**Recipient Committee** ORIGINAL **COVER PAGE** 2013 | Date Stamp **Campaign Statement** CALIFORNIA **Cover Page FORM** (Government Code Sections 84200-84216.5) Statement covers period Date of election if applicable: Page \_1 (Month, Day, Year) 01/01/2013 For Official Use Only SEE INSTRUCTIONS ON REVERSE 03/06/2013 through \_ 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: X Officeholder, Candidate Controlled Committee **Primarily Formed Ballot Measure** Preelection Statement **Quarterly Statement** O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report Controlled Termination Statement (Also Complete Part 5) Supplemental Preelection Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) ☐ General Purpose Committee Amendment (Explain below) Sponsored Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1234998 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Re-Elect Supervisor Pam Slater-Price 2012 Robin Stephen MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE Encinitas, CA ZIP CODE TATE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Encinitas, 92024 Nancy Haley MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE Encinitas, CA 92024 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of rily know under penalty of perjury under the laws of the State of California that the foregoing is true and correct (	edge the information contained h	erain and in the attached cohedules is two and accounts.	1
under penalty of perjury under the laws of the State of California that the foregoing is true and correct./		erent and in the attached schedules is true and complete.	. I certify

Executed on	By Won Stephen
Executed onD3 -0 6 - 2013	By Signature of Veasurer or Assistant Treasurer  Signature of Veasurer or Assistant Treasurer  Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent

. Officeholder or Candidate Controlled Con	nmittee	6.	Primarily Formed Balle	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	<del></del>			
Pam Slater-Price							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS Supervisor San Diego County : 3	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
). AND STREET) San Diego,	CITY STATE ZIP CA 92101		Identify the controlling off	iceholder, ca	ndidate, or state r	measure p	roponent, if any.
	*** Aller vite		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PE	ROPONENT		<del>-</del>
Related Committees Not Included in this sometine included in this statement that are controlled by you contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		DIST	RICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candificeholder(s) or candidate(s)	didate/Offic ) for which thi	ceholder Comm is committee is prim	nittee List narily forme	t names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	D. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (	OR HELD	SUPPORT OPPOSE
CITY STATE ZI	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (	OR HELD	SUPPORT OPPOSE
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			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT (	OR HELD	SUPPORT OPPOSE
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O	YES NO						SUPPORT OPPOSE
						-:	
CITY STATE ZII	P CODE AREA CODE/PHONE		A44	.h	on sheets if neces		

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA 460
from	01/01/2013	FORM 400
through _	03/06/2013	Page3 of <sup>7</sup>
		I.D. NUMBER

NAME OF FILER Re-Elect Supervisor Pam Slater-Price 2012 1234998 Column A **Contributions Received** Column B **Calendar Year Summary for Candidates** TOTAL THIS PERIOD CALENDAR YEAR (FROMATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE General Elections 1. Monetary Contributions ...... Schedule A, Line 3 \$ 0.00 0.00 2. Loans Received ...... Schedule B, Line 3 1/1 through 6/30 7/1 to Date 0.00 0.00 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ 20. Contributions 0.00\_ 0.00 Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 0.00 0.00 21. Expenditures \$\_\_\_\_\_\_\$\_\_\_\_ Made 0.00 **Expenditures Made Expenditure Limit Summary for State Candidates** 7. Loans Made ...... Schedule H, Line 3 0.00\_ 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 -237.50 0.00 Date of Election Total to Date 10. Nonmonetary Adjustment ...... Schedule C, Line 3 0.00 (mm/dd/yy) \_\_\_\_\_0.00 **Current Cash Statement** 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ 311,854.16 To calculate Column B. add 13. Cash Receipts ...... Column A, Line 3 above amounts in Column A to the 0.00 corresponding amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 \*Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. 15. Cash Payments ...... Column A, Line 8 above report. Some amounts in 311,854.16 Column A may be negative 16. ENDING CASH BALANCE ....... Add Lines 12 + 13 + 14, then subtract Line 15 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ for this calendar year, only 0.00 carry over the amounts **Cash Equivalents and Outstanding Debts** from Lines 2, 7, and 9 (if any). 0.00 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E
<b>Payments Made</b>

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

Statement covers period	CALIFORNIA 160
from01/01/2013	FORM 400
through03/06/2013	Page4 of7
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Re-Elect Supervisor Pam Slater-Price 2012 1234998 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. 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 t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals TRC FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* ND 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 campaign literature and mailings LIT 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 Mainly Mozart, Inc. CVC 10,000.00 san Diego, CA 92101 San Diego Dance Theater CVC 10,000.00 an Diego. CA 92106 San Diego Opera Association CVC 250,000.00 San Diego, CA 92101 Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 270,000.00 Schedule E Summary

2. Unitemized payments made this period of under \$100 ......\$ \_\_\_\_\_\_ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 0.00 

