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NAME OF FILER

Salinas, Simon

(LAST)

(FIRST)

STEPHEN L. VAGNINI
MONTEREY COUNTY CLERK
DEPUTY

1. Office, Agency, or Court

Agency Name

County of Monterey

Division, Board, Department, District, if applicable

Your Position

District 3

Supervisor

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County XX

County of Monterey

City of

Other

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

Annual: The period covered is January 1, 2012, through December 31, 2012

Leaving Office: Date Left ____/____/____ (Check one)

-or-

The period covered is ____/____/____, through December 31, 2012.

The period covered is January 1, 2012, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

The period covered is ____/____/____, through the date of leaving office.

Candidate: Election Year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5.

I have used all reasonable diligence in preparing this statement. I have verified that the information herein and in any attached schedules is true and complete. I acknowledge that I am responsible for the accuracy of the information provided.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/07/2013
(month, day, year)

(File the Original signed statement with your filing official.)

Agency	Division, Board, Department, District	Position
Monterey County Board of Supervisors	District 3	Supervisor
See attachment		Commissioner/Board Member
Local Agency Formation (LAFCO)	District 3	Board Member
Monterey County First 5	District 3	Board Member
Monterey Salinas Transit (MST)	District 3	Alternate Board Member
Salinas Valley Solid Waste Authority	District 3	Alternate Board Member
Mtry Bay Unif. Air Poll.Cont.Dis.	District 3	Board Member
GP Assoc. Mtry Bay Area Gov.-AMBAG	District 3	Board Member
Transport. Agency for Mtry Co.-TAMC	District 3	Board Member
Children's Council of Monterey	District 3	Alternate Board Member
Monterey County Clerk Recorder	District 3	BOS
Carmel Valley County Sanitation Dist	District 3	BOS
Monterey County Redevelopment Agency	District 3	BOS
Moss Landing County Sanitation Dist.	District 3	BOS
Boronda County Sanitation District	District 3	BOS
Pajaro County Sanitation District	District 3	BOS
Monterey County Water Resource Agency	District 3	BOS
Fort Ord Reuse Authority, FORA	District 3	Alternate Board Member
Oversight Board/Successor GonzalesCA	District 3	Board Member
Monterey County Mental Health	District 3	Alternate Board Member

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
Salinas, Simon

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
629 Argentine Place
 CITY
Salinas CA 93905

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Rental _____
 Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
Mr. & Mrs. Francisco Alvarez

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
806 Howe Drive
 CITY
Salinas CA 93907

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Rental _____
 Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
Kathy Salinas

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____
 ADDRESS (Business Address Acceptable) _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER _____
 INTEREST RATE _____ TERM (Months/Years) _____
 _____% None
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____
 ADDRESS (Business Address Acceptable) _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER _____
 INTEREST RATE _____ TERM (Months/Years) _____
 _____% None
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

Name
Salinas, Simon

▶ NAME OF SOURCE (Not an Acronym)
Pebble Beach Concours d' Elegance
 ADDRESS (Business Address Acceptable)
200 Clock Tower Place, Ste. 205-A
Carmel CA 93923
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 19 / 12</u>	\$ <u>150.00</u>	<u>Entrance and Parking Ticket</u>
<u>08 / 19 / 12</u>	\$ <u>150.00</u>	<u>Entrance and Parking Ticket</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Laguna Seca Moto Raceway
 ADDRESS (Business Address Acceptable)
1021 Monterey Salinas Hwy
Salinas CA 93908
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 29 / 12</u>	\$ <u>85.00</u>	<u>Entrance and Parking Ticket</u>
<u>07 / 29 / 12</u>	\$ <u>70.00</u>	<u>Entrance Ticket</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Pebble Beach National ProAm
 ADDRESS (Business Address Acceptable)
Monterey Peninsula Foundation 1 Lower Rag
Monterey CA 93940
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 11 / 12</u>	\$ <u>60.00</u>	<u>1 week pass to golf tournament</u>
<u>02 / 11 / 12</u>	\$ <u>60.00</u>	<u>1 week pass to golf tournament</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Rodeo Salinas
 ADDRESS (Business Address Acceptable)
PO Box 1648
Salinas CA 93902
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 21 / 12</u>	\$ <u>25.00</u>	<u>Entrance for Rodeo</u>
<u>07 / 21 / 12</u>	\$ <u>25.00</u>	<u>Entrance for Rodeo</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____