

LINDA SALAZAR

**SEMI-ANNUAL
REPORT
JANUARY 15, 2025**

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)

2 Total pages filed:

4943171858

18

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
LINDA M.
NICKNAME LAST SUFFIX
SALAZAR

OFFICE USE ONLY

Date Received

CAMERON COUNTY
DEPARTMENT OF ELECTIONS &
VOTER REGISTRATION

JAN 10 2025

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4434 SAN ANTONIO RD.
BROWNSVILLE, TEXAS 78521

Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 466-1014

ah @ 8:45am

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
07 / 01 / 24 THROUGH 12 / 31 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
03 / 05 / 24 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Justice OF THE Peace Pd. 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**

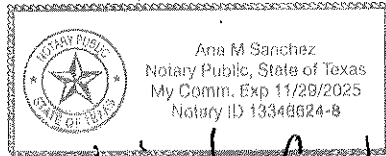
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,766.45
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,509.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,840.74
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



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Linda Salazar this the 9 day of January 2025, 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____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME LINDA M. SALAZAR		3 Filer ID (Ethics Commission Filers) 4943171858	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10-20-24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL BELLEVILLE 7 Contributor address; City; State; Zip Code AMIGO LAND EVENT CENTER 1010 MEXICO BLVD. BROWNSVILLE, TEXAS 77820	8 Amount of Contribution \$ \$500.00	9 In-kind contribution description EVENT ON OCT. 20, 2024
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12-31-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo's Resturant Contributor address; City; State; Zip Code 425 E. 10TH ST. BROWNSVILLE, TEXAS 77820	Amount of Contribution \$ \$250.00	In-kind contribution description EVENT ON DEC. 31, 2024 Food
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SUBTOTALS - C/OH

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

19 FILER NAME LINDA M. SALAZAR	20 Filer ID (Ethics Commission Filers) 4943171858
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,766.45
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750. ⁰⁰
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	\$ 4,509.97
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 LINDA M. SALAZAR		3 Filer ID (Ethics Commission Filers) 4943171858
4 Date 07-12-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RE-IN aburserment FOR	7 Amount of contribution (\$) \$616.45
6 Contributor address; City; State; Zip Code FACEBOOK Charge to my Acct.		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 09-30-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUAN T. MENDEZ	Amount of contribution (\$) \$500.⁰⁰
Contributor address; City; State; Zip Code 611 W. LEVEE BROWNSVILLE, TEXAS 78520		

Principal occupation / Job title (See Instructions) ATTORNEY	Employer (See Instructions)
--	-----------------------------

Date 10-08-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENERGEX OIL & GAS LLC	Amount of contribution (\$) \$1,000.⁰⁰
Contributor address; City; State; Zip Code 4225 BEN HOGAN AVE. MC ALLEN, TEXAS 78503-8234		

Principal occupation / Job title (See Instructions) Business	Employer (See Instructions)
--	-----------------------------

Date 10-08-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINE BARGE, GOSGAN, BLAIR & Sampson.	Amount of contribution (\$) \$500.⁰⁰
Contributor address; City; State; Zip Code P.O. BOX 17428 AUSTIN, TEXAS 78260		

Principal occupation / Job title (See Instructions) ATTORNEY	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.

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>10-23-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Loteria Ticket Sales</i>	7 Amount of contribution (\$) <i>\$1,500.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>970 S. INDIAN AVE. BROWNSVILLE, TEXAS 78521</i>		
8 Principal occupation / Job title (See Instructions) <i>Ticket Sales for 10-20-24</i>		9 Employer (See Instructions)
Date <i>10-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Romeda Express LLC</i>	Amount of contribution (\$) <i>\$300.⁰⁰</i>
Contributor address; City; State; Zip Code <i>970 S. INDIAN AVE. BROWNSVILLE, TEXAS 78521</i>		
Principal occupation / Job title (See Instructions) <i>Business</i>		Employer (See Instructions)
Date <i>10-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Begum Law Group</i>	Amount of contribution (\$) <i>\$750.⁰⁰</i>
Contributor address; City; State; Zip Code <i>2401 WILD FLOWER Pk. Suite B BROWNSVILLE, TEXAS 78526</i>		
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions)
Date <i>10-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amador LAW FIRM</i>	Amount of contribution (\$) <i>\$250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>2406 THORS HAMMER BROWNSVILLE, TEXAS 78526-2912</i>		
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		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.

