LINDA SALAZAR

SEMI-ANNUAL REPORT JANUARY 15, 2025

		CEHOLDER E REPORT	FORM C/OH COVER SHEET PG 1		
The C/OH Instruction (Gulde explains how	to complete this form. 494317185	Filers) 2 Total pages filed: 18		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST MI	OFFICE USE ONLY		
NAME	NICKNAME	LINDA M.	Date Received		
		SALAZAR	CAMERON COUNTY		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX 4434	SAN ANTONIO PL.	VOTER REGISTRATION		
ADDRESS Change of Address	BROW	WSUILLE, TEXAS 1850	2/ JAN 1 0 2025		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER EXTENSION 466-1014	Date Hand delivered of Date Postmarked		
6 CAMPAIGN	MS MANS / MR	// FIRST/ MI	Receipt # Amount \$		
TREASURER NAME	Kich	ard E.	Date Processed		
	NICKNAME	7 AUA S	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	NO PO BOX PLEASE); ARTI SUITE #: CITY: ARTISTIC BUREN ST.	STATE; ZIP CODE		
(Residence or Business)	BROW	INSUILLE, TEXAS	78520		
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER EXTENSION 546 - 5060			
9 REPORT TYPE	January 15	30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	Reporting Limit			
10 PERIOD COVERED	Month O7	, 1001	2 / 3/ / 2 4		
11 ELECTION	Month Day	Year Primary Runoff Other Descri			
12 OFFICE	OFFICE HELD (if any	13 OFFICE SOUGHT Vu stice	OF THE PEACE Pot.		
14 NOTICE FROM POLITICAL	THE CANDIDATE LOSE!	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT CEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT T S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION (HE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
	1	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	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 LAS OF REPORTING PERIOD	\$17,840,74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* -O -
	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
re-	quired to be reported by me under Title 15, Election Code.	
	Linda	Lalasar
	Signature of Car	ndidate or Officeholde
	Please complete either option below	1
(1) Affidavit	Ana M Sanchez Notary Public, State of Texas My Comm. Exp 11/29/2025 Notary ID 13346624-8	
NOTARY STAMP/SEA		A 1
Sworn to and subscribed	before me by LINOUSWIGOUT this the	d day of Jawary
20 <u>25</u> , to certif	which, witness my hand and seal of office.	111/2
Ama M.	Sanchez Hna M. Sanchez	Notary
Signature of officer administr	ering oath U Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
Mv name is	, and my date of birth is	
		,
	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of , on the day of(month	, 20 (year)
	Signature of Candid	ate/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.

ii iiio ioqui	ested information is not applicable, 20 No. metal		
Th	ne instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	DA M. SALAZAR	,	3 Filer ID (Ethics Commission Filers) 4943171858
	F UNITEMIZED IN-KIND POLITICAL CONTRIE		\$
5 Date	6 Full name of contributor out-of-state PAC (ID#: MicHAEL BELLEVILLE 7 Contributor address; City; State; 1010 MEXICO 13LVA. BROWNSVILLE, TEXAS 78	520	8 Amount of 9 In-kind contribution Contribution \$ description CO EVENT ON Oct. 20, 2024 Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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 out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$ In-kind contribution description
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct	HIS SCHEDI ion guide foi	ULE AS NEEDED r additional reporting requirements.

