497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER				Date of This Filing	4/22/2016	Date Stamp	CALIFORNIA FORM 497
MARK SALINAS FOR HAYWARD CITY COUNCIL 2016							

AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. _____	For Official Use Only
510 300 5744	1324517		

STREET ADDRESS

☐ Amendment to Report No. _____ (explain below)

04/22/16 10:27CLK

CITY	STATE	ZIP CODE	No. of Pages ___ 1
HAYWARD	CA	94541	

1. Contribution(s) Received

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
4/21/2016	THOMAS SILVA SAN LORENZO, CA 94580	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	BROKER EDEN REALTY	$1,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

**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

Reason for Amendment: _____