX/E-MAIL ADDRESS				
() - /				

Treasurer(s)

NAME OF TREASURER			
<u>Stephanie Loose</u>			
MAILING ADDRESS			
<u>412 S. Main Street</u>			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Salinas</u>	<u>CA</u>	<u>93901-3306</u>	<u>(831) 422-6261</u>
NAME OF ASSISTANT TREASURER, IF ANY			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
()			
OPTIONAL: FAX/E-MAIL ADDRESS			

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>1/11/11</u>	By <u>[Signature]</u>
DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee
 Campaign Statement
 Cover Page - Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OF CANDIDATE

Simon Salinas

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

County Supervisor, District 3, Monterey County

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

Salinas CA 93901-3306

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

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT

OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

Campaign Disclosure Statement
Summary Page

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	
through <u>12/31/2010</u>	
Page <u>3</u> of <u>14</u>	

NAME OF FILER Simon Salinas, Simon Salinas for Supervisor

I.D. NUMBER
1282405

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>6,404.00</u>	\$ <u>11,255.00</u>
2. Loans Received <i>Schedule B, Line 7</i>	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>6,404.00</u>	\$ <u>11,255.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>500.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>6,404.00</u>	\$ <u>11,755.00</u>

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

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

Expenditures Made

6. Cash Payments <i>Schedule E, Line 4</i>	\$ <u>6,219.71</u>	\$ <u>19,753.81</u>
7. Loans Made <i>Schedule H, Line 7</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>6,219.71</u>	\$ <u>19,753.81</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>(198.99)</u>	<u>711.30</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>500.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>6,020.72</u>	\$ <u>20,965.11</u>

Expenditure Limit Summary for State Candidates

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

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

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

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>27,696.61</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>6,404.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>153.72</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>6,219.71</u>
16. ENDING CASH BALANCE <i>Lines 12+13+14, less Line 15</i>	\$ <u>28,034.62</u>

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ <u>0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>711.30</u>

**Schedule A
Monetary Contributions Received**

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	
through <u>12/31/2010</u>	Page <u>4</u> of <u>14</u>

NAME OF FILER <u>Simon Salinas, Simon Salinas for Supervisor</u>	I.D. NUMBER <u>1282405</u>
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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)
10/26/2010	Armanasco Public Relations, Inc. Monterey, CA 93940	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
10/15/2010	Marta A. Arriaga Fair Oaks, CA 95628-4100	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	300.00	300.00	
10/21/2010	Tim Baldwin Salinas, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Noland, Hammerly, Etienne & Hoss	100.00	100.00	
10/26/2010	Ann T. Brown Bradley, CA 93426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
10/22/2010	Derinda L. Messenger & Associates Salinas, CA 93901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	

SUBTOTAL \$	1,000.00
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Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 5,700.00
- Amount received this period - unitemized monetary contributions of less than \$100.
..... \$ 704.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 6,404.00

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

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	
through <u>12/31/2010</u>	Page <u>5</u> of <u>14</u>

NAME OF FILER <u>Simon Salinas, Simon Salinas for Supervisor</u>	I.D. NUMBER <u>1282405</u>
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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)
10/15/2010	Margaret Duflock San Ardo, CA 93450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ranch Manager Self employed	250.00	250.00	
10/22/2010	Michael Graves Hollister, CA 95024-0011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
10/19/2010	Harold Kahn Salinas, CA 93906-4694	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Superintendent Spreckels Union School District	100.00	100.00	
10/15/2010	John Macias Salinas, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
10/22/2010	Monterey/Santa Cruz Counties Building & Construction Trades Council PAL Marina, CA 93933-6006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 850048	300.00	300.00	
10/22/2010	Operating Engineers Local Union No. 3 Alameda, CA 94502	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 891403	300.00	300.00	

SUBTOTAL \$				1,150.00		
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	
through <u>12/31/2010</u>	Page <u>6</u> of <u>14</u>

NAME OF FILER <u>Simon Salinas, Simon Salinas for Supervisor</u>	I.D. NUMBER <u>1282405</u>
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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)
11/18/2010	Rio Farms LLC Oxnard, CA 93030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
10/21/2010	Gordon Rosenberg San Ardo, CA 93450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rancher Rosenberg Ranches	500.00	500.00	
10/19/2010	Steve Samuelian Fresno, CA 93710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Consultant California Consulting, LLC	100.00	100.00	
10/26/2010	San Bernabe Vineyards, LLC King City, CA 93930	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
10/22/2010	Juan Sanchez Salinas, CA 93906-2237	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300.00	300.00	
10/22/2010	South Valley Auto Plaza King City, CA 93930	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	
SUBTOTAL \$				1,900.00		

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

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	
through <u>12/31/2010</u>	Page <u>7</u> of <u>14</u>

