111400085*NFH-0085

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
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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

☐ Multi-County _____

☒ City of Chula Vista

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2014, through December 31, 2014

-or-

The period covered is ____/____/____, through December 31, 2014

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

○ The period covered is January 1, 2014, through the date of leaving office.

○ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election Year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** 3

☐ **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

-or-

☐ **None** - *No reportable interests on any schedule*

[redacted]

herein and in any attached schedules is true and complete. I ackr[redacted]

I certify under penalty of perjury under the laws of the State o[redacted]

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

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Salas, Mary

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)
02 / 08 / 14	$ 85.00	Chula Vista Chamber Installation Dinner
/ /	$	
/ /	$	

▶ 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)
04 / 04 / 14	$ 90.00	2 tickets "Red"
/ /	$	
/ /	$	

▶ 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)
06 / 03 / 14	$ 110.00	2 tickets to ceremony and dinner
/ /	$	
/ /	$	

▶ 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)
06 / 04 / 14	$ 100.00	2 tickets for staff to premiere
/ /	$	
/ /	$	

▶ 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)
06 / 04 / 14	$ 100.00	4 tickets to opening
/ /	$	
/ /	$	

▶ 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)
04 / 24 / 14	$ 80.00	2 tickets to benefit dinner
/ /	$	
/ /	$	

Comments:

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Name: Salas, Mary

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Sistemas Medicos Nationales (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: