

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200 - 84216.5)

Date Stamp
RECEIVED
2009 JAN 30 P 4: 50
REGISTRAR OF VOTERS
MONTEREY COUNTY

CALIFORNIA FORM 460

Page 1 of 19

A For Official Use Only

Statement covers period

from 07/01/2008

through 12/31/2008

Date of Election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee:

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1282405

COMMITTEE NAME

Simon Salinas for Supervisor

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
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OPTIONAL: FAX/E-MAIL ADDRESS
() - /

Treasurer(s)

NAME OF TREASURER

Stephanie Loose

MAILING ADDRESS

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

Juan Sanchez

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Salinas</u>	<u>CA</u>	<u>93906</u>	<u>(831)443-0954</u>

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

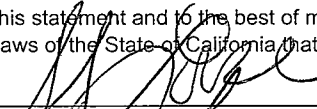
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

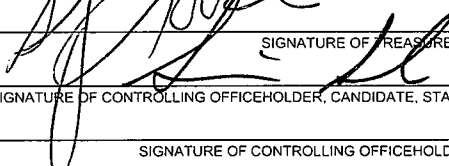
Executed on 12/29/09
DATE

Executed on 1/29/09
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By 
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
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
Simon Salinas for Senate	1305990
NAME OF TREASURER	CONTROLLED COMMITTEE?
Stephanie Loose	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	
Salinas CA 93901-3306 (831) 422-6261	

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	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> 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	CALIFORNIA FORM 460
from <u>07/01/2008</u>	
through <u>12/31/2008</u>	Page <u>3</u> of <u>19</u>
NAME OF FILER <u>Simon Salinas, Simon Salinas for Supervisor</u>	
I.D. NUMBER <u>1282405</u>	

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>22,197.00</u>	\$ <u>22,197.00</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>22,197.00</u>	\$ <u>22,197.00</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>22,197.00</u>	\$ <u>22,197.00</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>0</u>	<u>0</u>
21. Expenditures Made \$	<u>0</u>	<u>0</u>

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Cash Payments <i>Schedule E, Line 4</i>	\$ <u>8,627.54</u>	\$ <u>22,312.51</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>8,627.54</u>	\$ <u>22,312.51</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>1,033.01</u>	<u>1,093.90</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>9,660.55</u>	\$ <u>23,406.41</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
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>16,431.61</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>22,197.00</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>8,627.54</u>
16. ENDING CASH BALANCE <i>Lines 12+13+14, less Line 15</i>	\$ <u>30,001.07</u>

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 1, Column (b)</i>	\$ <u>0.00</u>
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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>1,093.90</u>

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

Schedule A
Monetary Contributions Received

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2008</u>	
through <u>12/31/2008</u>	
Page <u>4</u> of <u>19</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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN 1 - DEC 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
11/19/2008	Fernando Armenta for County Supervisor <u>Salinas, CA 93905</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 990733	100.00	100.00	
12/12/2008	Arthur L. Barrientos <u>Salinas, CA 93908</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer Sea Breeze Harvesting Farming	1,000.00	1,000.00	
12/12/2008	Rosa Mata Boutonnet <u>Salinas, CA 93908</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Ocean Mist Farms	1,000.00	1,000.00	
12/12/2008	Troy Boutonnet <u>Castroville, CA 95012-3225</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Ocean Mist Farms	1,000.00	1,000.00	
11/19/2008	Norman Braga <u>Soledad, CA 93960</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rancher Braga Ranch	200.00	200.00	

SUBTOTAL \$ 3,300.00

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 21,800.00
2. Amount received this period - unitemized monetary contributions of less than \$100.
..... \$ 397.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 22,197.00

Schedule A (Continuation Sheet)
 Monetary Contributions Received

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2008</u>	
through <u>12/31/2008</u>	Page <u>5</u> of <u>19</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)
11/17/2008	Brian Finegan A Professional Corporation 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	
11/19/2008	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	100.00	100.00	
12/12/2008	Peter C. J. Chiang Salinas, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pediatric Dentist Peter C. J. Chiang & Associates	800.00	800.00	
11/19/2008	David Kelton & Lenora L. Kelton Family Trust Santa Monica, CA 90405-5207	<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	
12/12/2008	Sam Eastman Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Executive Officer Monterey County Petroleum	200.00	200.00	
11/19/2008	Dale Ellis Salinas, CA 93906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Planning & Permit Services Lombardo & Gilles	100.00	100.00	

