Recipient Committee
Campaign Statement
Cover Page

Type or print in ink.

Statement covers period
July 01, 2014
through December 31, 2014

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

City Clerk's Office

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

2. Type of Statement:
   - [ ] Pre-election Statement
   - [ ] Semi-annual Statement
   - [X] Termination Statement
   - [ ] Amendment (Explain below)

3. Committee Information
   I.D. NUMBER 1287687
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Chuck Della Sala for Mayor
   STREET ADDRESS (NO P.O. BOX)
   CITY Monterey
   STATE CA
   ZIP CODE 93940
   AREA CODE/PHONE
   Mailing Address
   CITY Monterey
   STATE CA
   ZIP CODE 93940
   AREA CODE/PHONE
   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 12/31/14 Date
   Executed on 12/31/14 Date
   Executed on Date
   Executed on Date

Treasurer(s)
NAME OF TREASURER
Michael A. Russo
MAILING ADDRESS
CITY Monterey
STATE CA
ZIP CODE 93940
AREA CODE/PHONE 831
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY
STATE
ZIP CODE
AREA CODE/PHONE
Optional: FAX / E-MAIL ADDRESS

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California
5. Officeholder or Candidate Controlled Committee

**NAME OF OFFICEHOLDER OR CANDIDATE**
Charles Della Sala, Jr.

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**
Mayor of Monterey

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)**
799 Pacific Street, Monterey, CA 93940

**CITY**

**STATE**

**ZIP**

**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>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
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<td>CITY</td>
<td>STATE</td>
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</table>

6. 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 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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
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<td>OPPOSE</td>
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</tr>
</tbody>
</table>

**Attach continuation sheets if necessary**
<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A</th>
<th>Column B</th>
<th>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th></th>
<th></th>
<th>Expenditure Limit Summary for State Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$1404.45</td>
<td>$1454.45</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$1404.45</td>
<td>$1454.45</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$1404.45</td>
<td>$1454.45</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Cash Statement</th>
<th></th>
<th></th>
<th>Expenditure Limit Summary for State Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
<td>$1404.45</td>
<td>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).</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 6 above</td>
<td>$1404.45</td>
<td>$0</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash Equivalents and Outstanding Debts</th>
<th></th>
<th></th>
<th>Expenditure Limit Summary for State Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>See instructions on reverse</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
## Schedule E Payments Made

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

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

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

### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frank Sollecito Jr., Leukemia Fund</td>
<td>Donation of surplus campaign funds to tax exempt charitable organization. Tax I.D. # 77-0323073</td>
<td>1404.45</td>
<td></td>
</tr>
</tbody>
</table>

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

### Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) $1404.45
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 $1404.45