Desirient Committee				COVER PAGE
Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)			Date Stamp	CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year)	07/06/2022 12:20:40 Filing ID: 204112157	Page1 of12 For Official Use Only
I. Type of Recipient Committee: All Committees - 0	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		·
▼ 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 Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te	Spermination)	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
3. Committee Information	I.D. NUMBER 1443055	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		
Kristal Salcido for Watsonville City Counci	11 2022	Carolyn Livingston MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	CODE AREA CODE/PHONE
CINEEL MEDICES (NO 1.3. BOX)		Watsonville	CA 950	
CITY STATE ZIP (CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		(12)
Watsonville CA 95	076 (831)288-8494	Kristal Salcido		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS		_
CITY STATE ZIP (CODE AREA CODE/PHONE	CITY Watsonville	STATE ZIP C	
OPTIONAL: FAX / E-MAIL ADDRESS salcido4citycouncil@gmail.com	_	OPTIONAL: FAX / E-MAIL ADDR salcido4citycounciltr		
 Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califor 		nowledge the information contained her	rein and in the attached schedu	ules is true and complete. I certify
Executed on	By <u>Carolyn Li</u>	vingston Signature of Treasurer or Assistant T	Freasurer	
Executed on	By <u>Kristal Sa</u> Signature of Co	nlcido ontrolling Officeholder, Candidate, State Measure Prop	ponent or Responsible Officer of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent	 FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAG	E - PART	2
	FORNIA DRM	_	l60	
Page _	2	of _	12	

Officeholder or Candidate Controlled Com	mittee	6	6.	Primarily Formed Ball	ot Measure	Committee)	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Kristal Salcido								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABI	LE)		BALLOT NO. OR LETTER	JURISDICTI	ON		
City Council Member: City of Watsonville D	istrict 4							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP		Identify the controlling of	ficeholder, ca	ndidate, or s	tate measure	proponent, if any
	Watsonville CA	95076		NAME OF OFFICEHOLDER, CAI	NDIDATE OR PE	ROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your of	u or are primarily formed			OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMIT		7.	Primarily Formed Can				
TVINE OF TREASURER	YES NO			officeholder(s) or candidate(s) for which thi	is committee is	s primarily for	med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
								☐ OPPOSE
NAME OF TREASURER	CONTROLLED COMMIT			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)							
CITY STATE ZIP	P CODE AREA COI	DE/PHONE		A 44-	ah aantinust	on obsets "	naaaaaam.	
S SIME ZII	7.11.271.001	22,		Atta	ch continuati	on sneets if	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		S	UMMARY PAGE
Statem	ent covers period	CALIFORNIA	160
from	01/01/2022	FORM	400
through	06/30/2022	Page3	of

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kristal Salcido for Watsonville City Council 2022

I.D. NUMBER 1443055

Contributions Received	(1	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	12,384.00	\$	12,384.00	
2. Loans Received Schedule B, Line 3		0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	12,384.00	\$	12,384.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	12,384.00	\$	12,384.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	4,447.38	\$	4,447.38	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	4,447.38	\$	4,447.38	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	4,447.38	\$	4,447.38	/\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	То	calculate Column B, add	
13. Cash Receipts		12,384.00		nounts in Column A to the rresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		4,447.38		oort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	7,936.62	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.			ре	otracted from previous riod amounts. If this is a first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0.00		· ·	
10. Casii Equivalents See instructions on reverse					

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER Kristal Salcido for Watsonville City Council 2022 DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER) 01/07/2022 Kristal Salcido Watsonville, CA 95075			ts may be rounded whole dollars.	Statement cover from01/01/2 through06/30/2	022	CALIFORNIA 460 FORM Page 4 of 12	
NAME OF FILER						I.D. NU	MBER
Kristal Salo	cido for Watsonville City Council 2022					14430	55
	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
01/07/2022		IND COM OTH PTY SCC	Deputy District Attorney County of Santa Cruz	2,500.00	2,50	00.00	
01/14/2022	Tila Nunn-Miller San Diego, CA 92104	IND □COM □OTH	Attorney California Department of Social Services	250.00	25	50.00	