SUBTOTAL \$ 1,600.00

Schedule A (Continuation Sheet)
 Monetary Contributions Received

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2008</u>	
through <u>12/31/2008</u>	
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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)
12/12/2008	Joe Feldman Hollister, CA 95023-6467	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP of Marketing & Sales Ocean Mist Farms	1,000.00	1,000.00	
11/19/2008	Alex Hulanicki Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Relations Consultant Self employed	150.00	150.00	
12/12/2008	Dale Huss Salinas, CA 93906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP Artichoke Production Ocean Mist Farms	1,000.00	1,000.00	
11/21/2008	Johnson & Moncrief A Professional Law Corporation Salinas, CA 93901-2740	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
11/19/2008	Mark Kelton Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager Cloverfield Management	400.00	400.00	
11/19/2008	Richard Kelton Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Cloverfield Management, LLC	300.00	300.00	

SUBTOTAL \$ 3,100.00

Schedule A (Continuation Sheet)
 Monetary Contributions Received

Statement covers period from <u>07/01/2008</u> through <u>12/31/2008</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>19</u>
NAME OF FILER <u>Simon Salinas, Simon Salinas for Supervisor</u>	
I.D. NUMBER <u>1282405</u>	

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)
11/19/2008	Little Bear Water Company, Inc. 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		500.00	500.00	
11/19/2008	Carol R. Lowrey Salinas, CA 93908-1030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	250.00	250.00	
12/12/2008	Luis A Scattini Family Limited Partnership Castroville, CA 95012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
12/12/2008	Luis A. Scattini & Sons, LP Castroville, CA 95012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
12/12/2008	Angela B. Micheli Salinas, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	1,000.00	1,000.00	
11/19/2008	Monterey County Prosecutor's Association Salinas, CA 93901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	

SUBTOTAL \$ 3,900.00

Schedule A (Continuation Sheet)
 Monetary Contributions Received

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2008</u>	
through <u>12/31/2008</u>	Page <u>8</u> of <u>19</u>
I.D. NUMBER 1282405	

NAME OF FILER Simon Salinas, Simon Salinas for Supervisor

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)
11/19/2008	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	500.00	500.00	
11/13/2008	Jo Ann Novoson 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	
12/12/2008	Joseph Pezzini Salinas, CA 93908-8912	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP of Operations Ocean Mist Farms	1,000.00	1,000.00	
12/12/2008	R. C. Farms, LLC Salinas, CA 93908	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
12/12/2008	Kenji Saisho Salinas, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pediatric Dentist Central Coast Pediatric Dental Group	500.00	500.00	
11/17/2008	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		1,000.00	1,000.00	

SUBTOTAL \$ 5,100.00

Schedule A (Continuation Sheet)
 Monetary Contributions Received

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2008</u>	
through <u>12/31/2008</u>	
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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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN 1 - DEC 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
11/19/2008	Tina Starkey Lopez King City, CA 93930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bank Manager Pacific Valley Bank	100.00	100.00	
12/12/2008	Philip V. Taluban Hollister, CA 95023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO Ocean Mist Farms	1,000.00	1,000.00	
11/19/2008	Maryann Torculas Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent Premier Realty Executives	200.00	200.00	
12/12/2008	Hugo Tottino Castroville, CA 95012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Partner Ocean Mist Farms	1,000.00	1,000.00	
11/25/2008	Uni-Kool Partners Salinas, CA 93901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
11/17/2008	Virginia Industrial Properties Baldwin Park, CA 91706-5834	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	

SUBTOTAL \$ 3,550.00

Schedule A (Continuation Sheet)
 Monetary Contributions Received

Statement covers period from <u>07/01/2008</u> through <u>12/31/2008</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>19</u>
NAME OF FILER <u>Simon Salinas, Simon Salinas for Supervisor</u>	
I.D. NUMBER <u>1282405</u>	

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)
(I) 11/19/2008	Wide Water Group DeWitt, NY 13214	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
(I)	Intermediary for above contribution: Derinda 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				
11/13/2008	Wild Things Animal Rentals, Inc. Salinas, CA 93908	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 1,250.00

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

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2008</u> through <u>12/31/2008</u>	
Page <u>11</u> of <u>19</u>	
I.D. NUMBER 1282405	

NAME OF FILER Simon Salinas, Simon Salinas for Supervisor

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)
10/30/2008	Yolanda Teneyuque County Counsel City of Greenfield	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	100.00	100.00 (G08)
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/30/2008	Measure Z Monterey County	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		500.00	500.00	500.00 (G06)
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
				SUBTOTAL \$	600.00	

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 600.00
- 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 \$** 600.00

Schedule E
Payments Made

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2008</u>	
through <u>12/31/2008</u>	Page <u>12</u> of <u>19</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		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Committee to Elect Yolanda Salinas Teneyuque Greenfield, CA 93927 ID# 1228942	CTB		100.00
Darlene Dunham Salinas, CA 93901	OFC TRS FND MTG POS	833.62 140.17 Mileage 368.24 222.58 8.40	2,243.69
Darlene Dunham (Cont.)	TRS	109.99 Meals, 235.02 Lodging Travel by: Darlene Dunham, staff member 07/12/2008-07/16/2008 to Cambridge, MA Purpose: Law Conference Total Cost: 345.01	

