

**Recipient Committee
Campaign Statement
Cover Page**

ORIGINAL

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
	Page <u>1</u> of <u>5</u> For Official Use Only 02/03/16 10:22 CLK

Statement covers period from <u>JULY 1, 2015</u> through <u>DEC 31, 2015</u>	Date of election if applicable: (Month, Day, Year) <u>6-7-2016</u>
------------------------------------------------------------------------------------	--------------------------------------------------------------------------

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
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- 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 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

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
------	-------	----------	-----------------

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
------	-------	----------	-----------------

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 1/27/2016
Date

By _____
Signature of Treasurer or Assistant Treasurer

Executed on 1/27/2016
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**

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>5</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
MARK SALINAS				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
HAYWARD CITY COUNCIL				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
	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

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**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>JULY 1, 2015</u>	CALIFORNIA FORM 460
through <u>DEC 31, 2015</u>	
Page <u>3</u> of <u>5</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..... <i>Schedule A, Line 3</i>	\$ <u>6955.51</u>	\$ <u>7076.21</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>6955.51</u>	\$ <u>7076.21</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>6955.51</u>	\$ <u>7076.21</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

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

Current Cash Statement

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>200.16</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	\$ <u>6955.51</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$ <u>0</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>7155.67</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..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
-------------------------------------------------------------	-------------

Cash Equivalents and Outstanding Debts

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>JULY 1, 2015</u>		CALIFORNIA FORM 460
through <u>DEC 31, 2015</u>		
		Page <u>4</u> of <u>5</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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	SEE ATTACHED SHEET	<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 \$						

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>6,200.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>755.51</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	TOTAL \$ <u>6,955.51</u>

***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

5-5

DATE RECIEVE	FIRST NAME	LAST NAME	FIRST NAME LAST	ADDRESS	CITY	STATE	ZIP	CONTRIBUTOR COD	TELEPHONE	OCCUPATION	EMPLOYER	CONTRIBUTION #1
12/31/2015	GENE	RAPP			HAYWARD	CA	94544	OTH		BUSINESS OWNER	ST. REGIS RETIREMENT CENTER	\$500.00
10/5/2015	ALEJANDRO	GAMARRA			SAN RAMON	CA	94583	IND		RESTAURANTEUR	METRO TAQUERA	\$500.00
10/1/2015	GARY W.	BRIGGS			HAYWARD	CA	94541	IND		PRESIDENT	ASCEND DEVELOPMENT	\$500.00
11/4/2015	JOHN	DUTRA			FREMONT	CA	94536	IND		BUSINESS OWNER	DUTRA ENTERPRISES	\$350.00
11/12/2015	HECTOR	GARCIA			HAYWARD	CA	94542	IND		EDUCATOR	HAYWARD UNIFIED SCHOOL DISTRICT	\$250.00
11/4/2015	FELIX	GALAVIZ			HAYWARD	CA	94542	IND		RETIRED		\$250.00
11/4/2015	JOHN	DUTRA			FREMONT	CA	94536	IND		BUSINESS OWNER	DUTRA ENTERPRISES	\$250.00
10/12/2015	MARVIN	PEIXOTO			HAYWARD	CA	94542	IND		RETIRED	HAYWARD CITY COUNCIL MEMBER	\$250.00
10/8/2015	HOWARD	DORRIS			HAYWARD	CA	94545	OTH		BUSINESS OWNER	DORRIS AUTO WRECKERS	\$250.00
10/8/2015	JOC	ROCK	MONICA	ROCK	HAYWARD	CA	94541	IND		EDUCATOR	HAYWARD UNIFIED SCHOOL DISTRICT	\$250.00
10/5/2015	HAL	GIN	ROSE	GIN	SAN LORENZO	CA	94580	IND		RETIRED		\$250.00
9/28/2015	THOM W.	HARROW			HAYWARD	CA	94541	IND		CHIEF EXECUTIVE OFFICER	APP PROPERTIES, INC.	\$250.00
9/28/2015					NEW CANAAN	CT	06840	OTH		BUSINESS	APP PROPERTIES, INC.	\$250.00
10/21/2015	LORINA	SALINAS			UNION CITY	CA	94587	IND		RETIRED		\$200.00
9/21/2015	BRIGGITTEE T.	LOWE	ELGIN D.	LOWE	HAYWARD	CA	94541	IND		ATTORNEY	ALAMEDA COUNTY DISTRICT ATTORNE	\$200.00
12/1/2015	DAVE	SEYMOUR			Hayward ca	CA	94587	IND		PRINCIPAL	HAYWARD UNIFIED SCHOOL DISTRICT	\$100.00
12/1/2015	FRANCIS	CHENG	MARITA	CHENG	HAYWARD	CA	94541	IND		PHARMACIST	WALGREENS	\$100.00
11/4/2015	LETTIE	RAMIRES			CASTRO VALLEY	CA	94548	IND		PROFESSOR	CSU EASY BAY	\$100.00
11/4/2015	MATT	WAYNE			BERKELEY	CA	94707	IND		EDUCATOR	HAYWARD UNIFIED SCHOOL DISTRICT	\$100.00
11/4/2015	ESTELLA	SANTOS			LIVERMORE	CA	94551	IND		PRINCIPAL	HAYWARD UNIFIED SCHOOL DISTRICT	\$100.00
11/3/2015	JULIN	CHEN			HAYWARD	CA	94542	IND		SCHOOL ADMINISTRATOR	HAYWARD UNIFIED SCHOOL DISTRICT	\$100.00
11/3/2015	EVERARDO	ALAMILLO			UNION CITY	CA	94587	IND		RETIRED		\$100.00
11/3/2015	ART	DIAZ			HAYWARD	CA	94541	IND		COMPUTER SCIENTIST	APPLE	\$100.00
10/31/2015	JOSE M.	SALINAS			CARLSBAD	NM	88220	IND		RETIRED		\$100.00
10/10/2015	MICHAEL	SWEENEY			HAYWARD	CA	94542	IND		RETIRED		\$100.00
10/8/2015	TOWLES	LISA			HAYWARD	CA	94544	IND		MANAGER	CFCS	\$100.00
10/8/2015	JULIE	MCKILLIP			HAYWARD	CA	94541	IND		RESTAURANTEUR	NEUMANALI	\$100.00
10/8/2015	ANN	BESSEY			HAYWARD	CA	94541	IND		RETIRED		\$100.00
10/8/2015	ALPINE	CLEANERS		22286 FOOTHILL BLVD.	HAYWARD	CA	94541	OTH		BUSINESS OWNER	ALPINE CLEANERS	\$100.00
10/5/2015	STEVEN A.	CLEVELAND	AMY	VINCENT	SANTA MONICA	CA	90401	IND		EDUCATOR	CSU EAST BAY	\$100.00
9/25/2015	GERALD M.	GARCIA			SAN LEANDRO	CA	94578	IND		STATE FARM AGENT	STATE FARM	\$100.00
9/23/2015	IRMA T.	FITZSIMONS	VICTOR	FITZSIMONS	CASTRO VALLEY	CA	94546	IND		EDUCATOR	HAYWARD UNIFIED SCHOOL DISTRICT	\$100.00
TOTAL												\$6,200.00