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>10-23-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adolfo PEREIRA</i>	7 Amount of contribution (\$) <i>\$150.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>5126 KENSINGTON LN. BROWNSVILLE, TEXAS 78526</i>		
8 Principal occupation / Job title (See Instructions) <i>Friend.</i>		9 Employer (See Instructions)
Date <i>10-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr. + Mrs. NOE NILO Ortiz</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>657 SPRINGMART BLVD. BROWNSVILLE, TEXAS 78572</i>		
Principal occupation / Job title (See Instructions) <i>Friend</i>		Employer (See Instructions)
Date <i>10-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MA. DEL CONUELO ROSAS</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>435 N. CENTRAL AVE BROWNSVILLE, TEXAS 78521</i>		
Principal occupation / Job title (See Instructions) <i>Friend</i>		Employer (See Instructions)
Date <i>10-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NANCY GAYTAN</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>6915 FM 511 BROWNSVILLE, TEXAS 78526</i>		
Principal occupation / Job title (See Instructions) <i>Business</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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>10-23-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LAW OFFICE RICK CANALES</i>	7 Amount of contribution (\$) <i>\$300.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>845 E. HARRISON BROWNSVILLE, TEXAS 78520</i>		
8 Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		9 Employer (See Instructions)
Date <i>10-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DIANNE ORKEVIN ISBELL</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1647 RESACA VILLAGE BROWNSVILLE, TEXAS 78520</i>		
Principal occupation / Job title (See Instructions) <i>Friend - Business</i>		Employer (See Instructions)
Date <i>10-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BACILLO GOMEZ</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1005 E. TYLER ST. BROWNSVILLE, TEXAS 78520</i>		
Principal occupation / Job title (See Instructions) <i>Business</i>		Employer (See Instructions)
Date <i>10-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAVIER VILLARREAL</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>2401 WILDFLOWER DR, Suite A. BROWNSVILLE, TEXAS 78526</i>		
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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>10-23-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>IN FRA LLC - TONY MECHACA</i>	7 Amount of contribution (\$) <i>\$100.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>834 E. TYLER BRONNSVILLE, TEXAS 78526</i>		
8 Principal occupation / Job title (See Instructions) <i>Business</i>		9 Employer (See Instructions)
Date <i>10-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TONY MECHACA</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>834 E TYLER BRONNSVILLE, TEXAS 78526</i>		
Principal occupation / Job title (See Instructions) <i>Business</i>		Employer (See Instructions)
Date <i>10-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LANDMARK CAPITAL - TONY MECHACA</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>834 E. TYLER BRONNSVILLE, TEXAS 78524</i>		
Principal occupation / Job title (See Instructions) <i>Business</i>		Employer (See Instructions)
Date <i>10-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>URQUIETA Auto Sales</i>	Amount of contribution (\$) <i>\$200.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1738 Southmost Rd. BRONNSVILLE, TEXAS 78521</i>		
Principal occupation / Job title (See Instructions) <i>Business</i>		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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME LINDA M. SALAZAR		3 Filer ID (Ethics Commission Filers) 4943171858
4 Date 10-23-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DTRM Investments LLC	7 Amount of contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code 3261 E. 14TH ST. BROWNSVILLE, TEXAS 78521		
8 Principal occupation / Job title (See Instructions) Business		9 Employer (See Instructions)
Date 11-12-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROYSTON, RAYOR, VICKERY, WILLIAMS	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 55 CODE CIRCLE BROWNSVILLE, TEXAS 78521		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 12-19-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAVIER VILLAGREAL	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2401 WILDFLOWER DR. Suite A BROWNSVILLE, TEXAS 78526		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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 08-02-24	5 Payee name Keller Elementary School	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 2510 W. ALTON GLOOR BROWNSVILLE, TEXAS 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION FOR Kids	(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 09-13-24	Payee name LINDA SALAZAR	City; State; Zip Code
Amount (\$) \$556.47	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) Re-Abusement FOR GIFT FOR LOTERIA ON 10-20-24	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

Date 09-30-24	Payee name CITY OF BROWNSVILLE	City; State; Zip Code
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1124 E. MADISON BROWNSVILLE, TEXAS 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	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 **10-08-24** 5 Payee name **MAYRA Garcia**

6 Amount (\$) **\$100.⁰⁰** 7. Payee address; City; State; Zip Code
505 TX-100
PORT ISABEL, TEXAS 78578

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **DONATION** (b) Description **(RUBEN GARCIA)**
(c) Check if travel outside of Texas. Complete Schedule T. 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 **10-20-24** Payee name **Ricardo Longoria**

Amount (\$) **\$200.⁰⁰** Payee address; City; State; Zip Code
2928 IMPALA DR
BROWNSVILLE, TEXAS 78521

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **D.J. FOR LOTERIA** Description
 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

Date **10-30-24** Payee name **LINDA SALAZAR**

Amount (\$) **\$24.90** 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) **Water, For Campaign Workers** Description
 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 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 Expense | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

