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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

RECEIVED PAGE FAIR POLITICAL PRACTICES COMMISSION

Jan. 14, 2014 cw LINDSAY CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) SALINAS (FIRST) DANNY (MIDDLE) PH 4: 17

1. Office, Agency, or Court

Agency Name (Do not use acronyms) 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. (Do not use acronyms)

Agency: Position:

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

- State Multi-County City of LINDSAY Judge or Court Commissioner (Statewide Jurisdiction) County of Other

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

- Annual: The period covered is January 1, 2013, through December 31, 2013. -or- The period covered is through December 31, 2013. Leaving Office: Date Left (Check one) The period covered is January 1, 2013, through the date of leaving office. The period covered is through the date of leaving office. Assuming Office: Date assumed 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: -3- 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 None - No reportable interests on any schedule

5. [Redacted]

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

Date Signed 01/14/2014 (month, day, year)



**SCHEDULE D**  
**Income – Gifts**

Name  
D. SALINAS

▶ NAME OF SOURCE (Not an Acronym)  
McCormick, Kabot, Jensen & Lew Law Office  
 ADDRESS (Business Address Acceptable)  
1220 W. Main St, Visalia  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
League of California Cities Conference

| DATE (mm/dd/yy) | VALUE           | DESCRIPTION OF GIFT(S) |
|-----------------|-----------------|------------------------|
| <u>09/19/14</u> | <u>\$ 67.95</u> | <u>dinner</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) |
|-----------------|----------|------------------------|
| ___/___/___     | \$ _____ | _____                  |
| ___/___/___     | \$ _____ | _____                  |
| ___/___/___     | \$ _____ | _____                  |

▶ NAME OF SOURCE (Not an Acronym)  
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| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___/___/___     | \$ _____ | _____                  |
| ___/___/___     | \$ _____ | _____                  |
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|-----------------|----------|------------------------|
| ___/___/___     | \$ _____ | _____                  |
| ___/___/___     | \$ _____ | _____                  |
| ___/___/___     | \$ _____ | _____                  |

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|-----------------|----------|------------------------|
| ___/___/___     | \$ _____ | _____                  |
| ___/___/___     | \$ _____ | _____                  |
| ___/___/___     | \$ _____ | _____                  |

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|-----------------|----------|------------------------|
| ___/___/___     | \$ _____ | _____                  |
| ___/___/___     | \$ _____ | _____                  |
| ___/___/___     | \$ _____ | _____                  |

Comments: \_\_\_\_\_