

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200 - 84216.5)

|  |                            |
|--|----------------------------|
| Date Stamp   | <b>CALIFORNIA FORM 460</b> |
| RECEIVED<br>2010 MAY 27 P 2:00<br>REGISTRAR OF VOTERS<br>FRESNO COUNTY |                            |
| Page <u>1</u> of <u>7</u>  |                            |
| For Official Use Only  |                            |

|                                |  |
|--------------------------------|--|
| <b>Statement covers period</b> | <b>Date of Election if applicable:</b> |
| from <u>03/18/2010</u>         | (Month, Day, Year)                     |
| through <u>05/22/2010</u>      | <u>06/08/2010</u>                      |

**1. Type of Recipient Committee:**

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall
- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- 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  |       |            |                 |
| Simon Salinas for Supervisor                              |       |            |                 |
| STREET ADDRESS (NO P.O. BOX)                              |       |            |                 |
| 412 S. Main Street  |       |            |                 |
| CITY  | STATE | ZIP CODE   | AREA CODE/PHONE |
| Salinas   | CA    | 93901-3306 | (831) 422-6261  |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX |       |            |                 |
| CITY  | STATE | ZIP CODE   | AREA CODE/PHONE |
| OPTIONAL: FAX/E-MAIL ADDRESS                              |       |            |                 |
| ( ) - /   |       |            |                 |

I.D. NUMBER  
1282405

**Treasurer(s)**

|                                     |       |            |                 |
|-------------------------------------|-------|------------|-----------------|
| NAME OF TREASURER                   |       |            |                 |
| Stephanie Loose                     |       |            |                 |
| MAILING ADDRESS                     |       |            |                 |
| 412 S. Main Street                  |       |            |                 |
| CITY                                | STATE | ZIP CODE   | AREA CODE/PHONE |
| Salinas                             | CA    | 93901-3306 | (831) 422-6261  |
| 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>5/24/10</u> | By <u>[Signature]</u>   |
| DATE                       | SIGNATURE OF TREASURER OR ASSISTANT TREASURER   |
| Executed on <u>5/25/10</u> | By <u>[Signature]</u>   |
| 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

412 South Main Street 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 | <input type="checkbox"/> SUPPORT |
|                                   |                       | <input type="checkbox"/> OPPOSE  |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT |
|                                   |                       | <input type="checkbox"/> OPPOSE  |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT |
|                                   |                       | <input type="checkbox"/> OPPOSE  |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT |
|                                   |                       | <input type="checkbox"/> OPPOSE  |

Campaign Disclosure Statement  
Summary Page

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>03/18/2010</u><br>through <u>05/22/2010</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>3</u> of <u>7</u>  |
| I.D. NUMBER<br>1282405   |                            |

NAME OF FILER Simon Salinas, Simon Salinas for Supervisor

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions ..... <i>Schedule A, Line 3</i>    | \$ <u>0.00</u>   | \$ <u>4,101.00</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>0.00</u>   | \$ <u>4,101.00</u>                         |
| 4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i> | <u>0.00</u>  | <u>0.00</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i> | \$ <u>0.00</u>   | \$ <u>4,101.00</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 .... \$ | <u>          </u> | <u>          </u> |
| 21. Expenditures Made .....        | <u>          </u> | <u>          </u> |

**Expenditures Made**

|  | Column A           | Column B            |
|--|--------------------|---------------------|
| 6. Cash Payments ..... <i>Schedule E, Line 4</i>                   | \$ <u>1,453.97</u> | \$ <u>12,411.84</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>1,453.97</u> | \$ <u>12,411.84</u> |
| 9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i> | <u>0.00</u>        | <u>103.80</u>       |
| 10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>         | <u>0.00</u>        | <u>0.00</u>         |
| 11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>      | \$ <u>1,453.97</u> | \$ <u>12,515.64</u> |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date     |
|--------------------------------|-------------------|
| <u>          </u>              | <u>          </u> |
| <u>          </u>              | <u>          </u> |

**Current Cash Statement**

|  |                     |
|--|---------------------|
| 12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>   | \$ <u>29,522.94</u> |
| 13. Cash Receipts ..... <i>Column A, Line 3 above</i>                    | <u>0.00</u>         |
| 14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>      | <u>0.00</u>         |
| 15. Cash Payments ..... <i>Column A, Line 8 above</i>                    | <u>1,453.97</u>     |
| 16. <b>ENDING CASH BALANCE</b> ..... <i>Lines 12+13+14, less Line 15</i> | \$ <u>28,068.97</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>103.80</u> |

