

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type of print in ink

California Form 460 Date Stamp: Rec'd 10/15/2010 Page 1 of 13 For Official Use Only

Date of election if applicable: 11/2/10 Statement covers period from 07/01/10 through 09/30/10

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Priority Formed Ballot Measure Committee
Controlled
Sponsored
Priority Formed Candidate/Officeholder Committee

2. Type of Statement:

- Prediction Statement
Semi-annual Statement
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report
Supplemental Prediction Statement - Attach Form 495

3. Committee Information

Committee Name (or Candidate's Name if no committee): Pulido For Mayor 2010
LD NUMBER: 947-669
Street Address: 580 Broadway, # 215
City: Laguna Beach CA 92651

Treasurer(s): Charles E. McHugh, Jr.
NAME OF TREASURER: Charles E. McHugh, Jr.
MAILING ADDRESS: 580 Broadway # 215
City: Laguna Beach CA 92651
STATE: CA ZIP CODE: 92651 AREA CODE/PHONE: 949-497-3388

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

MAILING ADDRESS:
CITY STATE ZIP CODE AREA CODE/PHONE:
Fax: 949-497-3002
OPTIONAL FAX / E-MAIL ADDRESS:
Email: mde@agndlawyer.com

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 10/5/2010 Date

Executed on Date

Executed on Date

By: Charles E. McHugh, Jr. Signature of Treasurer or Assistant Treasurer

By: Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officer, Candidate, State Measure Proponent

Signature of Controlling Officer, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Miguel A. Pulido

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor of Santa Ana

RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Same as committee

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.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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 Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 07/01/10
through 09/30/10

CALIFORNIA **460**
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ruido Sr Mayer

I.D. NUMBER
941-2669

Contributions Received

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections

	Column A TOTAL THIS PERIOD (FROM ALL SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 17,996	\$ 63,567
2. Loans Received	-	-
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 17,996	\$ 63,567
4. Nonmonetary Contributions	-	-
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 17,996	\$ 63,567

Expenditures Made

Expenditure Limit Summary for State
Candidates

6. Payments Made	\$ 36,599.78	\$ 58,285.21
7. Loans Made	-	-
8. SUBTOTAL CASH PAYMENTS	\$ 36,599.78	\$ 58,285.21
9. Accrued Expenses (Unpaid Bills)	-	-
10. Nonmonetary Adjustment	-	-
11. TOTAL EXPENDITURES MADE	\$ 36,599.78	\$ 58,285.21

Current Cash Statement

12. Beginning Cash Balance	\$ 26,916.06
13. Cash Receipts	\$ 17,996
14. Miscellaneous Increases to Cash	\$ 89.60
15. Cash Payments	\$ 36,599.78
16. ENDING CASH BALANCE	\$ 8,401.89

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$
19. Outstanding Debts	\$

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).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

Statement covers period
from 07/01/10
through 09/30/10

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SCHEDULE A

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF CONTRIBUTOR

Ruidoso For Mayor

U.S. TRANSFER

941-2609

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER SELECTION TO DATE (IF REQUIRED)
7/11/10	Michelle Townsend 20020 Horseshoe Cir. Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Community Relations Dir Pacific Life Insurance	\$1000		
7/11/10	Andrew Abdul-Wahed 15801 Ventura Blvd #503 Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	CEO Biongrilla Construction	\$1000		
7/11/10	Planned Parenthood of Orange County Bernardino PAC 555 Coastal Mall #1425 Sacramento, CA 95811	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	PO # 12824164	\$1000		
7/11/10	Armen Khatchaturian 37100 Berwick Dr La Canada Flintridge CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Engineer AFET	\$1000		
7/11/10	Ara Aslanian 4249 Reid St. Tulvinger CA 91040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Owner Universe Logic	\$1000		
SUBTOTAL \$				5000		

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 17,996

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

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 17,996

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

Statement covers period
from 07/01/10
through 09/30/10

NAME OF FILER	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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rulido For Mayer	7/10/10	Herin Lipter 9418 W. Olympic Bererly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Owner Lipter Care Co	\$ 1000		
	7/10/10	Roger Glazer P.O. Box 4712 Corona del Mar, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Owner SG Wholesale Coatings Supplies	\$ 250		
	7/10/10	Michael Pisto P.O. Box 1809 Laguna Beach, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired	\$ 250		
	7/10/10	Terry Anderson P.O. Box 1318 Florence, AL 35031	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Partner Anderson & Anderson LLC	\$ 249		
	7/10/10	James Chase 129 W. Wilson #100 Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Self- employed Real Estate Developer	\$ 249		
	SUBTOTAL \$					1998	

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SOC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/10
through 09/30/10

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LG NUMBER
941-6609

NAME OF FILER
Rulido Sr Mayer

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/10	Allan Fainberg 129 W. Wilson #100 Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed Real Estate Developer	\$ 249-		
7/11/10	Leslie Young 19 Madison Ln. Coto de Caza, CA 92679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife	\$ 500		
9/11/10	Rus Miliband + Smith 2211 Michelson Dr. Irvine, CA 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1000-		
9/11/10	Bret Barbone 21670 Waterford Dr. North Linda, CA 94622	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Barbone & Associates	\$ 1000-		
9/11/10	Griffin Structures 385 Second St. Laguna Beach, CA 92651	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1000-		