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>10-30-24</i>	5 Payee name <i>LINDA SALAZAR</i>	
6 Amount (\$) <i>\$301.87</i>	7 Payee address; City; State; Zip Code <i>4434 SAN ANTONIO Rd. BROWNSVILLE, TEXAS 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Gifts - Food etc FOR LORTILNA ON 10-20-24</i>	(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
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Date <i>10-30-24</i>	Payee name <i>LINDA SALAZAR</i>		
Amount (\$) <i>\$892.42</i>	Payee address; City; State; Zip Code <i>4434 SAN ANTONIO Rd. BROWNSVILLE, TEXAS 78521</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gift - Food - Water, Soda for Lortilna on 10-20-24</i>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-01-24</i>	Payee name <i>LINDA SALAZAR</i>		
Amount (\$) <i>\$152.20</i>	Payee address; City; State; Zip Code <i>4434 SAN ANTONIO Rd. BROWNSVILLE, TEXAS 78521</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Water + Soda FOR Campaign Workers</i>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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>11-18-24</i>	5 Payee name <i>Unlimited Printings</i>	
6 Amount (\$) <i>\$185.92</i>	7 Payee address; City; State; Zip Code <i>2685 N. CORIA STE A-1 BROWNSVILLE, TEXAS 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign Tickets</i>	(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
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Date <i>11-23-24</i>	Payee name <i>U.S. Post OFFICE</i>		
Amount (\$) <i>\$116.80</i>	Payee address; City; State; Zip Code <i>1905 N. ILLINOIS AVE BROWNSVILLE, TEXAS 78521</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Letter</i>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-26-24</i>	Payee name <i>H. E. B</i>		
Amount (\$) <i>\$49.73</i>	Payee address; City; State; Zip Code <i>2250 BOCA CHICA BROWNSVILLE, TEXAS 78520</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation Campaign Worker Turkey</i>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 11-27-24	5 Payee name LINDA SALAZAR	
6 Amount (\$) \$61.88	7: Payee address; City; State; Zip Code 4434 SAN ANTONIO Rd. BROWNSVILLE, TEXAS 7852	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION campaign Thank for women	(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
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Date 12-02-24	Payee name Cameron County		
Amount (\$) \$100.⁰⁰	Payee address; City; State; Zip Code 1100 E. MONROE ST. BROWNSVILLE, TEXAS 78524		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CHRISTMAS Party (County)	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
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Date 12-12-24	Payee name IGNACIO MARTINEZ		
Amount (\$) \$100.⁰⁰	Payee address; City; State; Zip Code 3325 YASMIN ST. BROWNSVILLE, TEXAS 78520		
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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 SALAZAR** 3 Filer ID (Ethics Commission Filers) **4943171858**

4 Date **12-20-24** 5 Payee name **ROLANDO GUTIERREZ**

6 Amount (\$) **\$30.⁰⁰** 7 Payee address; City; State; Zip Code
318 LOS ALAMOS HARLINGEN, TEXAS 78552

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
Designed Invitation For Political Ceremony

(c) Check if travel outside of Texas, Complete Schedule T. 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 **12-24-24** Payee name **ELVIA MALDONADO**

Amount (\$) **\$200.⁰⁰** Payee address; City; State; Zip Code
169 ALDRIN CT BROWNSVILLE, TEXAS 78521

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Donation Tamales For Campaign Workers

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

Date **12-24-24** Payee name **Unlimited Printing**

Amount (\$) **151.55** Payee address; City; State; Zip Code
2685 N. Coria ste A-1 BROWNSVILLE, TEXAS 78520

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
INVITATIONS FOR SWEARING CEREMONY

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

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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 12-11-24	5 Payee name SAM'S CLUB	
6 Amount (\$) \$569.69	7 Payee address; City; State; Zip Code 3570 W. ALTON GLOOR BLVD. BROWNSVILLE, TEXAS 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Plates - Cokes - Water etc. for Christmas 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-11-24	Payee name SAM CLUBS		
Amount (\$) \$47.76	Payee address; City; State; Zip Code 3570 W. ALTON GLOOR BLVD. BROWNSVILLE, TEXAS 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Water for Campaign Workers	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
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Date 12-17-24	Payee name LORENA Vega		
Amount (\$) \$144.00	Payee address; City; State; Zip Code 4436 BILLINGR BROWNSVILLE, TEXAS 78521		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Desert for Christmas Dinner	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
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**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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME LINDA SALAZAR	3 Filer ID (Ethics Commission Filers) 4943171858
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4 Date 12-30-24	5 Payee name LORENA Vega
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6 Amount (\$) \$140.00	7 Payee address; City; State; Zip Code 4436 BILLINGS BROWNSVILLE, TEXAS 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD FOR SWEARING IN CEREMONY	(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
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Date 09-27-24	Payee name FACEBOOK HEADQUARTERS
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Amount (\$) \$179.40	Payee address; City; State; Zip Code 1 HACKER WY. MENLO PARK, CALIFORNIA 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLITICAL FACEBOOK-Ad.	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
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Date 09-27-24	Payee name FACEBOOK HEADQUARTERS
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Amount (\$) \$5.38	Payee address; City; State; Zip Code 1 HACKER WY. MENLO PARK, CALIFORNIA 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLITICAL FACEBOOK-Ad.	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
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