Revised 11/15/2022

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	LINDA M. SALAZAR 49431	mmission Filers) 7
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$9,766.45 \$ 750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4,509.97
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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:
FILER NAME	NDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 4943/7/85
Date 7-/2. 24	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) p Code 56/6.45
	FACE BOOK CHANGE TO MY AC	et.
Principal occu	pation / Job title (See Instructions) 9 Employe	r (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
9-30-24	Contributor address; City; State; Zi 611 W. Leve E BrownsvillE, TEXAS 2	•
ف م	pation / Job title (See Instructions) Employe	r (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Z. 4225 BEN HOSAN AVE. MC ALLEN. TEXAS 28503-	
	mc ALLEN, TEXAS 18503- pation / Job title (See Instructions) Employe sinesr	er (See Instructions)
Date	Full name of contributor) Amount of contribution (\$)
w-08·24	Line Bange, Gosgan, Blair & State; Z. P.O. BOX 17428	Sampsen. 5500.
Principal occu	Austin, TEXAS 18260 upation / Job title (See Instructions) Employe FORNEY	er (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains ho	ow to complete this form	۱.	1 Total pages Schedule A1:
FILER NAME	PAM. SA	LAZAR	¥	3 Filer ID (Ethics Commission Filers 943/7/858
Date	5 Full name of contributor LOFERNIA	out-of-state PAC (IDII:		7 Amount of contribution (\$)
1-23-24	6 Contributor address;	City; St	ate; Zip Code	5/500.E
Principal occ	Sales Fon 10-20	9-24	Employer (See Instructio	ns)
Date	Full name of contributor	out-of-state PAC (ID#:		Amount of contribution (\$)
0-2324	Romada Contributor address; 970 S. TNO BROWN SUILL	City; Si LIANG AUE	ate; Zlp Code	\$ 300.
	upation / Job title (See Instruction	s)	Employer (See Instructio	ns)
Date 0-23-24	Full name of contributor Begun Contributor address; 2401 WILA	out-of-state PAC (ID#:		Amount of contribution (\$)
	BROWNSVILLI	FLOWER MAS	78526	
	upation / Job title (See Instruction ++ORNE +	s)	Employer (See Instruction	ons)
Date	Full name of contributor Amadon	□ out-of-state PAC (ID#		Amount of contribution (\$)
10-23-24	Contributor address; 2406 TH BROW NSVILL	ORS Hamn	tale; Zip Code 2 E.C. 78536-291	2 50.
Principal occ	supation / Job title (See Instruction FFON NEY	ns)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	A M. SALAZAR	3 Filer ID (Ethics Commission Filers) 4943/7/858
Date 9 - 23-24	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Principal occu	pation / Job title (See instructions) 9 Employer (See	a Instructions)
Date 7-23-24	Full name of contributor out-of-state PAC (ID#:	
Frincipal occup	pation / Job title (See Instructions) Employer (See	e Instructions)
	Full name of contributor out-of-state PAC (ID#:	
	pation / Job title (See Instructions) Employer (See	e Instructions)
Date 0-23-24	BROWNSVILLE TEXAS 1852	Amount of contribution (\$)
Principal sccu	pation / Job title (See Instructions) Employer (See	e Instructions)

