

**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	
04/28/16 15:59 CLK	

Statement covers period from <u>JANUARY 1 2016</u> through <u>APRIL 23 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.

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  
HAYWARD CA 94541 510 300 5744

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  
GUS RIVERA

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
UNION CITY CA 94587 510 676 7431

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 4/26/2016 By \_\_\_\_\_  
Date

Executed on 4/26/2016 By \_\_\_\_\_  
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

Executed on \_\_\_\_\_ By \_\_\_\_\_  
Date 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)  
**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
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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 <b>JANUARY 1 2016</b>	<b>CALIFORNIA FORM 460</b>
through <b>APRIL 23 2016</b>	
Page <b>3</b> of <b>8</b>	I.D. NUMBER <b>1324517</b>

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	\$ 11,280.05	\$ 11,280.05
2. Loans Received..... Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 11,280.05	\$ 11,280.05
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 775.00	\$ 775.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 12,055.05	\$ 12,055.05

**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	\$ 0	\$ 0
21. Expenditures Made	\$ 0	\$ 0

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 6,118.48	\$ 6,118.48
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 6,118.48	\$ 6,118.48
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 6,118.48	\$ 6,118.48

**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
___/___/___	\$ 0
___/___/___	\$ 0

**Current Cash Statement**

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 7,155.67
13. Cash Receipts..... Column A, Line 3 above	\$ 11,280.05
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	\$ 6,118.48
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 12,317.24

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
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**Cash Equivalents and Outstanding Debts**

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

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**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>JANUARY 1 2016</u> through <u>APRIL 23 2016</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>MARK SALINAS FOR HAYWARD CITY COUNCIL 2016</b>	I.D. NUMBER <b>1324517</b>
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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>9,586.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ <u>1,694.05</u>
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 \$</b> <u>11,280.05</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

DATE ON CHECK	FIRST NAME	LAST NAME	FIRST NAME	LAST	COMPANY	ADDRESS	CITY	STATE	ZIP	CONTRIBUTOR CODE	TELEPHONE	OCCUPATION	EMPLOYER	CONTRIBUTION #	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1-DEC 31)
3/1/2016	SUNNY	AJULA					HAYWARD	CA	94541	IND		INVESTOR		\$500.00	
3/1/2016	EVERARDO	ALAMILLO	ARACÉLICA	ÁLAMILLO			UNION CITY	CA	94587	IND		RETIRED		\$250.00	
3/1/2016	RICK	BARTHOLOMEW	JENNIFER	BARTHOLMEW			HAYWARD	CA	94541	IND		RAILROAD		\$100.00	
3/1/2016	JULIN	CHEN					BRENTWOOD	CA	94513	IND		EDUCATOR	HAYWARD UNIFIED SCHOOL DISTRICT	\$100.00	\$400.00
3/1/2016	JULIN	CHEN					BRENTWOOD	CA	94513	IND		EDUCATOR	HAYWARD UNIFIED SCHOOL DISTRICT	\$100.00	
3/1/2016	JULIN	CHEN					BRENTWOOD	CA	94513	IND		EDUCATOR	HAYWARD UNIFIED SCHOOL DISTRICT	\$100.00	
4/20/2016	CARLOS	COLOM			SFGOV		SOUTH SAN FRANCISCO	CA	94080	IND		ENGINEER		\$100.00	
3/30/2016	CAMILO	CRUZ			LOS ANGELES CIT ATTORNEY		LOS ANGELES	CA	90035	IND		DIRECTOR		\$125.00	
3/9/2016	JUSTIN	DERBY					SAN RAMON	CA	94593	IND		PROJECT MANAGER	MLC HOLDINGS, INC	\$500.00	
4/23/2016	ART	DIAZ					HAYWARD	CA	94542	IND		ENGINEER	APPLE	\$250.00	\$350.00
4/23/2016	ROSE	ELLIS					HAYWARD	CA	94540	IND		PHARMACIST		\$100.00	
1/25/2016	NELLIE	ESTRADA					HAYWARD	CA	94544	IND		EDUCATOR	HAYWARD UNIFIED SCHOOL DISTRICT	\$100.00	
3/1/2016	NELLIE	ESTRADA					HAYWARD	CA	94544	IND		EDUCATOR	HAYWARD UNIFIED SCHOOL DISTRICT	\$150.00	\$250.00
4/21/2016	TOM	GRATNY					HAYWARD	CA	94542	IND			LOWE TREE CEMETARY ASSOCIATION	\$100.00	
4/23/2016	KELLY	GREEN					HAYWARD	CA	94541	IND		TEACHER	FREMONT UNIFIED SCHOOL DISTRICT	\$100.00	
3/1/2016	AISHA	KNOWLES					SAN LEANDRO	CA	94578	IND		ACOE TRUSTEE	OFFICE OF EDUCATION	\$100.00	
3/1/2016	BRIGGITTE	LOWE	ELGIN	LOWE			HAYWARD	CA	94541	IND		LAWYER	ALAMEDA COUNTY	\$100.00	\$300.00
3/1/2016	DONNA	LYNNE BARFOOT	MARY	MARGARET JONES			HAYWARD	CA	94544	IND		PRODUCE DISTRIBUTOR		\$1,000.00	
2/11/2016	DIANNE	MCDERMOTT					HAYWARD	CA	94542	IND		BANK UNDERWRITER	FREMONT	\$100.00	
4/12/2016	DIANNE	MCDERMOTT					HAYWARD	CA	94542	IND		BANK UNDERWRITER	FREMONT	\$100.00	\$200.00
3/4/2016	MARGARET	OROZCO SAKAI					HAYWARD	CA	94542	IND		RETIRED		\$200.00	
3/1/2016	PETER	OSHINSKI					SAN LEANDRO	CA	94577	IND		EDUCATOR	HAYWARD UNIFIED SCHOOL DISTRICT	\$100.00	
2/1/2016	LAWRENCE	RATTO					HAYWARD	CA	94542	IND		RETIRED		\$100.00	
3/1/2016	JOSEPH	ROCK	MONICA	ROCK			HAYWARD	CA	94541	IND		EDUCATOR	HAYWARD UNIFIED SCHOOL DISTRICT	\$125.00	
1/31/2016	LETY	SALINAS					HAYWARD	CA	94541	IND	(510) 754-0535	EDUCATIONAL ADMINISTRATOR	HAYWARD UNIFIED SCHOOL DISTRICT	\$1,000.00	
4/21/2016	THOMAS	SILVA			EDEN REALTY		SAN LORENZO	CA	94580	IND		BROKER	EDEN REALTY	\$1,000.00	
4/23/2016	JULIANA	SILVA										CONSTRUCTION	MONARCA CONSTRUCTION	\$100.00	
3/1/2016	ADRIAN	STOVAL					HAYWARD	CA	94542	IND		INSURANCE AGENT	STATEFARM	\$150.00	
3/1/2016	MICHAEL	SWEENEY					HAYWARD	CA	94542	IND		RETIRED		\$100.00	\$200.00
2/27/2016	ANGELA	URIBE					NEWARK	CA	94580	IND		EDUCATOR	HAYWARD UNIFIED SCHOOL DISTRICT	\$100.00	
2/2/2016	MABEL	VILLALTA					HAYWARD	CA	94544	IND		CHILD WELFARE WORKER	ALAMEDA COUNTY	\$100.00	
1/12/2016	CYNTHIA L.	WHEELER	ROBERTA A.	WILMA			HAYWARD	CA	94544	IND		BUSINESS OWNER	WILMA'S COLLISION	\$100.00	
3/7/2016	ALAN EUGENE	YOUNG					RICHMOND	CA	94805	IND		EDUCATOR	CSU EAST BAY	\$150.00	
3/1/2016					EDÉN JEWELERY AND LOAN CO	22620 MISSION BLVD	HAYWARD	CA	94541	OTH			EDEN JEWELERY AND LOAN CO	\$100.00	
3/1/2016					QUICK PRINTING CENTER	938 B STREET	HAYWARD	CA	94541	OTH				\$250.00	
3/1/2016					BREWS AND BRATS	1081 B STREET	HAYWARD	CA	94541	OTH				\$500.00	
4/23/2016					STONEBRAE LP	170 MAIDEN LANE SUITE 800	SAN FRANCISCO	CA	94108	OTH				\$1,338.00	
<b>TOTAL</b>														<b>\$9,688.00</b>	

