497 Contribution Report

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

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

NAME OF FILER
MARK SALINAS FOR HAYWARD CITY COUNCIL 2016

AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)
510 300 5744Q	1324517

STREET ADDRESS

CITY	STATE	ZIP CODE
HAYWARD	CA	94541

Date of This Filing ___4/25/2016___

Report No. ___2___

☐ Amendment to Report No. _____
(explain below)

No. of Pages ___1___

Date Stamp

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04/25/16 15:00 CLK

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
4/23/2016	STONEBRAE LP 170 MAIDEN LANE SAN FRANCISCO, CA 94108	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		$1,336.00 ☐ 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: _____