LINDA SALAZAR

SEMI-ANNUAL REPORT JULY 15, 2024

		CEHOLDER CEREPORT			ORM C/OH HEET PG 1
The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers) 4943171858	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	LINDA	M.	TANKE IN TANKE	USE ONLY
	NICKNAME	SALAZI	SUFFIX	. When	日日間の日内ははなり
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	_	4 SAN A	eity; state; zip code Notonio Rd	JUL	152024
Change of Address	BROW	NSUILLE, I	EXAS 78521)	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 466 - 10	EXTENSION 14		or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME	Ric	HARK	SUFFIX	Date Processed	
	2	Ayas		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	J BURENS	STATE;	ZIP CODE
(Residence or Business)	BRO	WNSVILL	E, TEXAS	1850	20
CAMPAIGN TREASURER PHONE	(956)	PHONE NUMBER 546-5	EXTENSION OF COLOR		
REPORT TYPE	January 15	30th day before el	ection Runoff	15th day af treasurer ag (Officeholde	
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
0 PERIOD COVERED	Month O 2	Day Year / 25 / 24	THROUGH 06	Day Year / 30 / 24	ا
1 ELECTION	Month Day	Year	ELECTION TYPE Runoff Other Description Special		
2 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known	FTHE	Pence Pct
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M MAY HAVE BEEN MADE WITHOUT THE CANI LED TO REPORT THIS INFORMATION ONLY IF T	ADE BY POLITICAL COM DIDATE'S OR OFFICEHOL	MMITTEES TO SUPPORT DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS		Maria Landa Landa Allan Allanding aliyyali qoyyalayida qoyyalada qoybada qorta da	
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
		GO TO I	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	NDA M.	SALAZAR	16 Filer ID (Ethics C	Commission Filers)
17 CONTRIBUTION TOTALS		ITICAL CONTRIBUTIONS (OTHER 1 JARANTEES OF LOANS, OR ELECTRONICALLY)	than \$ —	0-
	TOTAL POLITICAL CON (OTHER THAN PLEDGES, I	TRIBUTIONS LOANS, OR GUARANTEES OF LOA	* 2,	400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	TICAL EXPENDITURE.	\$ -	-0 -
	4. TOTAL POLITICAL EXPE	ENDITURES	\$ 9,	116.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	IBUTIONS MAINTAINED AS OF THE	ELAST DAY \$ 13,	116.24 350.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	IT OF ALL OUTSTANDING LOANS A RTING PERIOD	l	-0-
	wear, or affirm, under penalty of perjuiquired to be reported by me under Title 1		s true and correct and inc	cludes all information
	,			
		/ Dlnda	Salas	ar
		Signature o	of Candidate or Officehole	de)
			()
		•		
	Please cor	mplete either option be	low:	
	•			
SPECIAL SECTION AND ADDRESS OF THE PERSON AN				
(1) Affidavit	2			
(1) Alliuavit	Ana M Sanchez Notary Public, State of Texas	•		
	∡、/ MY Q0mm. Exp 11/2p/2noc B			
	Notary ID 13346824-8	A 1		
NOTARY STAMP (SEA)		(100000		A . 1
Sworn to and subscribed	before me by	SUULAY this	the <u>15</u> day of <u>c</u>	JULY.
20 20 to certify	which, witness my hand and seal of office	on I amalas	- 1101	σM .
Signature of officer administe	ring oath Printed name o	10 M - OUNCYU/ f officer administering oath	Title of office	er admin i tering oath
		00		
		OR		
(2) Unsworn Declaration	n			
My name is		, and my date of birt	th is	
		-		
, 244(000)0	(street)	(city)	· (state) (zip code)	/country
	(anaer)	(City)	(state) (zip code)	(country)
Executed in	County, State of	, on theday of	nonth) (year)	'
		(III)	(year)	
		Signature of Ca	andidate/Officeholder (Dec	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

LINDA M. SALAZAR	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$2,400.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B; PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS	•	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ 9.116.24
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	L CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FI	UNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTORILER	JTIONS RETURNED	\$
,		·

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:			
LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 4943171858			
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)			
Javier Villarreal 02-26-24 6 Contributor address; City; State; Z 2401 Wild Flower Pr.S. BROWNSVILLE, TEXAS. 78	Zip Code S 500,—			
8 Principal occupation / Job title (See Instructions) 9 Employed	er (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
David BARRAZA 02-26-24 Contributor address; City; State; 2 5563 WHisperwind BROWNSVILLE, TEXAS	78526 \$1200.00			
Principal occupation / Job title (See Instructions)	er (See Instructions)			
Construction				
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
03-08-24 Sergio SANTIAGO Contributor address; 123 OLD PORT FSABEL RD. BROWNSUILLE, TEXAS 7.	8521			
Principal occupation / Job title (See Instructions) CON 5 + Ru cfio N Employ	er (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#:				
03-08-24 Contributor address; City; State; Z 5217 CLEARVIEW BR. BROWNSVILLE TEXAS 78	Zip Code 8, 100.			
	ver (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED			