SCHEDULE A1

FILER NAME LINDA M. SALAZAR Date 5 Full name of contributor LAW OFFICE Rick CANALES 6 Contributor address: STATE CONTRIBUTOR STAND AREA Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Principal occupatio	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2324 6 Contributor address; City; State; Zip Code S 300.	FILER NAME	DA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 4943/1/858
Date Full name of contributor On KEV'N JSBeLL Contributor address: City: State: Zip Code BRONNSVILLE TEXAS 18520 Principal occupation / Job title (See Instructions) Date Full name of contributor Date Full name of contributor Contributor address: City: State: Zip Code S 500. Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor Contributor address: City: State: Zip Code S 500. City: State: Zip Code S 500. Amount of contribution (\$) Date Full name of contributor Date Full name of contributor City: Contributor address: City: City: State: Zip Code S 500. Amount of contribution (\$) City: State: Zip Code S 500. City: Contributor address: City: Code Ci	2324	LAW OFFICE Rick CANALES 6 Contributor address; City; State; Zip Code 8 45 E. HARRISON BROWNSVILLE, TEXAS 18520	40
Date Full name of contributor DiANNE OR KEVIN JSBELL Contributor address; City; State; Zip Code BROWN SUILLE, TEXAS 78520 Principal occupation / Job title (See Instructions) Friend - Basiness Date Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) City; State; Zip Code Full name of contributor Out-of-state PAC (ID#: Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Contributor address; City; State; Zip Code Amount of contribution (\$) Full name of contributor Contributor address; City; State; Zip Code Amount of contribution (\$) Full name of contributor Contributor address; City; State; Zip Code Amount of contribution (\$) Full name of contributor City; State; Zip Code Amount of contribution (\$) Full name of contributor City; State; Zip Code Amount of contribution (\$) Full name of contributor City; State; Zip Code Full name of contributor City City; State; Zip Code Full name of contributor City City; State; Zip Code Full name of contributor City City City City City City City City		ipation 7 dop title (Gee instructions)	ictions)
Principal occupation / Job title (See Instructions) FRIEND - Business Date Full name of contributor	Date 1-2 3-2 4	Full name of contributor out-of-state PAC (ID#: DiANNE OR KEVIN ISBELL Contributor address; City; State; Zip Code 164 RESACA VILLAGE BRONNSVILLE, TEXAS 78520	\$500.
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City; State; Zlp Code S SOO Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address: City; State; Zlp Code S SOO City; State; Zlp Code S SOO Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Frincipal occu	pation / Job title (See Instructions) * Employer (See Instru	ections)
Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Amount of contribution (\$) Contributor address; City; State; Zip Code 3401 W:LdFLower PR, Smite A. Brownsville, Texas 1852(Principal occupation / Job title (See Instructions) Employer (See Instructions)	-23-24	Bacillo FomE2 Contributor address: Tx Le R St. City: State: Zlp Code	<i>C</i> ,
O.23.24 Contributor address; Clty; State; Zip Code S 500. Brownsville, Texas 18526 Principal occupation / Job title (See Instructions) Employer (See Instructions)			uctions)
			•
Attorney	Principal occu	BNOWNSVILLE, TEXAS 18526 pation / Job title (See Instructions) Employer (See Instru	y S DO.
	/	9HORNEY	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT include this page i	n the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	A M. SALAZAR	3 Filer ID (Ethlcs Commission Filers) 4943/11/858
4 Date	5 Full name of contributor out-of-state PAC (ID#:) TN FRA LLC - TONY MecHACA	7 Amount of contribution (\$)
10-23-24	6 Contributor address; City; State; Zip Code 834 E. TYLER BRUNNSVILLE, TEXAS 78526 pation / Job title (See instructions) 9 Employer (See Instructions)	9100°C
	pation / Job title (See Instructions) 9 Employer (See Instructions) 1 W D S S	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10-23-24	Contributor address; TYLER, BROWNSUILLE, TEXAS 18526 Satton / Job title (See Instructions) Employer (See Instructions)	\$100°C
•	isation / Job title (See Instructions) Employer (See Instructions)	itions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10-23-24	Contributor address; Ty Le R Browns ville, Texas 78521 pation / Job title (See Instructions) Clty; State; Zlp Code Employer (See Instructions)	5/00.00
	pation / Job title (See Instructions) Employer (See Instructions)	otions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10-23-844	URgaletA Auto SALes Contributor address; Hmoseit Rd. State; Zip Code 1738 Sant Hmoseit Rd. BROWNSUILLE, TEXAS 28821	5 200 E
	pation / Job title (See Instructions) Employer (See Instruc	otions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the reques	ted information is not applicable	e, DO NOT inc	clude this page in	the report.
The	Instruction Guide explains how to co	omplete this forn	1.	1 Total pages Schedule A1:
2 FILER NAME // N D 4 Date	A M. SALA 5 Full name of contributor ONE TO THE	out-of-state PAC (ID#:	,	Filer ID (Ethics Commission Filers) 4943/7/858 7 Amount of contribution (\$)
10-23.24	2061 F 1474	Gily; St. St.	ate; Zip Code	5300
	BROWNSVILLE, Dation / Job title (See Instructions)	9	Employer (See Instruction	ins)
Date		iut-of-state PAC (IDH:		Amount of contribution (\$)
	Royston, Rayor, 1 Contributor address; 55 COUE CI BROWNS VILLE	, ICKA	578521	5250 .
	ation / Job title (See Instructions)		Employer (See Instructio	ns)
Date		out-of-state PAC (ID#:_	AL	Amount of contribution (\$)
12-19-24	2401 WICAFLO BROWNSVILLE, 7	City; St. WER PR	Suite A 18526	5250.
Principal occur	ation / Job title (See Instructions)		Employer (See Instructio	ns)
Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of contribution (\$)
	Contributor address; C	City; St	ate; Zip Code	
Principal occup	vation / Job title (See Instructions)		 Employer (See Instructio	ns)
	The state of the s			
	ATTACH ADDITIONA	L COPIES OF T	IS SCHEDULE AS NE	EDED

