

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED 2010 MAY 26 P 3:50	CALIFORNIA 460 2001/02 FORM
	Page <u>1</u> of <u>13</u>
	For Official Use Only
REGISTRAR OF VOTERS STATE OF CALIFORNIA	

Statement covers period from <u>3/18/10</u> through <u>5/22/10</u>	Date of election if applicable: (Month, Day, Year) <u>06/8/2010</u>
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SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1322753

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Mary Mangels-Zeeb for Treasurer-Tax Collector 2010

STREET ADDRESS (NO P.O. BOX)

1243 San Fernando Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Salinas</u>	<u>CA</u>	<u>93901</u>	<u>(831) 757-3426</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

Fax (831) 625-9308 / Email: chriss@bbrcpa.com

Treasurer(s)

NAME OF TREASURER

Chris Steinbruner

MAILING ADDRESS

100 Clock Tower Place, Suite 120

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carmel</u>	<u>CA</u>	<u>93923</u>	<u>(831) 625-5111</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 5/25/10
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature]
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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA		460
FORM		
Page <u>2</u> of <u>13</u>		

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mary Mangels-Zeeb

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Treasurer-Tax Collector 2010

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
<u>1243 San Fernando Drive</u>	<u>Salinas</u>	<u>CA</u>	<u>93901</u>

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

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

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

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>3/18/10</u> through <u>5/22/10</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>13</u>	I.D. NUMBER <u>1322753</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Mangels-Zeeb for Treasurer-Tax Collector 2010

Contributions Received	Column A	Column B
	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>5,684.00</u>	\$ <u>5,684.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>5,684.00</u>	\$ <u>5,684.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>7,787.25</u>	<u>7,787.25</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>13,471.25</u>	\$ <u>13,471.25</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	Column A	Column B
	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>3,264.00</u>	\$ <u>3,264.00</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>3,264.00</u>	\$ <u>3,264.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>6,345.63</u>	<u>6,345.63</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>9,609.63</u>	\$ <u>9,609.63</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement	
12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>1,000.00</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>5,684.00</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>3,264.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>3,420.00</u>

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

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

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts	
18. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0.00</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>3/18/10</u> through <u>5/22/10</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Mary Mangels-Zeeb for Treasurer-Tax Collector 2010	I.D. NUMBER 1322753
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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)
4/16/10	Joe Gunter 820 Parkrow #497 Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Private Investigator Self Employed	\$100.00	\$100.00	\$100.00
4/16/10	Maria Gomes 10851 Assisi Way Prunedale, CA 93907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Tax Manager County of Monterey	\$100.00	\$100.00	\$100.00
4/16/10	Scott Walker 3199 Crescent Avenue Marina, CA 93933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Management Analyst Monterey County Treasurer-Tax Collector	\$100.00	\$100.00	\$100.00
4/16/10	Liz Crooke 764 Lemos Avenue Salinas, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MA III County of Monterey	\$100.00	\$100.00	\$100.00
4/16/10	Richard Smith 1181 Loyola Drive Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager County of Monterey	\$500.00	\$500.00	\$500.00
SUBTOTAL \$				900.00		

Schedule A Summary

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ <u>4,150.00</u>
2. Amount received this period – unitemized contributions of less than \$100	\$ <u>1,534.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>5,684.00</u>

***Contributor Codes**
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

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

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	3/18/10	
through	5/22/10	Page 5 of 13

NAME OF FILER Mary Mangels-Zeeb for Treasurer-Tax Collector 2010	I.D. NUMBER 1322753
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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)
4/16/10	Bill Barr 45041 Arroyo Seco Road Greenfield, CA 93927	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor, Former Monterey County Superintendent of Schools	\$100.00	\$100.00	\$100.00
4/16/10	Meryl Bryant 123 Oak Street Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finance Manager County of Monterey	\$250.00	\$250.00	\$250.00
4/16/10	Lori Mack 33 Norman Way Salinas, CA 93906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FMI County of Monterey	\$100.00	\$100.00	\$100.00
4/16/10	Eamonn Maher 28 Vista Verde Circle Watsonville, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investment Officer County of Monterey	\$100.00	\$100.00	\$100.00
4/16/10	Frances Scheiber 19256 Mallory Canyon Road Salinas, CA 93904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant II MCTTC	\$100.00	\$100.00	\$100.00
SUBTOTAL \$				650.00		

*Contributor Codes

- IND - Individual
- COM - Recipient Committee
(other than PTY or SCC)
- OTH - Other
- PTY - Political Party
- SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>3/18/10</u> through <u>5/22/10</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>13</u>

NAME OF FILER Mary Mangels-Zeeb for Treasurer-Tax Collector 2010	I.D. NUMBER 1322753
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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)
4/16/10	Jerry Scheiber 19256 Mallory Canyon Road Salinas, CA 93907 Salinas, CA 93907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant II MCTTC	\$100.00	\$100.00	\$100.00
4/26/10	Harry Wardwell 26169 Legends Court Salinas, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker Robobank	\$250.00	\$250.00	\$250.00
4/26/10	Tom Thayer 1613 Atherton Way Salinas, CA 93906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$250.00	\$250.00	\$250.00
4/26/10	Dorothy Walker 771 Palma Drive Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office/Shipping Manager Elkhart Seed Company	\$100.00	\$100.00	\$100.00
4/26/10	Ouita Martin P.O. Box 1445 Salinas, CA 93902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Self Employed	\$250.00	\$250.00	\$250.00
SUBTOTAL \$				950.00		

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

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>3/18/10</u> through <u>5/22/10</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>13</u>	I.D. NUMBER 1322753