NAME OF FILER <u>Simon Salinas, Simon Salinas for Supervisor</u>	I.D. NUMBER <u>1282405</u>
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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)
10/26/2010	Sturdy Oil Company Salinas, CA 93901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
12/17/2010	United Food & Commercial Workers Local 5 PAC San Jose, CA 95113-2382	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 1294035	500.00	500.00	
11/18/2010	Virginia Industrial Properties Baldwin Park, CA 91706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
10/28/2010	Waste Management & Affiliated Entities Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	
10/15/2010 10/15/2010	Jacqueline Zischke Watsonville, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Jacque line Zischke, Attorney at Law, a Prof	200.00 50.00	250.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$	1,650.00
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**Schedule E
Payments Made**

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	
through <u>12/31/2010</u>	Page <u>8</u> of <u>14</u>

NAME OF FILER <u>Simon Salinas, Simon Salinas for Supervisor</u>	I.D. NUMBER <u>1282405</u>
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Alisal Eagles Salinas, CA 93905	CVC		200.00
Darlene Dunham Salinas, CA 93901-4137	OFC		1,500.82
Latino Network Luncheon Salinas, CA 93901	MTG		100.00

SUBTOTAL \$ 1,800.82

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>5,964.71</u>
2. Unitemized payments made this period of under \$100.	\$ <u>255.00</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 1, Column(e).)	\$ <u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL	\$ <u>6,219.71</u>

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

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	
through <u>12/31/2010</u>	Page <u>9</u> of <u>14</u>

NAME OF FILER Simon Salinas, Simon Salinas for Supervisor

I.D. NUMBER
1282405

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Stephanie Loose Salinas, CA 93901-1840	PRO		880.49
Christopher Lopez King City, CA 93930	OFC		307.74
Pacific Valley Bank Salinas, CA 93901		See below for Credit Card Payees	2,324.21
A To Z Rentals Salinas, CA 93901	OFC	380.63	

SUBTOTAL \$ 3,512.44

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

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	
through <u>12/31/2010</u>	Page <u>10</u> of <u>14</u>

NAME OF FILER <u>Simon Salinas, Simon Salinas for Supervisor</u>	I.D. NUMBER <u>1282405</u>
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
	CODE	OR		
Pacific Valley Bank (continued) FedEx Kinko's Salinas, CA 93901-3307	OFC	104.13		
Gino's Salinas, CA 93908	TRC OFC	132.60 166.08	Simon Salinas lunch with staff.	
Girls, Inc. Salinas, CA 93901	CVC	300.00		
Nob Hill Salinas, CA 93901	OFC	171.08		

SUBTOTAL \$ 0.00

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

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	Page <u>11</u> of <u>14</u>
through <u>12/31/2010</u>	

NAME OF FILER Simon Salinas, Simon Salinas for Supervisor

I.D. NUMBER
1282405

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			AMOUNT PAID
	CODE	OR	
Pacific Valley Bank (continued) Starbucks Salinas, CA 93901	OFC	101.07	
Unlimited Events, Inc. Salinas, CA 93901	OFC		119.00
Verizon Wireless Bellevue, WA 98004	OFC		532.45

SUBTOTAL \$ 651.45

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

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	Page <u>12</u> of <u>14</u>
through <u>12/31/2010</u>	

NAME OF FILER <u>Simon Salinas, Simon Salinas for Supervisor</u>	I.D. NUMBER <u>1282405</u>
--	-------------------------------

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(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
Darlene Dunham Salinas, CA 93901-4137	OFC	242.42	0.00	242.42	0.00
Pacific Valley Bank Salinas, CA 93901	See Schedule E for Credit Card Payees	495.38	2,409.93	2,324.21	581.10
Stephanie Loose Salinas, CA 93901-1840	PRO	63.90	130.20	63.90	130.20
SUBTOTALS \$		801.70 \$	2,540.13 \$	2,630.53 \$	711.30

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for payments for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTAL** ... \$ 2,540.13
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTAL** ... \$ 2,739.12
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** ... \$ (198.99)

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

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	
through <u>12/31/2010</u>	Page <u>13</u> of <u>14</u>

NAME OF FILER <u>Simon Salinas, Simon Salinas for Supervisor</u>	I.D. NUMBER <u>1282405</u>
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(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
Verizon Wireless Bellevue, WA 98004	OFC	108.59	0.00	108.59	0.00
SUBTOTALS \$		108.59 \$	0.00 \$	108.59 \$	0.00

**Schedule I
Miscellaneous Increases to Cash**

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u> through <u>12/31/2010</u>	
Page <u>14</u> of <u>14</u>	

NAME OF FILER <u>Simon Salinas, Simon Salinas for Supervisor</u>	I.D. NUMBER <u>1282405</u>
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)</small>	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
08/26/2010	Darlene Dunham 412 South Main Street Salinas, CA 93901-3306	Reimburse campaign for overpayment of expenses.	153.72

SUBTOTAL \$ 153.72

Schedule I Summary

- 1. Itemized increases to cash this period. \$ 153.72
- 2. Unitemized increases to cash under \$100 this period. \$ 0.00
- 3. Total of all interest received this period on loans made to others.
(Schedule H, Column (e).) \$ 0.00
- 4. Total miscellaneous increases to cash this period.
(Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 153.72**