☐ PTY SCC 01/14/2022 Radovan Radish Police Sergeant 200.00 200.00 XIND Watsonville, CA 95076 City of Watsonville COM □ OTH PTY SCC 01/14/2022 Anna Rubalcava Deputy District Attorney 500.00 500.00 X IND Los Gatos, CA 95032 County of Santa Cruz □ COM OTH □ PTY SCC 01/14/2022 Raymond Salcido Deputy Probation Officer 500.00 500.00 XIND Watsonville, CA 95076 County of Monterey □ COM □OTH □ PTY □SCC SUBTOTAL\$ 3,950.00 **Schedule A Summary** *Contributor Codes IND - Individual 1. Amount received this period – itemized monetary contributions. COM - Recipient Committee

(Include all Schedule A subtotals.)\$ ____

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

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

PTY – Political Party

(other than PTY or SCC) OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

12,050.00

12,384.00

3. Total monetary contributions received this period.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA 460

Statement covers period

01/01/2022

				from01/01/	2022	FORI	M TOO
				through06/30/	2022	Page	5 of <u>12</u>
NAME OF FILER						I.D. NUMBE	R
Kristal Salci	do for Watsonville City Council 2022					1443055	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
01/14/2022	Nicholas Sympson San Jose, CA 95116		Asst District Attorney County of Santa Cruz	100.00	10	0.00	
01/15/2022	Conor McCormick San Jose, CA 95123	⊠IND □COM □OTH □PTY □SCC	Asst District Attorney County of Santa Cruz	100.00	10	00.00	
01/16/2022	Eve Ortiz Aptos, CA 95003		CFO Monterey Bay Rebar Inc	525.00	52	25.00	
01/16/2022	Andrea Sullivan Watsonville, CA 95076		Clinical Director Center for Social Dynamics			0.00	
01/17/2022	Nancy Weiler San Diego, CA 92110		Medical Social Worker Kaiser Permanente	525.00	52	25.00	
			SUBTOTAL\$	1,350.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC – Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA 460

Statement covers period

from.

01/01/2022

NAME OF FILER		through 06/30/	2022	Page _	6 of 12 MBER		
Kristal Salci	do for Watsonville City Council 2022					14430	55
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
01/18/2022	Nicholas Rivera Watsonville, CA 95076		Shipping Broker Ship Smart Inc	100.00		00.00	
01/19/2022	Xavier Mitchell Etiwanda, CA 91739	⊠IND □COM □OTH □PTY □SCC	Contractor Build it Break it	200.00	2	00.00	
01/19/2022	Pascale Wowak Felton, CA 95018		Police Sergeant City of Scotts Valley	100.00	1	00.00	
01/21/2022	Randolph Repass Watsonville, CA 95076	☑IND □COM □OTH □PTY □SCC	Partner Watsonville Freeholders	525.00		25.00	
01/22/2022	Stephanie Jarvis Watsonville, CA 95076	⊠IND □ COM □ OTH □ PTY □ SCC	Probation Officer County of Santa Cruz	100.00	1	00.00	
			SUBTOTALS	1,025.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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Statement covers period

NAME OF FILER Kristal Salcido for Watsonville City Council 2022 DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE * IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF THE PROPERTY OF THE PROPER		2022	FORM 460
Extistal Salcido for Watsonville City Council 2022 DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE * (IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	through06/30/	2022 Pag	e7 of12
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE * IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)		I.D.	NUMBER
DATE RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE * (IF SELF-EMPLOYED, ENTER NAME)		144	3055
OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/23/2022 Sally-Christine Rodgers Watsonville, CA 95076 XIND Retired COM OTH PTY SCC	525.00	525.0	0
01/28/2022 Katie Lamb Chapel Hill, TN 37034 COM	250.00	250.0	0
01/29/2022 James Bohnet Escondido, CA 92027 □ IND □ COM □ OTH □ PTY □ SCC □ SCC	525.00	525.0	0
01/29/2022 Julia Bohnet Escondido, CA 92027	525.00	525.0	0
O1/29/2022 Pedro Castillo Watsonville, CA 95076 COM OTH PTY SCC	100.00	100.0	0
SUBTOTAL	L\$ 1,925.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

