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

Type or print in ink.

Statement covers period
from July 01, 2009
through Dec. 31, 2009

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

1. Type of Recipient Committee:
   All Committees – Complete Parts 1, 2, 3, and 4.
   [☑] Officeholder, Candidate Controlled Committee
   [ ] State Candidate Election Committee
   [ ] Recall
   (Also Complete Part 5)
   [ ] General Purpose Committee
   [ ] Sponsored
   [ ] Small Contributor Committee
   [ ] Political Party/Central Committee
   [ ] Primarily Formed Ballot Measure Committee
   [ ] Controlled
   (Also Complete Part 6)
   [ ] Primarily Formed Candidate/Officeholder Committee
   (Also Complete Part 7)

2. Type of Statement:
   [☑] Semi-annual Statement
   [ ] Preelection Statement
   [ ] Termination Statement
   (Also file a Form 410 Termination)
   [ ] Amendment (Explain below)

   [ ] Quarterly Statement
   [ ] Special Odd-Year Report
   [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

   I.D. NUMBER
   1287887

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Chuck Delta Salas for Mayor

   STREET ADDRESS (NO P.O. BOX)
   799 Pacific Street
   City: Monterey
   State: CA
   Zip Code: 93940

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   City: Monterey
   State: CA
   Zip Code: 93940

   OPTIONAL: FAX / E-MAIL ADDRESS

   TREASURER(S)
   NAME OF TREASURER
   Michael A. Russo
   MAILING ADDRESS
   276 Eldorado
   City: Monterey
   State: CA
   Zip Code: 93940

   NAME OF ASSISTANT TREASURER, IF ANY

   MAILING ADDRESS
   City: Monterey
   State: CA
   Zip Code: 93940

   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 01/22/10
   By
   Signature of Treasurer or Assistant Treasurer

   Executed on 01/22/10
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   Executed on
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (January/06)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
## 5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles Bella Sala, Jr.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Mayor of Monterey</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>799 Pacific Street, Monterey, CA 93940</td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
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<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
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<tbody>
<tr>
<td></td>
<td>YES</td>
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<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO. P.O. BOX)</th>
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<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
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<tbody>
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## 6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
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<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
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<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent</th>
<th></th>
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<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
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## 7. Primarily Formed Candidate/Officeholder Committee

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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Attach continuation sheets if necessary.
Contributions Received

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

Expenditures Made

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

Current Cash Statement

12. Beginning Cash Balance ............................. Previous Summary Page, Line 16 $ 1739.45 0
13. Cash Receipts ........................................... Column A, Line 3 above $ 0 $ 0
14. Miscellaneous Increases to Cash ...................... Schedule I, Line 4 $ 0 $ 0
15. Cash Payments .......................................... Column A, Line 8 above $ 1739.45 0
16. ENDING CASH BALANCE ......................... Add Lines 12 + 13 + 14, then subtract Line 16 $ 0 $ 0

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 $ 0
18. Cash Equivalents ...................................... See instructions on reverse $ 0 $ 0
19. Outstanding Debts .................................... Add Line 2 + Line 9 in Column B above $ 0 $ 0

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

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1 through 6/30</td>
<td>$0</td>
</tr>
<tr>
<td>7/1 to Date</td>
<td>$0</td>
</tr>
</tbody>
</table>

20. Contributions Received $ 0 $ 0
21. Expenditures Made $ 0 $ 0

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 $ 0 $ 0

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