

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) EDWARDS (FIRST) SALINA J. (MIDDLE) D

1. Office, Agency, or Court

Agency Name CITY OF ORLAND  
Division, Board, Department, District, if applicable \_\_\_\_\_ Your Position COUNCIL MEMBER

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

Agency: \_\_\_\_\_ Position: COUNCIL MEMBER

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

- State
- Multi-County \_\_\_\_\_
- City of ORLAND
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of GLENN
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2011, through December 31, 2011. APB
- or-
- The period covered is ~~1/5/12~~ through December 31, 2011.
- Assuming Office: Date assumed 12/3/12
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2011, 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: \_\_\_\_\_

- 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. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(d)(5)

herein and in any attached schedules is true and complete. I acknowledge this is (d)(5)

I certify under penalty of perjury under the laws of the State of California that (d)(5)

Data Signed 12/30/12 Signature \_\_\_\_\_  
(month, day, year)