01/01/2022

				through 06/30/	2022	_	8 of12
NAME OF FILER						I.D. NU	
Kristal Salci	ido for Watsonville City Council 2022					14430	55
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
01/31/2022	Jennifer MacLaggan San Diego, CA 92106		Homemaker Homemaker	250.00	2	50.00	
02/07/2022	Laura Gonzalez Freedom, CA 95019	IND COM OTH PTY SCC	Police Clerk City of Watsonville	250.00	2	50.00	
02/09/2022	Enrique Montes Aptos, CA 95003		District Attorney Investigator County of Santa Cruz	250.00	2	50.00	
02/11/2022	Clifford Weiler San Diego, CA 92110		Self-Employed Clifford D Weiler, Attorney	525.00	5	25.00	
02/13/2022	Ed Delfin Prunedale, CA 93907		Police Officer City of Watsonville	100.00	1	.00.00	
			SUBTOTAL	\$ 1,375.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC – Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA 460

Statement covers period

01/01/2022

				from01/01/	2022	FORM	T O O
				through 06/30/	2022	Page9 of	12
NAME OF FILER						I.D. NUMBER	
Kristal Salci	do for Watsonville City Council 2022					1443055	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO [ECTION DATE QUIRED)
02/17/2022	Pamela Dunlap Capitola, CA 95010		Asst District Attorney County of Santa Cruz	100.00	10	0.00	
02/18/2022	Wendy Hurst Watsonville, CA 95076		Retired Retired	100.00	10	0.00	
02/18/2022	Hurst for Council (ID# 1345496) Watsonville, CA 95076	□IND ☑ COM □ OTH □ PTY □ SCC		525.00	52:	5.00	
03/05/2022	Robert Stephens Aptos, CA 95003		Retired Retired	200.00	20	0.00	
03/31/2022	Anne Brooks Friscia Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Executive Administrator Encompass Community Services	150.00	150	0.00	
			SUBTOTALS	1,075.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

CALIFORNIA 460

Statement covers period

				from01/01/	2022	FO	RM	TUU
				through06/30/	2022	Page	of	12
NAME OF FILER						I.D. NUME	BER	
Kristal Salci	do for Watsonville City Council 2022					1443055	5	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE, (JAN. 1 - DEC. 3	AR 31)	TOI	ECTION DATE QUIRED)
03/31/2022	Peace Officers Research Association of CA PAC (ID# 810830) Sacramento, CA 95834	□IND □COM □OTH □PTY ⊠SCC		525.00	52	5.00		
05/16/2022	Katherine Moore Atherton, CA 94027	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed The Law Office of Katherine R. Moore	200.00	20	0.00		
06/04/2022	Monterey-Santa Cruz Building & Construction Trades Council (ID# 850048) Castroville, CA 95012	□IND ☑ COM □ OTH □ PTY □ SCC		525.00	52	5.00		
06/08/2022	Kara N Taylor Hollister, CA 95023	☑IND □COM □OTH □PTY □SCC	District Attorney Investigator County of Santa Cruz	100.00	10	0.00		
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 1,350.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from01/01/2022	FORM TOO
through06/30/2022	Page of
	I.D. NUMBER
	1443055

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kristal Salcido for Watsonville City Council 2022

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
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
UPS Store #993 Watsonville, CA 95076	OFC	Mailbox	517.00
Bruce Van Allen Santa Cruz, CA 95062	CNS	Campaign consultant	600.00
Community Printers Santa Cruz, CA 95062	OFC	Remits	362.36

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL\$	1,479.36
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Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$_	4,286.38
2. Unitemized payments made this period of under \$100\$_	161.00
3. Total interest paid this period on 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.) TOTAL \$	4,447.38

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 160
from	01/01/2022	FORM TOO
through_	06/30/2022	Page12 of12
		I.D. NUMBER
		1443055

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kristal Salcido for Watsonville City Council 2022

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 MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations 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

ND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals

ND 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Bruce Van Allen Santa Cruz, CA 95062	OFC	Design remits	250.00
UPS Store #993 Watsonville, CA 95076	OFC	Transaction fee	25.00
Miller Maxfield Santa Cruz, CA 95060	CNS	Design logo	1,050.00
Miller Maxfield Santa Cruz, CA 95060	CNS	Design website	1,356.25
Stripe South San Francisco, CA 94080	OFC	Stripe fees	125.77

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$

2,807.02