Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. **Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] General Purpose Committee
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Primarily Formed Candidate/Officeholder Committee
   - [ ] Recall
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Controlled
   - [ ] (Also Complete Part 6)
   - [ ] (Also Complete Part 9)

2. **Date of election if applicable:**
   - (Month, Day, Year)
   - OCT 22 2008
   - 11/04/08

3. **Committee Information**

   **COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):**
   Chuck Daly Sales for Mayor

   **STREET ADDRESS (NO P.O. BOX):**
   799 Pacific Street

   **CITY:**
   Monterey
   **STATE:**
   CA
   **ZIP CODE:**
   93940
   **AREA CODE/PHONE:**
   (831) 373-8467

   **MAILING ADDRESS (IF DIFFERENT):**
   **NO. AND STREET OR P.O. BOX:**

   **CITY:**
   **STATE:**
   **ZIP CODE:**
   **AREA CODE/PHONE:**

   **OPTIONAL: FAX / E-MAIL ADDRESS:**

4. **Treasurer(s):**

   **NAME OF TREASURER:**
   Michael A. Russo

   **MAILING ADDRESS:**
   276 El Dorado

   **CITY:**
   Monterey
   **STATE:**
   CA
   **ZIP CODE:**
   93940
   **AREA CODE/PHONE:**
   (831) 373-8467

5. **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:**
   10-20-08
   **Date:**

   **Executed on:**
   10-25-08
   **Date:**

   **Signature of Treasurer or Assistant Treasurer:**
   Michael A. Russo

   **Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor:**
   (Signature)

   **Signature of Controlling Officeholder, Candidate, State Measure Proponent:**
   (Signature)

   **Signature of Controlling Officeholder, Candidate, State Measure Proponent:**
   (Signature)
Recipient Committee
Campaign Statement
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Chuck Della Sala (Charles Della Sala, Jr.)
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor, City of Monterey
RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
799 Pacific Street, Monterey, CA 93940

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

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

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF TREASURER

COMMITTED COMMITTEE?

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

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

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

Attach continuation sheets if necessary
## Contributions Received

1. Monetary Contributions ........................................ Schedule A, Line 3 $2,883.­
2. Loans Received .................................................. Schedule B, Line 3 $0.
3. SUBTOTAL CASH CONTRIBUTIONS ............................. Add Lines 1 + 2 $2,883.­
4. Nonmonetary Contributions ................................. Schedule C, Line 3 $0.
5. TOTAL CONTRIBUTIONS RECEIVED ..................... Add Lines 3 + 4 $2,883.­

## Expenditures Made

6. Payments Made ................................................. Schedule E, Line 4 $30.­
7. Loans Made ...................................................... Schedule H, Line 3 $0.
8. SUBTOTAL CASH PAYMENTS .................................. Add Lines 6 + 7 $30.­
9. Accrued Expenses (Unpaid Bills) ....................... Schedule F, Line 3 $0.
10. Nonmonetary Adjustment .................................. Schedule C, Line 3 $0.
11. TOTAL EXPENDITURES MADE ....................... Add Lines 8 + 9 + 10 $30.­

## Current Cash Statement

12. Beginning Cash Balance ......................... Previous Summary Page, Line 16 $2,035.­
13. Cash Receipts .................................................. Column A, Line 3 above $2,883.­
14. Miscellaneous Increases to Cash ..................... Schedule I, Line 4 $0.
15. Cash Payments .................................................. Column A, Line 9 above $30.­
16. ENDING CASH BALANCE ................................... Add Lines 12 + 13 + 14, then subtract Line 10 $4,883.­

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

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED ................ Schedule B, Part 2 $0.
18. Cash Equivalents ........................................... See instructions on reverse $0.
19. Outstanding Debts ......................................... Add Line 2 + Line 9 in Column B above $0.

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

- Contributions Received $0.

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (if subject to voluntary expenditure limit)
   - Date of Election (mm/dd/yyyy) 
   - Total to Date $0.

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

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).
## Schedule A
Monetary Contributions Received

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

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/08</td>
<td>Northern California Carpenters Regional Council</td>
</tr>
<tr>
<td></td>
<td>265 Degnberger Rd, Suite 200</td>
</tr>
<tr>
<td></td>
<td>Oakland, CA 94621</td>
</tr>
<tr>
<td></td>
<td>104-972-104</td>
</tr>
<tr>
<td>10/13/08</td>
<td>PG&amp;E Corporation</td>
</tr>
<tr>
<td></td>
<td>77 Beale Street</td>
</tr>
<tr>
<td></td>
<td>San Francisco, CA</td>
</tr>
<tr>
<td>10/17/08</td>
<td>Hardesty/Santa Cruz Counties</td>
</tr>
<tr>
<td></td>
<td>Building &amp; Construction Trades Council</td>
</tr>
<tr>
<td></td>
<td>Political Action League</td>
</tr>
<tr>
<td></td>
<td>102 12th Street, #428, Suite 107</td>
</tr>
<tr>
<td></td>
<td>Marina, CA 93953</td>
</tr>
<tr>
<td></td>
<td>8380048</td>
</tr>
</tbody>
</table>

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) $\text{900.}$

2. Amount received this period – unitemized monetary contributions of less than $100 $\text{983.}$

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) $\text{2883.}$

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

FFPC Form 460 (January/05)
FFPC Toll-Free Helpline: 866/ASK-FFPC (866/275-3772)
**Schedule E**
Payments Made

**NAME OF FILER**
Chuck Bella Sala for Mayor

**I.D. NUMBER**
1287887

**STATEMENT COVERS PERIOD**
from Oct 1, 2008 through Oct 31, 2008

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

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FFL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

**NAME AND ADDRESS OF PAYEE**
(IF COMMITTEE ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................ $ 0
2. Unitemized payments made this period of under $100 ................................................................. $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ................ $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 0

**FPPC Form 460 (January/05)**
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)