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

www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
FILER NAMI	DA M. SALAZA	R	3 Filer ID (Ethics Commission Filers) 4943171858	
Date			7 Amount of contribution (\$)	
13-08-24	4204 Southmost R	State; Zip Code	7700.	
	supation / Job title (See Instructions) NRSS (SeLL CANS)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code	*	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)	

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memonals Expense Legal Services

Loan Repayment/Reimbursament Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a cateoory not listed above)

 Total pages Schedule F1; 		•	
	LINDA M. SAL	LAZAR 4	iler ID (Ethics Commission Filers)
4 Date	5 Payee name		
02-29-24	ELVIA MALD	onado	
\$ Amount (\$) \$ 100 00,	7 Payee address: 169 ALDRIN C BROWNSVILLE,	t. TEXAS	State: Zip Code
3	(a) Category (See Categories listed at the top of this schedul		
PURPOSE OF EXPENDITURE	Food Campaign WorkERS		
	(c) Check if travel outside of Texas. Complete Schedule	T Check if Austin, TX	of ceholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit 0:0F	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03-05-24	JUAN MONTOY.	A	
Amount (\$)	Payee address: OC d. Port Is	ABel Rd. Apt.	State; Zip Code
5,250,	BROWNSVILLE, T	•	
	Category (See Categories listed at the top of this schedule	ej Description	•
PURPOSE OF	4 42.1	11	
EXPENDITURE	Campaign Advert	nst.	
	Check if travel outside of Texas. Corrolete Schedule	T. Cneck if Austin TX of	ificeholder living expense
	The state of the s		
	Candidate / Officeholder name	Office sought	.Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Candidate / Officeholder name		Office held
Date 3 - 06-24 Amount (S)	Candidate / Officeholder name Payee name Ro LANdo 6	utierrez	Office held State; Zip Code
Date 3 - 06-24	Payee name Ro LANdo 6 Payee address: 318 LOS ALA	utierrez mos	State; Zip Code
Date 3 - 06-24 Amount (S)	Payee name Ro LANDO 6 Payee address: 318 LOS ALA HARLINGEN Category (See Categories listed at the top of this schedule	City: MOS TEXAS 785	State; Zip Code
Date 03-06-24 Amount (S) S 110.00 PURPOSE	Payee name Ro LANdo 6 Payee address: 318 LOS ALA	City: MOS TEXAS 785	State; Zip Code
Date 03-06-24 Amount (S) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Payee name Ro LANDO 6 Payee address: 318 LOS ALA HARLINGEN Category (See Categories listed at the top of this schedule) Campaign Design	City: MOS TEXAS 785	State; Zip Code
Date 03-06-24 Amount (S) \$\frac{110.00}{9}\$ PURPOSE OF	Payee name Ro LANDO 6 Payee address: 318 LOS ALA HARLINGEN Category (See Categories listed at the top of this schedule	City: MOS TEXAS 785 Description	State; Zip Code

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	, and the second		ravel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	LINDA M. SALI	12AR 4	Filer ID (Ethics Commission Filers)
4 Date 03-08-24	CRITINA G. Ram		
6 Amount (S) 5, 121,00	7 Payee address; 430 Avenida De BrownsuillE, TEX		State; Zip Code
8 PURPOSE	(a) Category (See Categories! sted at the top of this schedule) RE-INBusement	(b) Description	
OF EXPENDITURE	Campaign Food Worker	_	
	(c) Check if travel outside of Texas. Complete Schedule T.		X, of ceholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C.OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03-65.24	WING BARM.		
Amount (S)	Payee address: Boca CHic	A RIJ	State; Zip Code
5 384.84	BROWSUILLE, TE Category (See Categories listed at the top of this schedule)		21
PURPOSE OF	Food For		
EXPENDITURE	Campaign Worker		
	Check if travel outside of Texas Complete Schedule T.	[X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03-05-24	WING BARN		
Amount (\$)	Payee address: Boca CH	City:	State; Zip Code
\$37.50	BROWNSVILLE,	TEXAS	78521
DUDDOG	Category (See Categories listed at the top of this schedule,	Description	
PURPOSE OF EXPENDITURE	Campaign Worker	,	
	Check if travel outside of Texas. Complete Schedule T.	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 NEEDE	D

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Palitical Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to d	Complete this form. Other (anter a category not listed above)
1 Total pages Schedule F1:	LINDA M. SALA	3 Filer ID (Ethics Commission Filers) 42AR 4943/7/858
4 Date 03-19-24	5 Payee name Ernesto Rodin	
6 Amount (S) \$ 400.	7 Payee address: 4038 Solid A BROWNSUILLE,	OR. City; State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Cam paigh Worker	(b) Description
	(c) Check if travel ourside of Texas. Complete Schedule T	Check if Austin TX officeholder bying expense
9 Complete <u>ONLY</u> if direct expenditure to benefit S:Of	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
03-19-24	LINDA SALAZI	AR
Amount (\$) 5, 826,17	Payee address: 4434 SAN AN+	
PURPOSE OF EXPENDITURE	BROWNSUILLE, Category (See Categories listed at the top of this schedule) Ree-in Buseruf G Gas, Food-Campaign Wol	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austir 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	
03-19-24	LINDA SAL.	AZAR
Amount (S) \$ 1793,08	Payee address: 4434 SAW AW ROUNDESSEE SAW	
PURPOSE OF	Category (Sea Categories listed at the top of this schadule) Re-industrial	Description
EXPENDITURE		In Loteric 02/18/24
0.111.4	Check if travel outside of Texas, Complete Schedule T.	Creck if Austin, TX officenolder 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

