



STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Salas, Mary

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Chula Vista
Division, Board, Department, District, if applicable
City Council
Your Position
Mayor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

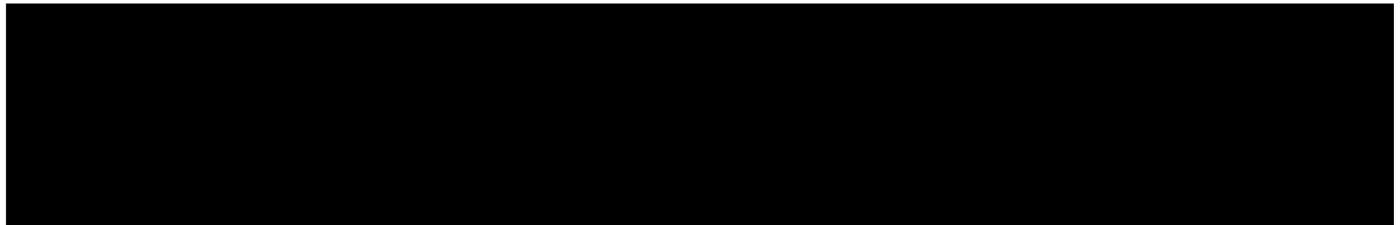
- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Chula Vista Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014
- Leaving Office: Date Left ____/____/____ (Check one)
- Multi-County _____ The period covered is January 1, 2014, through the date of leaving office.
- City of _____ The period covered is ____/____/____, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____
- Candidate: Election Year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

- Check applicable schedules or "None." Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached
- Total number of pages including this cover page: 3
- or- None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/01/2015 (month, day, year)

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE (Not an Acronym)
Baldwin and Sons
 ADDRESS (Business Address Acceptable)
 610 West Ash St. Suite 1500
 San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 08 / 14</u>	<u>\$ 85.00</u>	<u>Chula Vista Chamber Installation Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego Repertory Theatre
 ADDRESS (Business Address Acceptable)
 79 Horton Plaza
 San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 04 / 14</u>	<u>\$ 90.00</u>	<u>2 tickets "Red"</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
IBEW-NECA Labor Management Committee
 ADDRESS (Business Address Acceptable)
 4675 Viewridge Ave.
 San Diego, CA 92123
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 03 / 14</u>	<u>\$ 110.00</u>	<u>2 tickets to ceremony and dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
United Farm Workers Foundation
 ADDRESS (Business Address Acceptable)
 4545 E. Cesar Chavez Ave.,
 Los Angeles, CA 90022
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 04 / 14</u>	<u>\$ 100.00</u>	<u>2 tickets for staff to premiere</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Savoie French-Italian Eatery
 ADDRESS (Business Address Acceptable)
 2015 Birch Rd. Suite 720
 Chula Vista, CA 91915
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 04 / 14</u>	<u>\$ 100.00</u>	<u>4 tickets to opening</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Marine Group Boat Works
 ADDRESS (Business Address Acceptable)
 997 G St.
 Chula Vista, CA 91910
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ship Repair

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 24 / 14</u>	<u>\$ 80.00</u>	<u>2 tickets to benefit dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Salas, Mary

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
 Sistemas Medicos Nacionales (SIMNSA)
 ADDRESS (Business Address Acceptable)
 Av. Paseo Tijuana #406
 Tijuana, BC Mexico
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Health Insurance Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 14 / 14	\$ 156.00	1 ticket to Chargers Game
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Mountain West Real Estate (Jim Pieri)
 ADDRESS (Business Address Acceptable)
 303 H St 107
 Chula Vista, CA 91910
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 17 / 14	\$ 50.00	Gift Basket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____