

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM **410**

For Official Use Only

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:

Termination - See Part 5
List I.D. number:

1324517

Date qualified as committee

03 / 06 / 10
Date qualified as committee
(if applicable)

Date of Termination

Date Stamp

1. Committee Information

NAME OF 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)

OPTIONAL: FAX / E-MAIL ADDRESS
MARKSALINASFORHAYWARD@GMAIL.COM

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
ALAMEDA	ALAMEDA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
GUS RIVERA

STREET ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 9/6/14
DATE

Executed on 9/6/14
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

MARK SALINAS FOR HAYWARD CITY COUNCIL

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I.D. NUMBER

1324517

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
MARK SALINAS	HAYWARD CITY COUNCIL	2016	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
COMERICA	(510) 782-0680		
ADDRESS	CITY	STATE	ZIP CODE
858 B STREET	HAYWARD	CA	94541

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME _____
I.D. NUMBER _____

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY _____

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR _____ INDUSTRY GROUP OR AFFILIATION OF SPONSOR _____
STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE

Small Contributor Committee _____ / _____ / _____ Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.