

**Recipient Committee
Campaign Statement
Cover Page**

Type or print in ink.

RECEIVED
Date Stamp

COVER PAGE

**CALIFORNIA
FORM 460**

'12 JUL 31 P 2:20

Page 1 of 12

CITY OF CHULA VISTA
CITY CLERK'S OFFICE

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 05/20/2012
through 06/30/2012

Date of election if applicable:
(Month, Day, Year)
06/05/2012

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

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committees
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 5)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1299632

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Pamela Bensoussan for City Council 2012

STREET ADDRESS (NO P.O. BOX)
580 Twin Oaks Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chula Vista</u>	<u>CA</u>	<u>91910-5613</u>	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Ms. Georgie Stillman

MAILING ADDRESS
580 Twin Oaks Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Chula Vista</u>	<u>CA</u>	<u>91910-5613</u>	<u>(619) 429-0610</u>

NAME OF ASSISTANT TREASURER, IF AN

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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

Executed on 7/31/2012
Date

Executed on 7-31-2012
Date

Executed on _____
Date

Executed on _____
Date

By Georgie Stillman
Signature of Treasurer or Assistant Treasurer

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

By _____
Signature of Controlling Officer, Candidate, State Measure Proponent

By _____
Signature of Controlling Officer, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page - Part 2**

Type or print in ink.

COVER PAGE - PART 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Ms. Pamela Bensoussan

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member Chula Vista - Seat 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
616 2nd Avenue Chula Vista CA 91910-5936

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*

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 PROPONE

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	05/20/2012	
through	06/30/2012	Page 3 of 12
NAME OF FILER		ID NUMBER
Pamela Bensoussan for City Council 2012		1299632

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pamela Bensoussan for City Council 2012

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 3,530.00	\$ 25,166.00
2. Loans Received	Schedule B, Line 3	\$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 3,530.00	\$ 25,166.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0.00	\$ 620.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 3,530.00	\$ 25,786.00

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 19,467.75	\$ 34,682.99
7. Loans Made	Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 19,467.75	\$ 34,682.99
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0.00	\$ 620.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 19,467.75	\$ 35,302.99

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 16,700.62
13. Cash Receipts	Column A, Line 3 above	\$ 3,530.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0.00
15. Cash Payments	Column A, Line 8 above	\$ 19,467.75
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 762.87

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0.00

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

SCHEDULE A

Statement covers period from <u>05/20/2012</u> through <u>06/30/2012</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>12</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Pamela Bensoussan for City Council 2012	ID NUMBER 1299632
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
05/30/2012	Mr. Kent Aden 711 Margarita Avenue Coronado, CA 92118-2322	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Developer HomeFed Corporation	\$150.00	\$150.00	\$150.00 P12
06/28/2012	Jesus A Cardenas 1591 Drake Court Bonita, CA 91902-4020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Innovation Media Group	\$200.00	\$200.00	\$300.00 P12
06/22/2012	Mr. Salam Zora 3653 Bonita Ranch Court Bonita, CA 91902-2714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Bobar Market & Gas #8	\$300.00	\$300.00	\$300.00 P12
06/23/2012	Mark P. Arabo 11720 Avenida Anacapa El Cajon, CA 92019-5010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO Neighborhood Market Association	\$300.00	\$300.00	\$300.00 P12

SUBTOTAL \$	950.00
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Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	3,450.00
2. Amount received this period - unitemized monetary contributions of less than \$100	80.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	3,530.00

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

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>05/20/2012</u> through <u>06/30/2012</u>	CALIFORNIA FORM 460
Page <u>5</u> of <u>12</u>	ID NUMBER 1299632

NAME OF FILER
Pamela Bensoussan for City Council 2012

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
06/20/2012	Mr. Thomas W. Blessent ASLA 11119 Valley Lights Drive El Cajon, CA 92020-8266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Land Planner Thomas Blessent ASLA	\$150.00	\$150.00	\$150.00 P12
05/28/2012	Mr. Timothy M. Considine PO Box 1906 Rancho Santa Fe, CA 92067-1906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Considine & Considine	\$200.00	\$200.00	\$200.00 P12
06/26/2012	Mr. Fauzi Zora 151 Broadway Chula Vista, CA 91910-2247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Broadway Liquor	\$300.00	\$300.00	\$300.00 P12
05/26/2012	Erin N. Ruhe 42075 Vandamere Court Temecula, CA 92592-7205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Executive Home Fed Corporation	\$50.00	\$200.00	\$200.00 P12

