

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

Date Stamp	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>8</u>
	For Official Use Only
	05/26/16 15:27 CLK

Statement covers period from <u>APRIL 24, 2016</u> through <u>MAY 21, 2016</u>	Date of election if applicable: (Month, Day, Year) <u>JUNE 7, 2016</u>
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SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

**3. Committee Information**

I.D. NUMBER  
1324517

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
MARK SALINAS FOR HAYWARD CITY COUNCIL 2016

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>HAYWARD</u>	<u>CA</u>	<u>94541</u>	<u>(510) 300-5744</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

MARKSALINASFORHAYWARD@GMAIL.COM

**Treasurer(s)**

NAME OF TREASURER

GUS RIVERA

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>UNION CITY</u>	<u>CA</u>	<u>94587</u>	<u>(510) 676-7431</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on MAY 26, 2016  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

Executed on MAY 26, 2016  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**MARK SALINAS**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**22568 MISSION BLVD. #256 HAYWARD CA 94541**

**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
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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**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>APRIL 24, 2016</u>	CALIFORNIA FORM <b>460</b>
through <u>MAY 21, 2016</u>	
Page <u>3</u> of <u>8</u>	I.D. NUMBER <u>1324517</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
MARK SALINAS FOR HAYWARD CITY COUNCIL 2016

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>\$8,258.00</u>	\$ <u>\$19,538.05</u>
2. Loans Received..... Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>\$8,258.00</u>	\$ <u>\$19,538.05</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	<u>\$400.00</u>	<u>\$1,175.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>\$8,658.00</u>	\$ <u>\$20,713.05</u>

**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	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>\$12,381.45</u>	\$ <u>\$18,499.93</u>
7. Loans Made..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>\$12,381.45</u>	\$ <u>\$18,499.93</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	<u>\$400.00</u>	<u>\$1,175.00</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>\$12,781.45</u>	\$ <u>\$19,674.93</u>

**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
<u>          /          /          </u>	\$ <u>0</u>
<u>          /          /          </u>	\$ <u>0</u>

**Current Cash Statement**

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>\$12,317.24</u>
13. Cash Receipts..... Column A, Line 3 above	<u>\$8,258.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>0</u>
15. Cash Payments..... Column A, Line 8 above	<u>\$12,381.45</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>\$8,193.79</u>

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.

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>APRIL 24, 2016</u>	<b>CALIFORNIA FORM 460</b>
through <u>MAY 21, 2016</u>	
Page <u>4</u> of <u>8</u>	
I.D. NUMBER 1324517	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

MARK SALINAS FOR HAYWARD CITY COUNCIL 2016

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)
	SEE ATTACHED	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 8,058.00**

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$ 8,058.00
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ 200.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	<b>TOTAL \$ 8,258.00</b>

