ORIGINAL

Candidate Intention Statement

Check One: ☒ Initial   ☐ Amendment (Explain) _____

_____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)
MARK SALINAS

DAYTIME TELEPHONE NUMBER
(510) 300-5744

FAX NUMBER (optional)
( )

E-MAIL (optional)
SALINASHWD@GMAIL.COM

STREET ADDRESS

CITY
HAYWARD

STATE
CA

ZIP CODE
94541

OFFICE SOUGHT (POSITION TITLE)
COUNCIL MEMBER

AGENCY NAME
CITY OF HAYWARD

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City   ☐ County   ☐ Multi-County: _____
(Name of Multi-County Jurisdiction)

2016
(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

_____ ***Primary/general election***
(Year of Election)

_____ ***Special/runoff election***
(Year of Election)

(Check one box)

☐ **I accept** the voluntary expenditure ceiling for the election stated above.

☐ **I do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

○ I did not exceed the expenditure ceiling in the primary or special election held on: ___/___/___ and I accept the voluntary expenditure ceiling for the general or special run-off election.

_____

(Mark if applicable)

☐ On ___/___/___, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on __01/25/2016__
(month, day, year)

Signature _____
(Candidate) /