SUBTOTAL \$ 700.00

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>05/20/2012</u> through <u>06/30/2012</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>12</u>
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NAME OF FILER Pamela Bensoussan for City Council 2012	ID NUMBER 1299632
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
05/28/2012	Wolf Bielas 2505 Windward Way Chula Vista, CA 91914-4526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	managing partner wolfpack ventures	\$200.00	\$200.00	\$200.00 P12
05/25/2012	Nicole Bensoussan 25 Devereux Street Marblehead, MA 01945-2951	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor University of Michigan	\$200.00	\$200.00	\$200.00 P12
06/20/2012	Mr. Joseph S. Steinberg 84 Remsen Street Brooklyn, NY 11201-3420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Leucadia National Corp.	\$300.00	\$300.00	\$300.00 P12
06/27/2012	Clara Ballo 15325 Creek Hills Road El Cajon, CA 92021-2592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	housewife housewife	\$300.00	\$300.00	\$300.00 P12

SUBTOTAL \$	1,000.00
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* Contributor Codes
 IND - Individual
 COM - Recipient Committee
(Other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>05/20/2012</u> through <u>06/30/2012</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>12</u>
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NAME OF FILER Pamela Bensoussan for City Council 2012	ID NUMBER 1299632
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
06/27/2012	Bashar Y. Ballo 15325 Creek Hills Road El Cajon, CA 92021-2592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	businessman self employed	\$300.00	\$300.00	\$300.00 P12
06/05/2012	Ms. Susan K Spethman 616 Claire Avenue Chula Vista, CA 91910-6108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife Housewife	\$100.00	\$100.00	\$100.00 P12
06/26/2012	Mr. Jose R. Preciado 600 Sheffield Court Unit 34 Chula Vista, CA 91910-6245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator San Diego State University	\$300.00	\$300.00	\$300.00 P12
06/06/2012	Mr. Rufino G. Roque 859 E J Street Chula Vista, CA 91910-6651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hotel owner El Primero Boutique B & B Hotel	\$100.00	\$100.00	\$100.00 P12
SUBTOTAL \$				800.00		

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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	05/20/2012	
through	06/30/2012	Page 8 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pamela Bensoussan for City Council 2012

I.D. NUMBER

1299632

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 expense	SAL	campaigns 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
G-Force 3315 Juanita Street San Diego, CA 92105-3809	WEB		\$133.35
Aristotle International, Inc 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OTH	cc Processing Fees	\$9.95
Turpin McLaughlin Communication 5694 Mission Center Road # 336 San Diego, CA 92108-4355	LIT		\$3,002.00

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

SUBTOTAL \$ 3,145.30

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E Subtotals.)	\$ 19,377.75
2. Unitemized payments made this period of under \$100	\$ 90.00
3. Total Interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
	<u>\$ 19,467.75</u>

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	05/20/2012	
through	06/30/2012	Page 9 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Pamela Bensoussan for City Council 2012	I.D. NUMBER 1299632
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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 campaigns 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
Aristotle International, Inc 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OTH	CC Processing Fees	\$94.45
Aristotle International, Inc 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OTH	cc processing fee	\$10.00
The Star News 321 E Street Chula Vista, CA 91910-2667	PRT		\$550.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			
SUBTOTAL \$			654.45

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

Type or print in ink.
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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through	06/30/2012	Page 10 of 12

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NAME OF FILER Pamela Bensoussan for City Council 2012	ID NUMBER 1299632
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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 campaigns 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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Turpin McLaughlin Communication 5694 Mission Center Road # 336 San Diego, CA 92108-4355	LIT		\$3,112.00
Target 40 N 4th Avenue Chula Vista, CA 91910-1008	OFC		\$100.00
Filipino Press 525 D Avenue National City, CA 91950-2325	PRT		\$600.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 3,812.00

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

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	05/20/2012	
through	06/30/2012	Page 11 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pamela Bensoussan for City Council 2012

I.D. NUMBER

1299632

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	campaigns 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
Aristotle International, Inc 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OTH	CC Processing Fees	\$15.00
Complete Campaigns 3635 Ruffin Road Floor 3 San Diego, CA 92123-1880	WEB		\$150.00
G-Force 3315 Juanita Street San Diego, CA 92105-3809	WEB		\$154.00

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

SUBTOTAL \$ 319.00

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

Type or print in ink.
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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	05/20/2012	
through	06/30/2012	Page 12 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pamela Bensoussan for City Council 2012

ID NUMBER

1299632

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	campaigns 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 ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Turpin McLaughlin Communication 5694 Mission Center Road # 336 San Diego, CA 92108-4355	LIT		\$11,447.00

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

SUBTOTAL \$ 11,447.00