\*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

598

DATE ON CHECK	FIRST NAME	LAST NAME	FIRST NAME	LAST NAME	COMPANY	ID NUMBER	ADDRESS	CITY	STATE	ZIP	CONTRIBUTOR CODE	TELEPHONE	OCCUPATION	EMPLOYER	CONTRIBUTION #1	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1- DEC 31)
5/8/2016					DCSI HOLDINGS		6021 LA SALLE AVENUE	OAKLAND	CA	94611	OTH	(510) 282-5517			\$1,336.00	
5/6/2016					STL COMPANY LLC		3300 DOUGLAS BLVD #450	ROSEVILLE	CA	95661	OTH	(916) 783-2300			\$1,336.00	
5/9/2016					ASSOCIATION OF REALTORS	FPPC# 890106	525 S. VIRGIL AVENUE	LOS ANGELES	CA	90020	SCC				\$1,336.00	
5/13/2016					R. ZABALLOS AND SONS, INC.		22320 FOOTHILL BLVD #660	HAYWARD	CA	94541	OTH	(510) 581-5993			\$1,000.00	
5/6/2016	JANICE S. CYNTHIA	KIM						PIEDMONT SAN FRANCISCO	CA	94611	IND		N/A		\$700.00	
4/26/2016	KERWIN	BIRMINGHAM						FRANCISCO	CA	94133	IND				\$500.00	
5/1/2016	LINDA	HENDLEY						HAYWARD	CA	94542	IND	(510) 303-1294	RETIRED		\$250.00	
5/2/2016	LARRY	DAVIDSON	DARRELL	DAVIDSON	LDA INVESTMENTS			UNION CITY	CA	94587	IND				\$250.00	
5/9/2016					SALWAN PROPERTIES MANAGEMENT AND INVESTMENTS		37177 FREMONT BLVD. #110	FREMONT	CA	94536	OTH	(510) 585-0100			\$250.00	
4/29/2016	SERGIO	SAENZ				....		HAYWARD	CA	94542	IND		OUTREACH PROFESSIONAL	UNIVERSITY OF CALIFORNIA	\$150.00	
4/29/2016	PAT	GACOSCOS						UNION CITY CASTRO VALLEY	CA	94587	IND	(510) 918-7555	COUNCIL MEMBER	UNION CITY	\$100.00	
4/29/2016	LOUIS	ANDRADE						VALLEY	CA	94546	IND		HARD DIRECTOR	HARD	\$100.00	
5/1/2016	VALERIE	LEE	BOB	LEE				HAYWARD	CA	94542	IND	(510) 889-8146	RETIRED		\$100.00	
5/2/2016	LAWRENCE	RATTO						HAYWARD	CA	94542	IND		RETIRED		\$100.00	
5/8/2016	CAROL	PEREORA						HAYWARD	CA	94541	IND		HARD DIRECTOR	HARD HAYWARD MOBILE COUNTRY CLUB	\$100.00	
5/9/2016	ELAINE	SUNDAY						HAYWARD CASTRO VALLEY	CA	94545	IND		MANAGER		\$100.00	
5/7/2016	MARY ANN	FLEMMING	THOMAS L	FLEMMING				VALLEY	CA	94546	IND		SELF EMPLOYED		\$100.00	
5/12/2016	TAUBEH	SAFFARIAN						FREMONT	CA	94539	IND		SELF EMPLOYED		\$100.00	
5/5/2016	MARIA	OCHOA						HAYWARD	CA	94542	IND		EDUCATIONAL ADMINISTRATOR	CHABOT COLLEGE CITY OF HAYWARD	\$100.00	
5/5/2016	ANDREA	PEIXOTO	MARVIN	PEIXOTO				HAYWARD	CA	94542	IND		COUNCIL MEMBER		\$50.00	\$300.00
<b>TOTAL</b>															<b>\$8,058.00</b>	

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>APRIL 24, 2016</u> through <u>MAY 21, 2016</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

MARK SALINAS FOR HAYWARD CITY COUNCIL 2016

I.D. NUMBER  
1324517

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/1/2016	LORI SALINAS UNION CITY CA 94587	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	STAMPS	\$400.00	\$700.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 400.00**

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$ 400.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....	<b>TOTAL \$ 400.00</b>

**\*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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>APRIL 24, 2016</u>	<b>CALIFORNIA FORM 460</b>
through <u>MAY 21, 2016</u>	
Page <u>7</u> of <u>8</u>	
I.D. NUMBER 1324517	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

MARK SALINAS FOR HAYWARD CITY COUNCIL 2016

**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
UNITED STATES POST MASTER	LIT	POSTAGE	\$761.65
SUBURBAN PRESS 22426 THUNDERBIRD PLACE HAYWARD, CA 94545	LIT	ADDRESSES AND PRINT SERVICES	\$530.00
PACIFIC PRINTING 1445 MONTEREY HIGHWAY SAN JOSE, CALIFORNIA 95110	LIT	CAMPAIGN LITERATURE, POSTAGE, AND MAIL	\$10,744.80

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

**SUBTOTAL \$ 12,036.45**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	<u>12,381.45</u>
2. Unitemized payments made this period of under \$100.....	\$	<u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$</b>	<u>12,381.45</u>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>APRIL 24, 2016</u> through <u>MAY 21, 2016</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>8</u>
	I.D. NUMBER 1324517

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MARK SALINAS FOR HAYWARD CITY COUNCIL 2016

**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
NATIONBUILDER 520 S. GRAND AVE 2ND FLOOR LOS ANGELES, CA 90071	WEB		WEB SITE	\$345.00

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

**SUBTOTAL \$ 345.00**