# Schedule C Nonmonetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>JANUARY 1 2016</u> through <u>APRIL 23 2016</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>8</u>	I.D. NUMBER <b>1324517</b>

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/23/2016	NEUMANALI 742 B STREET HAYWARD, CA 94541	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		HAMBURGER PATTIES, BUNS, AND PRODUCE	\$125.00	\$125.00	
3/1/2016	LORI SALINAS UNION CITY, CALIFORNIA 94587	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		SIGN	\$300.00	\$300.00	
3/1/2016	MARK SALINAS HAYWARD, CA 94541	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		BANNERS	\$350.00	\$350.00	
		<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 \$ 775.00**

## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$ 775.00
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 \$ 775.00</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		<b>CALIFORNIA FORM 460</b>
from	JANUARY 1 2016	
through	APRIL 23 2016	Page <u>7</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
MARK SALINAS FOR HAYWARD CITY COUNCIL 2016		1324517

SEE INSTRUCTIONS ON REVERSE

**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
PENNY HODGES 5857 WEST 10400 SOUTH PAYSON, UTAH 84651	LIT	GRAPHIC DESIGNER	\$1,000.00
PACIFIC PRINTING 1445 MONTEREY HWY SAN JOSE, CA 95110	LIT	PRINTING WALK PIECE	\$2,446.88
QUICK PRINTING 938 B STREET HAYWARD, CA 94541	CMP	PRINTING PRECINCTS	\$217.60

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

**SUBTOTAL \$ 3,664.48**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 6,118.48
2. Unitemized payments made this period of under \$100	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
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 \$ 6,118.48</b>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>JANUARY 1 2016</u> through <u>APRIL 23 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
CITY OF HAYWARD 777 B STREET HAYWARD, CA 94541	FIL	CAMPAIGN FILING	\$2,454.00

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

**SUBTOTAL \$ 2,454.00**