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Plelated Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment		Selaries/Wages/Contract Labor xplains how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	LINDA M.	SALAZAR.	4943/7/858
4 Date	5 Payee name		
03-19-24 6 Amount (S)		SALAZAR	
o Amount (3)	7 Payee address;	ANtonio Rd.	State; Zip Code
51,000			0-1/
, 1,000.	(a) Category (See Categories listed at the top	LE, TEXAS 7 of this schedulary (b) Description	802/
PURPOSE	Rein Burant	FOR	
OF EXPENDITURE	LOAN FOR Camp		
	(C) Check if travel outside of Texas. Com		T'/ Alababaa
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	TX officeholder living expense
expenditure to benefit S/O		Onice sought	Office held
Date	Payee name		
03-25-24	Payee address: P.O.BOX	A	
Amount (S)	Payee address;	City;	State; Zip Code
÷ 100	P.O.BOX	147	
\$ 60,	BROWNSHILL	LE TEXAS 18	575
	Category (See Categories listed at the top o		
PURPOSE OF			
EXPENDITURE	PONETION		
	Check if travel outside of Texas, Co-no	ofete Schedule T. Check if Austin	TX officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Of	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	
03/27/24	LINDA S	PALAZAR	
Amount (\$)	5		State; Zip Code
÷ 20001	4434 5	AN ANTONIO	Rd.
5392.96	BROWNSHI	LLE TEXA	
	Category (See Categories listed at the top of	this schedule) Description	
PURPOSE OF	Loteria Gifti	n ton	
EXPENDITURE	02-18-24		
	Check if travel outside of Texas, Comp	olete Schedule T. Cresk if Austin	TX afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
expenditure to beliefit C/OF	I		
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEED	DED

SCHEDULE F1

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

n the requested find	EXPENDITURE CATEGOR		report.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polii Offic Food/Beverage Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME LINDA M. SAL	LAZAR	3 Filer ID (Ethics Commission Filers)
4 Date 03-27-24	5 Payee name	t E 2	· / · · · · · · · · · · · · · · · · · ·
6 Amount (\$) 5 2,000	7 Payee address; 1235 E. Express 5AN Benito,	TEXAS	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule of the schedul	Jorker	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
Date 03-19-24	Payee name FACE BOOK H	eadquari	ters
Amount (\$) \$ 195.83	Payee address; 1 HACKER WY MENLO PARK,	CALIFOR	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul PoLitiCAL FACE BOOK - Ad.	e) Description	
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas, Complete Schedule Candidate / Officeholder name	T. Check if Austin, Office sought	TX, officeholder living expense Office held
04-09-24	FACE BOOK H	EAdqUART	ters
Amount (\$) \$455.06	Payee address; 1 HACKER WY MENLO PARK,	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul POLIFICAL FACE BOOK A.C.	e) Description	
Complete ONLY if direct	Check if travel outside of Texas, Complete Schedule Candidate / Officeholder name	T. Check if Austin, Office sought	TX, officeholder living expense Office held
expenditure to benefit C/OF		Onice sought	Onice neig

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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers, -INDA FACE B. OOK HEAD QUARTERS 7 Payee address: 1 HACK ER WY MENLO PARK, CALIFORNIA (a) Category (See Categories fisted at the top of this sched lie) POLITICAL (b) Description 04-09-24 6 Amount (\$) Zip Code 5 23,35 PURPOSE OF EXPENDITURE Check if Austit IIX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office squaht Office held expenditure to benefit C.OH Payee name My Litte CARROUSEL Foundation Payee address: City: State; 2212 N. 47 + Street 04-26.24 Zip Code Mc Allen, Texas 1850/ Category (See Categories listed at the top of this schedule) Description DONATION FOR PURPOSE OF Kide EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin TX officeholder living expense Candidate / Officeholder name Complete ONLY If direct Office sought Office held expenditure to benefit C/OH Payenname Enaciela Gutiernez 05-03.24 Amount (\$) City: State: Zip Code 3385 MCALLEN, Apt. 4604 BROWNSVILLE, Category (See Categories listed at the top of this schedule. Description **PURPOSE** DONAtion FOR OF EXPENDITURE Check if Austin, TX officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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 3 Filer ID (Ethics Commission Filers) 4 Date 05-09-24 6 Amount (\$) Zip Code \$609.02 8 PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH HEAdquARTERS
City; State; 05-09-24 Amount (\$) PURPOSE **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED