

LINDA SALAZAR

**SEMI-ANNUAL
REPORT
JULY 15, 2024**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

4943171858

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

LINDA M.

NICKNAME

LAST

SUFFIX

SALAZAR

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4434 SAN ANTONIO RD
BROWNSVILLE, TEXAS 78521

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 466-1014

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Richard E.

NICKNAME

LAST

SUFFIX

Zayas

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

950 E. VAN BUREN ST.
BROWNSVILLE, TEXAS 78520

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 546-5060

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

02 / 25 / 24 THROUGH 06 / 30 / 24

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 05 / 24

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

JUSTICE OF THE PEACE Pct 2-1

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME LINDA M. SALAZAR 16 Filer ID (Ethics Commission Filers) 4943171858

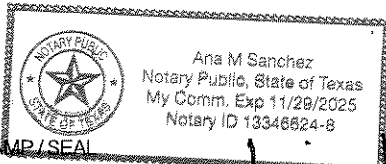
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,116.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,350.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Linda Salazar
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Linda Salazar this the 15 day of July, 2024, to certify which, witness my hand and seal of office.
Ana M Sanchez Ana M Sanchez Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).
 Executed in _____ County, State of _____, on the _____ day of _____, 20_____.

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>LINDA M. SALAZAR</i>		20 Filer ID (Ethics Commission Filers) <i>4943171858</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,400.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>9,116.24</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>LINDA M. SALAZAR</i>		3 Filer ID (Ethics Commission Filers) <i>4943171858</i>
4 Date <i>02-26-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Javier UILLARREAL</i>	7 Amount of contribution (\$) <i>\$ 500.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2401 Wild Flower Dr. Suite A BROWNSVILLE, TEXAS 78526</i>		
8 Principal occupation / Job title (See Instructions) <i>Attys</i>		9 Employer (See Instructions)
Date <i>02-26-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David BARRAZA</i>	Amount of contribution (\$) <i>\$ 1200.⁰⁰</i>
Contributor address; City; State; Zip Code <i>5563 Whisperwind BROWNSVILLE, TEXAS 78526</i>		
Principal occupation / Job title (See Instructions) <i>Construction</i>		Employer (See Instructions)
Date <i>03-08-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sergio SANTIAGO</i>	Amount of contribution (\$) <i>\$ 500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>123 Old Port Isabel Rd. BROWNSVILLE, TEXAS 78521</i>		
Principal occupation / Job title (See Instructions) <i>Construction</i>		Employer (See Instructions)
Date <i>03-08-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gomsa LLC</i>	Amount of contribution (\$) <i>\$ 100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>5217 Clearview Dr. BROWNSVILLE, TEXAS 78521</i>		
Principal occupation / Job title (See Instructions) <i>Business - (Cars)</i>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>LINDA M. SALAZAR</i>		3 Filer ID (Ethics Commission Filers) <i>4943171858</i>
4 Date <i>03-08-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GM2 INNOVATION</i>	7 Amount of contribution (\$) <i>\$ 100.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>4204 Southmost Rd.</i>		
8 Principal occupation / Job title (See Instructions) <i>Business (sell cars)</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 4943171858
4 Date 02-29-24	5 Payee name ELVIA MALDONADO	
6 Amount (\$) \$100.00	7 Payee address: City: State: Zip Code 169 ALDRIN CT. BROWNSVILLE, TEXAS 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule.) Food Campaign WORKERS	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03-05-24	Payee name JUAN MONTOYA	
Amount (\$) \$250.00	Payee address: City: State: Zip Code 1501 Old Port Isabel Rd. Apt. 18 BROWNSVILLE, TEXAS 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) Campaign Advertmt.	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03-06-24	Payee name ROLANDO GUTIERREZ	
Amount (\$) \$110.00	Payee address: City: State: Zip Code 318 LOS ALAMOS HARLINGEN, TEXAS 78552	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) Campaign Designer (Cards)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>LINDA M. SALAZAR</i>		3 Filer ID (Ethics Commission Filers) <i>4943171858</i>	
4 Date <i>03-08-24</i>		5 Payee name <i>Critina G. Ramirez</i>			
6 Amount (\$) <i>\$,121.⁰⁰</i>		7 Payee address: <i>430 AVENIDA DEL SOL</i>		City: <i>BROWNSVILLE, TEXAS</i>	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>RE-INBURSEMENT for Campaign Food Worker</i>		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, off holder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>03-05-24</i>		Payee name <i>WING BARN</i>			
Amount (\$) <i>\$384.84</i>		Payee address: <i>3025 BOCA CHICA BLD.</i>		City: <i>BROWNSVILLE, TEXAS</i>	State: Zip Code <i>78521</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food for Campaign Workers</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>03-05-24</i>		Payee name <i>WING BARN</i>			
Amount (\$) <i>\$37.50</i>		Payee address: <i>3025 BOCA CHICA BLD.</i>		City: <i>BROWNSVILLE, TEXAS</i>	State: Zip Code <i>78521</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food for Campaign Workers</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 4943171858
4 Date 03-19-24	5 Payee name Ernesto Rodriguez	
6 Amount (\$) \$400.00	7 Payee address: 4038 Solid Dr. City: State: Zip Code BROWNSVILLE, TEXAS 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule.) Campaign Worker	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03-19-24	Payee name LINDA SALAZAR	
Amount (\$) \$826.17	Payee address: 4434 SAN ANTONIO Rd. City: State: Zip Code BROWNSVILLE, TEXAS 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) Re-inbursement for Gas, Food - Campaign Workers	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03-19-24	Payee name LINDA SALAZAR	
Amount (\$) \$1793.08	Payee address: 4434 SAN ANTONIO Rd. City: State: Zip Code BROWNSVILLE, TEXAS 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) Re-inbursement for Gifts - Soda's - Water for Loteria 02/18/24	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 4943171858
4 Date 03-19-24	5 Payee name LINDA SALAZAR	
6 Amount (\$) \$ 1,000.⁰⁰	7 Payee address; City: State: Zip Code 4434 SAN ANTONIO Rd. BROWNSVILLE, TEXAS 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule.) Re-in Burant For LOAN FOR Campaign	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03-25-24	Payee name ZONTA	
Amount (\$) \$ 60.⁰⁰	Payee address; City: State: Zip Code P.O. BOX 147 BROWNSVILLE, TEXAS 78575	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/27/24	Payee name LINDA SALAZAR	
Amount (\$) \$ 392.96	Payee address; City: State: Zip Code 4434 SAN ANTONIO Rd. BROWNSVILLE, TEXAS 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) Loteria Gift For 02-18-24	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 4943171858
4 Date 03-27-24	5 Payee name MARK CORTEZ	
6 Amount (\$) \$2,000.⁰⁶	7 Payee address; City; State; Zip Code 1235 E. Expressway SAN BENITO, TEXAS 78586	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FACEBOOK Ad.	(b) Description & TEXTING - Campaign Worker
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 03-19-24	Payee name FACEBOOK HEADQUARTERS	
Amount (\$) \$195.83	Payee address; City; State; Zip Code 1 HACKER WY. MENLO PARK, CALIFORNIA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLITICAL	Description FACEBOOK - Ad.
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 04-09-24	Payee name FACEBOOK HEADQUARTERS	
Amount (\$) \$455.06	Payee address; City; State; Zip Code 1 HACKER WY. MENLO PARK, CALIFORNIA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLITICAL	Description FACEBOOK Ad.
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME LINDA M. SALAZAR		3 Filer ID (Ethics Commission Filers) 4943171858	
4 Date 04-09-24		5 Payee name FACEBOOK HEADQUARTERS			
6 Amount (\$) \$,23.35		7 Payee address: City: State: Zip Code 2 HACKER WY. MENLO PARK, CALIFORNIA 94025			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule.) POLITICAL FACEBOOK Ad.		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04-26-24		Payee name My Little CARROUSEL Foundation			
Amount (\$) \$,200.⁰⁰		Payee address: City: State: Zip Code 2212 N. 47TH STREET MC ALLEN, TEXAS 78501			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) DONATION FOR Kids		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 05-03-24		Payee name Graciela Gutierrez			
Amount (\$) \$,150.⁰⁰		Payee address: City: State: Zip Code 3385 MC ALLEN, Apt. 4604 - BROWNSVILLE, TEXAS 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) DONATION FOR SCHOOL		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 4943171858
4 Date 05-09-24	5 Payee name FACE BOOK HEADQUARTERS	
6 Amount (\$) \$609.02	7 Payee address; City; State; Zip Code 1 HACKER WY. MENLO PARK, CALIFORNIA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLITICAL	(b) Description FACE BOOK Ad.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 05-09-24	Payee name FACE BOOK HEADQUARTERS		
Amount (\$) \$7.43	Payee address; City; State; Zip Code 1 HACKER WY. MENLO PARK, CALIFORNIA 94025		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLITICAL	Description FACE BOOK Ad.	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED