

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

2011 MAR 24 PM 6:16

Please type or print in ink.

11 APR -7 PM 12:26

NAME OF FILER (LAST) Tinaiero (FIRST) Salvador CITY OF SANTA ANA (MIDDLE) CLERK OF COUNCIL

1. Office, Agency, or Court

Agency Name Fullerton Union City of Santa Ana
Division, Board, Department, District, if applicable City Council Your Position Santa Ana Councilwoman
If filing for multiple positions, list below or on an attachment.
Agency: Orange County Sanitor Position: Governing Board

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

State Judge (Statewide Jurisdiction)
 Multi-County County of Orange
 City of Santa Ana Other _____

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

Annual: The period covered is January 1, 2010, through December 31, 2010. -or- Leaving Office: Date Left ____/____/____ (Check one)
The period covered is ____/____/____, through December 31, 2010. The period covered is January 1, 2010, through the date of leaving office.
 Assuming Office: Date ____/____/____ 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." Schedule A-1 - Investments - schedule attached Total number of pages including this cover page: 3
 Schedule A-2 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule B - Real Property - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed 03-24-2011 Signature _____
(month, day, year)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE Friend of The Zoo

ADDRESS (Business Address Acceptable)
Chestnut S.A.

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09, 25, 10</u>	<u>\$ 50.</u>	<u>Fundraising Seat</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____