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

Schedule D  
 Summary of Expenditures  
 Supporting/Opposing Other  
 Candidates, Measures and Committees

|   |            |                            |
|---|------------|----------------------------|
| <b>Statement covers period</b>              |            | <b>CALIFORNIA FORM 460</b> |
| from  | 03/18/2010 |                            |
| through                                     | 05/22/2010 | Page <u>4</u> of <u>7</u>  |
| NAME OF FILER                               |            | I.D. NUMBER                |
| Simon Salinas, Simon Salinas for Supervisor |            | 1282405                    |

| DATE               | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 05/06/2010         | Tom Torlakson<br>Superintendent of Public Instructions  | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 250.00             | 250.00  | 250.00 (P10)                       |
|                    |   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Support <input type="checkbox"/> Oppose   |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Support <input type="checkbox"/> Oppose   |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |  |                           | 250.00             |   |                                    |

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 250.00
- Unitemized contribution and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 250.00

Schedule E  
Payments Made

|   |            |                            |
|---|------------|----------------------------|
| <b>Statement covers period</b>                            |            | <b>CALIFORNIA FORM 460</b> |
| from  | 03/18/2010 |                            |
| through   | 05/22/2010 | Page <u>5</u> of <u>7</u>  |
| NAME OF FILER Simon Salinas, Simon Salinas for Supervisor |            | I.D. NUMBER<br>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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT |                                  | AMOUNT PAID |
|---|--------------------------------|----------------------------------|-------------|
|   | CODE                           | DESCRIPTION OF PAYMENT           |             |
| Darlene Dunham<br>45 Santa Lucia Avenue<br>Salinas, CA 93901-4137               | OFC                            |                                  | 111.88      |
| Stephanie Loose<br>412 South Main Street<br>Salinas, CA 93901-1840              | PRO                            |                                  | 337.23      |
| Pacific Valley Bank<br>422 Main Street<br>Salinas, CA 93901                     |                                | No Credit Card Payees Over \$100 | 288.51      |

**SUBTOTAL \$ 737.62**

**Schedule E Summary**

|  |                    |
|--|--------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$ 1,354.97        |
| 2. Unitemized payments made this period of under \$100. ....   | \$ 99.00           |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 1, Column(e).) .....                    | \$ 0.00            |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... <b>TOTAL</b> | <b>\$ 1,453.97</b> |

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

|  |            |                               |
|--|------------|-------------------------------|
| <b>Statement covers period</b>                                   |            | <b>CALIFORNIA FORM 460</b>    |
| from   | 03/18/2010 |                               |
| through  | 05/22/2010 | Page <u>6</u> of <u>7</u>     |
| NAME OF FILER <u>Simon Salinas, Simon Salinas for Supervisor</u> |            | I.D. NUMBER<br><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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                             |      |    | AMOUNT PAID |
|---|------|----|-------------|
|   | CODE | OR |             |
| Salinas Valley Democratic Club<br>931 E. Market Street<br>Salinas, CA 93905<br>ID# 1266847                  | MTG  |    | 150.00      |
| Tom Torlakson for State Superintendent<br>451 Via Vaquero Sur<br>San Juan Bautista, CA 95045<br>ID# 1282317 | CTB  |    | 250.00      |
| Verizon Wireless<br>236A Bellevue Square<br>Bellevue, WA 98004  | OFC  |    | 217.35      |
|   |      |    |             |

**SUBTOTAL \$ 617.35**

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

|  |                            |
|--|----------------------------|
| <b>Statement covers period</b>                                   | <b>CALIFORNIA FORM 460</b> |
| from <u>03/18/2010</u>   |                            |
| through <u>05/22/2010</u>  | Page <u>7</u> of <u>7</u>  |
| NAME OF FILER <u>Simon Salinas, Simon Salinas for Supervisor</u> |                            |
| I.D. NUMBER<br><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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT              | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|---|---|------------------------------------|---|--|
| Pacific Valley Bank<br>422 Main Street<br>Salinas, CA 93901                     | See Schedule E<br>for Credit<br>Card Payees | 103.80  | 288.51                             | 288.51  | 103.80   |
|   |   |   |                                    |   |  |
|   |   |   |                                    |   |  |
| <b>SUBTOTALS \$</b>   |   | 103.80  | 288.51                             | 288.51  | 103.80   |

**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**... \$ 288.51
- 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**... \$ 288.51
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET**... \$ 0.00