

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 - 84216.5)

COVER PAGE

Date Stamp  <b>RECEIVED</b> Monterey County Registrar  MAY 23 2008	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>5</u>	
A For Official Use Only	

Statement covers period from <u>04/20/2008</u> through <u>05/17/2008</u>	Date of Election if applicable: (Month, Day, Year) _____
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### 1. Type of Recipient Committee:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee                          |
| <input type="radio"/> State Candidate Election Committee                         | <input type="radio"/> Primarily Formed                                     |
| <input type="radio"/> Recall   | <input type="radio"/> Controlled   |
|  | <input type="radio"/> Sponsored  |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate Officeholder Committee |
| <input type="radio"/> Sponsored  |  |
| <input type="radio"/> Small Contributor Committee                                |  |
| <input type="radio"/> Political Party/Central Committee                          |  |

### 2. Type of Statement:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Pre-election 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 Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)         |  |

### 3. Committee Information

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

I.D. NUMBER  
1282405

### Treasurer(s)

NAME OF TREASURER <u>Stephanie Loose</u>			
MAILING ADDRESS _____			
CITY <u>Salinas</u>	STATE <u>CA</u>	ZIP CODE <u>93901-3306</u>	AREA CODE/PHONE <u>(831) 422-6261</u>
NAME OF ASSISTANT TREASURER, IF ANY <u>Juan Sanchez</u>			
MAILING ADDRESS _____			
CITY <u>Salinas</u>	STATE <u>CA</u>	ZIP CODE <u>93906</u>	AREA CODE/PHONE <u>(831) 443-0954</u>
OPTIONAL: FAX/E-MAIL ADDRESS			

### 4. Verification

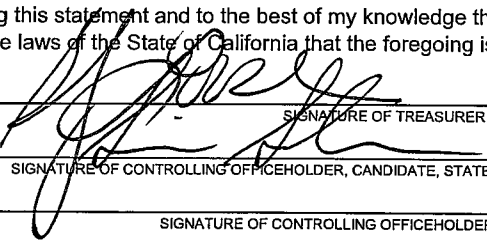
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on 5/22/08  
DATE

Executed on 5/22/08  
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

Simon Salinas for Senate

I.D. NUMBER

1305990

NAME OF TREASURER

Stephanie Loose

CONTROLLED COMMITTEE?

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

SUPPORT

OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

Campaign Disclosure Statement  
Summary Page

Statement covers period from <u>04/20/2008</u> through <u>05/17/2008</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>5</u>
I.D. NUMBER 1282405	

NAME OF FILER Simon Salinas, Simon Salinas for Supervisor

**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>0.00</u>	\$ <u>0.00</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>0.00</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>0.00</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>507.67</u>	\$ <u>12,736.99</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>507.67</u>	\$ <u>12,736.99</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>76.87</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>507.67</u>	\$ <u>12,813.86</u>

**Expenditure Limit Summary for State  
Candidates**

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

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

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

**Current Cash Statement**

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>17,887.26</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>507.67</u>
16. <b>ENDING CASH BALANCE</b> ..... <i>Lines 12+13+14, less Line 15</i>	\$ <u>17,379.59</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>76.87</u>

Schedule E  
Payments Made

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from 04/20/2008	<b>Page 4 of 5</b>
through 05/17/2008	
I.D. NUMBER 1282405	

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	
Ingraham & Loose, CPAs Salinas, CA 93901-3306	PRO		399.95

**SUBTOTAL \$ 399.95**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ 399.95
2. Unitemized payments made this period of under \$100. ....	\$ 107.72
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>\$ 507.67</b>

Schedule F  
Accrued Expenses (Unpaid Bills)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from 04/20/2008	Page 5 of 5
through 05/17/2008	
I.D. NUMBER	
1282405	

NAME OF FILER Simon Salinas, Simon Salinas for Supervisor

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- |   |   |   |
|---|---|---|
| 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                                 |
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| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
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| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Darlene Dunham Salinas, CA 93901	MTG	76.87	0.00	0.00	76.87
<b>SUBTOTALS \$</b>		76.87	\$ 0.00	\$ 0.00	76.87

**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** ... \$ 0.00
- 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** ... \$ 0.00
- 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