

COVER PAGE

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PRACTICES COMMISSION

TP Please type or print in ink.

NAME OF FILER (LAST) SALINAS (FIRST) DANIEL (MIDDLE)

1. Office, Agency, or Court

Agency Name
CITY OF LINDSAY
Division, Board, Department, District, if applicable
Your Position
CITY COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: Tu. Co. EDC, CWMA Position: Alt. Board member

2. Jurisdiction of Office (Check at least one box)

State Judge (Statewide Jurisdiction)
 Multi-County County of _____
 City of LINDSAY Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2010, through December 31, 2010. -or-
The period covered is _____ through December 31, 2010.
 Assuming Office: Date _____
 Leaving Office: Date Left _____ (Check one)
○ The period covered is January 1, 2010, through the date of leaving office.
○ The period covered is _____ through the date of leaving office.
 Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."
► Total number of pages including this cover page: -2-
 Schedule A-1 - Investments - schedule attached
 Schedule A-2 - Investments - schedule attached
 Schedule B - Real Property - schedule attached
 Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule

5. [Redacted area]

I certify under penalty of perjury under the laws of the State of California that

Date Signed 01-11-11 (month, day, year)

Signature