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

## Schedule E

(Continuation Sheet)  Type or print in ink. Amounts may be rounded		S	tatement covers period	SCHEDULE E (CONT.			
Payments Made	to whole d					CALIFO	
•				from	01/01/2013		(IVI
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				throu	ugh 03/06/2013	— Page	5 of 7
						I.D. NUME	BER
Re-Elect Supervisor Pam Slater-Price 2012		_				123499	98
CODES: If one of the following codes accurately describe	es the payment, y	ou mav e	nter the code	Otherwise	describe the navme	ant .	
our paign paraphenialia/1115C.	MBR member.com	munications		RAD	radio airtime and produc	olica seets	
CNS campaign consultants	MTG meetings an		es	RFD	returned contributions	ction costs	
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office exper	ises			campaign workers' sala	ries	
FIL candidate filing/ballot fees	PET petition circu			TEL	t.v. or cable airtime and	production costs	s
FND fundraising events	PHO phone banks			TRC	candidate travel, lodging	i, and meals	
independent expenditure supporting/opposing others (explain)*	POL polling and s POS postage, deli	Survey resear	rch	TRS	staff/spouse travel, lodg	ing, and meals	
LEG legar detense	PRO professional	services (lec	essenger services gal, accounting)	TSF	transfer between commi	ittees of the sar	ne candidate/sponsor
LT campaign literature and mailings	PRT print ads	Services (leg	gai, accounting)	VOT WEB	voter registration information technology of	osts (internet, e	-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR		N OF PAYMENT		AMOUNT PAID
San Diego-Yantai Friendship Society			T				
San Diego, CA 92111		cvc					
							10,000.00
San Dieguito River Valley Conservancy			<u> </u>			İ	
the conservancy							
						l	
San Dlego, CA 92109		CVC					7,000.00
San Elijo Lagoon Conservancy						ŀ	
,			i	-			
		arra.	1				
Cardiff, CA 92024		CVC					7,000.00
						İ	
Scott & Cronin LLP							
						**	
							225.50
Encinitas, CA 92024		PRO					237.50
						1	
Scott & Cronin LLP				· · · · · · · · · · · · · · · · · · ·			
		PRO					814.35
Encinitas, CA 92024							014.33
Payments that are contributions or independent award the							
Payments that are contributions or independent expenditures must also	o be summarized on S	chedule D.			;	SUBTOTAL \$	25,051.85

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER	lype or print in ink. Amounts may be rounded to whole dollars.		Sta from _ throug	01/01/201 03/06/201	riod CALIFO 3 FOR		
Re-Elect Supervisor Pam Slater-Price 2012						I.D. NUMB 123499	i
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member common meetings an OFC office exper petition circu PHO phone banks POL polling and sepos postage, del	imunications d appearance ises lating s survey resear ivery and me	es	RAD II RFD II SAL O TEL II TRC O TRS S TSF II VOT V	radio airtime and pi returned contribution campaign workers' i.v. or cable airtime candidate travel, loo staff/spouse travel, ransfer between or voter registration	ayment. roduction costs ons salaries and production costs dging, and meals lodging, and meals	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  Scott & Cronin LLP		CODE (	OR DES	CRIPTION	OF PAYMENT		AMOUNT PAID
Encinitas, CA 92024		PRO					1,752.31
The Campanile Foundation (TCF) San Diego, CA 92182-4512		cvc					15,000.00
						7	
Payments that are contributions or independent expenditures must also	be summarized on S	chedule D.				SUBTOTAL \$	16,752.31

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink Amounts may be roun to whole dollars.	Statement cov	,	SCHEDULI IFORNIA 460 FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through 03/06		e 7 of 7
Re-Elect Supervisor Pam Slater-Price 2012				i	JMBER 4998
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns ances search messenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registrati	nd production costs ibutions kers' salaries time and production coel, lodging, and meals avel, lodging, and meal en committees of the s	s ame candidate/sponsor
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
Scott & Cronin LLP Encinitas, CA 92024	PRO	237.50	0.00	237.50	<del></del>
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	237.50 \$	0.00\$	237.50	\$ 0.00
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at a second expenses of \$100 or more, plus total unitemized at a second expenses.)	chedule F, Column (b) sub accrued expenses under \$	ototals for 100.)	INCUI	RRED TOTALS \$ _	0.00

on the Summary Page, Column A, Line 9.)

NET \$

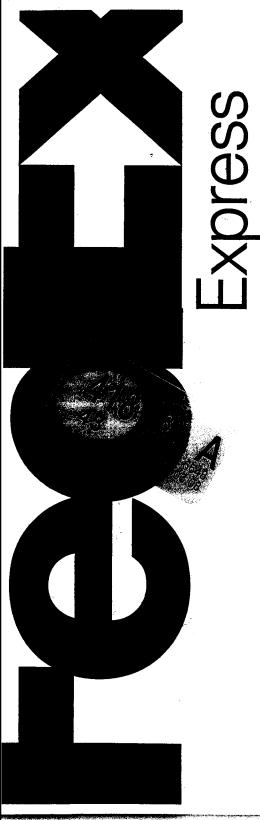
-237.50

May be a negative number

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

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





From: (760) 632-3600 SUSAN DOBSON

Ship Date: 07MAR13 ActWgt: 1.0 LB CAD: 5920558/INET3370

Delivery Address Bar Code

SHIP TO: (000) 000-0000

BILL SENDER

Origin ID: CLDA

J13101212190326

Ref# Invoice #

SAN DIEGO REGISTRAR OF VOTERS Dept #

**SAN DIEGO, CA 92123** 



FRI - 08 MAR 3:00P STANDARD OVERNIGHT

7949 2089 6648

DSR 92123

CA-U8

SAN



**WT MYFA** 

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