SUBTOTAL \$ 2,343.69

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>8,049.92</u>
2. Unitemized payments made this period of under \$100.	\$ <u>577.62</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>8,627.54</u>

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

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2008</u>	Page <u>13</u> of <u>19</u>
through <u>12/31/2008</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)	OR		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Darlene Dunham (continued)	TRC	90.62 Meals, 235.02 Lodging Travel by: Simon Salinas, Officeholder 07/12/2008-07/16/2008 to Cambridge, MA Purpose: Law Conference Total Cost: 325.67	
Frank Lopez for Kids King City, CA 93930	CVC		100.00
Ingraham & Loose, CPAs Salinas, CA 93901-3306	PRO		912.20
Latino Network Luncheon Salinas, CA 93901	MTG		100.00

SUBTOTAL \$ 1,112.20

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

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2008</u>	
through <u>12/31/2008</u>	Page <u>14</u> of <u>19</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		DESCRIPTION OF PAYMENT	AMOUNT PAID
		OR		
Christopher Lopez King City, CA 93930	MTG	204.47		1,988.28
	OFC	47.88		
Christopher Lopez (Cont.)	TRS	1,685.98	Mileage	
	FND	49.95		
Natividad Medical Foundation Salinas, CA 93906	MTG			100.00
Jo Ann Novoson Salinas, CA 93908	SAL			220.00

SUBTOTAL \$ 2,308.28

Schedule E
(Continuation Sheet)
Payments Made

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2008</u>	
through <u>12/31/2008</u>	Page <u>15</u> of <u>19</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)			AMOUNT PAID
	CODE	OR	
Simon Salinas for Senate Salinas, CA 93901-3306 ID# 1305990	OFC		332.84
The KRKC Stations King City, CA 93930-0628	RAD		150.00
United Farm Workers Salinas, CA 93905	PRT		300.00
Verizon Wireless Bellevue, WA 98004	OFC		405.01

SUBTOTAL \$ 1,187.85

Schedule E
(Continuation Sheet)
Payments Made

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2008</u> through <u>12/31/2008</u>	
Page <u>16</u> of <u>19</u>	
I.D. NUMBER <u>1282405</u>	

NAME OF FILER Simon Salinas, Simon Salinas for Supervisor

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	
Washington Mutual Seattle, WA 98101		See below for Credit Card Payees	597.90
Mike Signs & Screenprinting Salinas, CA 93901	CMP	107.75	
Sardine Factory Monterey, CA 93940	TRS	250.45 12/17/08 Holiday dinner, officeholder and 3 staff members	
Sheraton Grand Sacramento Hotel Sacramento, CA 95814	TRC	142.28 Travel by: Simon Salinas 11/06/2008-11/06/2008 to Sacramento, CA Total Cost: 142.28	

SUBTOTAL \$ 597.90

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

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2008</u>	
through <u>12/31/2008</u>	Page <u>17</u> of <u>19</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		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Washington Mutual (continued)	TRS	226.00 Travel by: Darlene Dunham 01/15/2009-01/22/2009 to Raleigh Durham, NC Purpose: Meeting Total Cost: 226.00	
Southwest Airlines Dallas, TX 75235			
Southwest Airlines (Continued)	TRC	226.00 Purchased ticket, not used yet	
Yes on Measure Z Carmel, CA 93923 ID# 1309187	CTB		500.00

SUBTOTAL \$ 500.00

Schedule F
Accrued Expenses (Unpaid Bills)

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2008</u>	
through <u>12/31/2008</u>	
Page <u>18</u> of <u>19</u>	
I.D. NUMBER <u>1282405</u>	

NAME OF FILER Simon Salinas, Simon Salinas for Supervisor

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
Monterey County Office of Revenue Division Salinas, CA 93901	POS, LIT	0.00	234.43	0.00	234.43
The KRKC Stations King City, CA 93930-0628	RAD	0.00	100.00	0.00	100.00
Verizon Wireless Bellevue, WA 98004	OFC	0.00	119.67	0.00	119.67
SUBTOTALS \$		0.00	454.10	0.00	454.10

Schedule F Summary

1. 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	\$ <u>1,630.91</u>
2. 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	\$ <u>597.90</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	\$ <u>1,033.01</u>

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

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2008</u>	
through <u>12/31/2008</u>	Page <u>19</u> of <u>19</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
Washington Mutual Seattle, WA 98101	See Schedule E for Credit Card Payees	60.89	1,176.81	597.90	639.80
SUBTOTALS \$		60.89 \$	1,176.81 \$	597.90 \$	639.80