NAME OF FILER

Mary Mangels-Zeeb for Treasurer-Tax Collector 2010

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)
5/2/10	Melody Kragh 509 Paradise Road Prunedale, CA 93907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Naval Post Graduate School	\$100.00	\$100.00	\$100.00
5/7/10	Toni Mangels 1011 San Simeon Drive Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$300.00	\$300.00	\$300.00
4/27/10	Cheryl Mora 740 Palma Drive Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrative Assistant Rancho Cielo Youth Campus	\$250.00	\$250.00	\$250.00
5/4/10	Steve Hourigan 3990 Black Oak Drive Shingle Springs, CA 95682	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Tax Sale Services of Calif	\$250.00	\$250.00	\$250.00
4/28/10	Megabyte Systems, Inc 2630 Sunset Blvd #100 Rocklin, CA 95677	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$750.00	\$750.00	\$750.00
SUBTOTAL \$				1,650.00		

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

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>3/18/10</u> through <u>5/22/10</u>	CALIFORNIA FORM 460
Page <u>8</u> of <u>13</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Mangels-Zeeb for Treasurer-Tax Collector 2010

I.D. NUMBER

1322753

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mary Mangels-Zeeb 1243 San Fernando Drive Salinas, CA 93901 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Monterey Assistant Treasurer-Tax Collector	\$ 2,500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,500.00 12/3/2010 DATE DUE	0.00 % RATE \$ 0.00	\$ 2,500.00 12/3/2009 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** 2,500.00 \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,500.00	\$ 0.00		

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$ 0.00**
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>3/18/10</u>		CALIFORNIA FORM 460
through <u>5/22/10</u>		
Page <u>9</u> of <u>13</u>		I.D. NUMBER 1322753

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Mangels-Zeeb for Treasurer-Tax Collector 2010

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/14/10	Mary Mangels-Zeeb 1243 San Fernando Drive Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Monterey Assistant Treasurer-Tax Collector	Printing	178.16	178.16	178.16
4/15/10	Mary Mangels-Zeeb 1243 San Fernando Drive Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Monterey Assistant Treasurer-Tax Collector	Signs	2,549.49	2,549.49	2,549.49
4/14/10	Mary Mangels-Zeeb 1243 San Fernando Drive Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Monterey Assistant Treasurer-Tax Collector	Printing	489.38	489.38	489.38
4/16/10	Mary Mangels-Zeeb 1243 San Fernando Drive Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Monterey Assistant Treasurer-Tax Collector	Printing	207.62	207.62	207.62

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 3,424.65

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 7,713.25
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 74.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$ 7,787.25**

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	3/18/10	
through	5/22/10	Page 10 of 13
I.D. NUMBER		1322753

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Mangels-Zeeb for Treasurer-Tax Collector 2010

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/23/10	Mary Mangels-Zeeb 1243 San Fernando Drive Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Monterey Assistant Treasurer-Tax Collector	Campaign Supplies	150.13	150.13	150.13
5/10/10	Mary Mangels-Zeeb 1243 San Fernando Drive Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Monterey Assistant Treasurer-Tax Collector	Printing	3,446.47	3,446.47	3,446.47
5/13/10	Mary Mangels-Zeeb 1243 San Fernando Drive Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Monterey Assistant Treasurer-Tax Collector	Advertising	442.00	442.00	442.00
4/14/10	Francesca Henderson 344 E Romie Lane Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paralegal The Paralegal Service	Fundraising	250.00	250.00	250.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 4,288.60

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>3/18/10</u> through <u>5/22/10</u>	CALIFORNIA FORM 460
Page <u>11</u> of <u>13</u>	I.D. NUMBER <u>1322753</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Mangels-Zeeb for Treasurer-Tax Collector 2010

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
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brian Higgins 1031 Kentfield Drive Salinas, CA 93901	CNS	Consulting Fee	1,000.00
California Republican Taxpayers Association P.O. Box 4026 Monterey, CA 93942 FPPC #1286135	PRT	Advertising	1,680.00
Hometown Bulletin 505 Lighthouse Avenue, Suite 202 Pacific Grove, CA 93950	PRT	Advertising	584.00

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

SUBTOTAL \$ 3,264.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 3,264.00
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on 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.)	TOTAL \$ 3,264.00

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

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

Statement covers period from <u>3/18/10</u> through <u>5/22/10</u>		CALIFORNIA FORM 460
Page <u>12</u> of <u>13</u>		
NAME OF FILER Mary Mangels-Zeeb for Treasurer-Tax Collector 2010		I.D. NUMBER 1322753

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Brian Higgins 1031 Kentfield Drive Salinas, CA 93901	CNS - Consulting	0.00	1,000.00	0.00	1,000.00
Mary Mangels-Zeeb 1243 San Fernando Drive Salinas, CA 93901	FIL - Filing Fee	0.00	1,805.50	1,805.50	1,805.50
Mary Mangels-Zeeb 1243 San Fernando Drive Salinas, CA 93901	FIL - Candidates Statement	0.00	3,377.00	3,377.00	3,377.00
SUBTOTALS \$		0.00	\$ 6,182.50	\$ 6,182.50	\$ 6,182.50

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$	6,345.63
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$	0.00
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 \$	6,345.63

May be a negative number

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

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

SCHEDULE F (CONT.)

Statement covers period from <u>3/18/10</u> through <u>5/22/10</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>13</u>
NAME OF FILER	
Mary Mangels-Zeeb for Treasurer-Tax Collector 2010	
I.D. NUMBER 1322753	

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 |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
JM Design Co. 6 W. Gabilan Street #18 Salinas, CA 93901	PRO - Design Services	0.00	163.13	163.13	163.13
SUBTOTALS \$		0.00 \$	163.13 \$	163.13 \$	163.13