SUBTOTAL \$ 3749-

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

CALIFORNIA
FORM
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Statement covers period

from 07/01/10
through 09/30/10

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NAME OF FILER

Ruido for Mayor

I.D. NUMBER

941-3069

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER IF MEMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/11/10	Arcenal Vista Del Rio Fund 30141 Agoura, #100 Agoura Hills, CA 91301	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 249-		
9/11/10	Nyala Screen Printing 17424 Van Kerner Trunio, CA 92614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1000-		
9/11/10	Tailgate Printing 151 W. Rosecrans Ave Gardena, CA 90248	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1000-		
9/11/10	Santa Ana Security Services 2107 N. Broadway #100 Santa Ana, CA 92706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1000		
9/12/10	Zhupe Productions 1156 Hacienda # 107 W. Hollywood, CA 90068	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1000-		

SUBTOTAL \$ 4249-

*Contributor Codes
IND - Individual
COM - Recipient Committee
BOTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule E
Payments Made**

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

Statement covers period
from 07/01/10
through 09/30/10

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I.D. NUMBER
9111-2069

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Bulido For Mayor

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

CAP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTS meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL 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 tv, or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dennis Deano P.O. Box 11426 Santa Ana, CA 92711	CNS		\$ 4000-
PROGRESSIVE SOLUTIONS CONSULTING 382 Coronado Ave # 303 Long Beach CA 90814	FND		\$ 1170.78
Yvonne Hernandez 12882 Loretha Dr. Santa Ana, CA 92705	PEO		\$ 525

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 36,575.78
- Unitemized payments made this period of under \$100 PEAY FEES \$ 24-
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
- Total payments made this period: (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL** \$ 36,599.78

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period
from 07/01/10
through 09/30/10
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I.D. NUMBER
941-269

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ruido for Mayor

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

- OP campaign pamphlets
- CNS campaign consultants
- CIB contribution (except non-monetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- RD fundraising events
- NO independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MEM member communications
- MTC meetings and appearances
- CFC office expenses
- FET petition circulating
- FHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- FRT print ads
- RAO radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TFS staff/pouse travel, lodging, and meals
- TSP transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
City of Santa Ana	FIL		\$ 1812-
McChung + Danz 580 Broadway, #215 Laquea Beach, CA 92651	PRO		\$ 900
Tulchin Research 182 Second Street, #400 San Francisco, CA 94105	POL		\$ 2500-
Democratic Party of O.C. 200 N. Main Street Santa Ana, CA 92701		endorsement application fee	\$ 50-
Dennis DeBono P.O. Box 11746 Santa Ana, CA 92711	LIT		\$175,000-

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

SUBTOTAL \$ 20,2102-

Statement covers period from 07/01/10 through 09/30/10

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I.D. NUMBER 941-669

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

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ruido 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.	MEM	member communications
CNS	campaign consultants	MTG	meetings and appearances
CIB	contribution (explain nonmonetary)*	OFC	office expenses
CNC	civic donations	PEI	petition circulating
FL	candidate filing/ballot fees	PHD	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	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/pouse travel, lodging, and meals
		TSF	transfer between committees of the same candidate/sponsor
		VOT	voter registration
		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
Democratic Party of O.C. 200 N. Main Street Santa Ana, CA 92701		Ad in fundraising event program	\$ 450
McClure & Davis 580 Broadway #215 Laguna Beach, CA 92651	REG		\$ 510
Griffin Structures, Inc. 385 Second Street Laguna Beach, CA 92651	RFD		\$ 1000
Progressive Solutions Consulting 382 Coronado Ave, # 303 Laguna Beach, CA 92651	CNS		\$ 2000
Impact Placements 3313 S. Main St., # 526 Santa Ana, CA 92707	CMP		\$ 550

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

SUBTOTAL \$ 4510

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period
from 07/01/10
through 06/30/10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Raulo S. Mayor

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

- | | | | | | |
|-----|--|-----|---|-----|---|
| OMP | campaign paraphernalia | MEM | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTC | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary) | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PEI | petition circulating | TEL | T.V. or cable airtime and production costs |
| FL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FO | fundraising events | POL | polling and survey research | TRS | staff/expense travel, lodging, and meals |
| NO | independent expenditure supporting/opposing others (explain) | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LES | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>L. Carlos Valenzuela 2439 Parkway Drive El Monte, CA 91732</u>	<u>PHO</u>		<u>\$1250</u>
<u>COGS South Signs 3309 S. Main Street Santa Ana, CA 92707</u>	<u>CMP</u>		<u>\$3158.00</u>
<u>Thupe Productions Inc 1158 Hacienda Pl. #107 W. Hollywood, CA 90069</u>	<u>EFO</u>		<u>\$1000-</u>
<u>Luis Pulido 529 S. Glenarbor Street Santa Ana, CA 92704</u>		<u>cell phones for campaign volunteers</u>	<u>\$700-</u>

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

SUBTOTAL \$ 6108.00