SCHEDULE F1

	***************************************	****	
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politics Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex Printing Ex Printing Expense Printing Expense	xpense Vages/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. SALI	92AR	3 Filer ID (Ethics Commission Filers) 4943/7/858
4 Date ()842 - 24			
6 Amount (\$)	Payee address; Dr. ALTON & BROWNSVILLE, TEXA		State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ONA FIN FORKida (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description	In, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09-13-24	LINDA SALAZ	AR	
Amount (\$) \$\frac{4}{5}\\$56.47	Payee address; 4434 SAN ANTON BROWNSVILLE, TE.		State; ZIp Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Re-Abursement Fun 6: Ft Fun Lotenia ON 10-20-24	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	in, 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 of Bnowns	VILLE	
Amount (\$) 20	Payee address; H. MAdison		State; Zip Code
5,150.		EXAS	78820
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Dowation	Description	
	. Check if travel outside of Texas, Complete Schedule T.	Check if Aust	In, TX, officeholder living expense
Complete <u>ONLY</u> If direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

SCHEDULE F1

Trans requested mire	Amadon is not applicable, DO NOT III	ciude uns page in ui	e report.
	EXPENDITURE CATEGOR	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Poili Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense rles/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		to complete this form.	
1 Total pages Schedule F1:	LINDA M. SALA	12AR	3 Filer ID (Ethics Commission Filers) 4943/7/858
4 Date	5 Payee name		
10-08-24	MAYRA Garci	<u> </u>	
6 Amount (\$) 5/00.	7 Payee address; 505 TX-100 Port ISABeL,	city; Texas 783	Stale; Zip Code
8	(a) Category (See Categories listed at the top of this schedu	ie) (b) Description	
	ponation		
PURPOSE OF			
EXPENDITURE	(RuBEN GARCIA		
	(c) Check if travel outside of Texas, Complete Schedule	T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	Payee name Ricando Co.	NGOKIA	
10-20-24			
Amount (\$)	Payee address; 29 28 Impala BROWNSVILLE, 76	OR City; = X A-5 788	State; Zip Code
	Category (See Categories listed at the top of this schedul	X// 0 / 00	
PURPOSE OF EXPENDITURE	P. J. FOR Loteria	e) Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, afficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-30-24	LINDA SALA	2AR	
Amount (\$)	Payee address; 4434 SAN ANY	Clty;	State; Zip Code
:24.90	BROWNSVILLE,		8521
	Category (See Categories listed at the top of this schedul		
PURPOSE OF EXPENDITURE	Campaisn Workers	-	
	Check if travel outside of Texas. Complete Schedule	T, Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

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

n die requested inic	mation is not applicable, DC	NOT include this page in t	ne report,
	EXPENDITURE C	ATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor xplains how to complete this form.	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:		SALAZAR	3 Filer ID (Ethics Commission Filers)
4 Date 10 - 30 - 24	5 Payee name LINDA SAU	LAZAR	
6 Amount (\$) \$301.87	7. Payee address; 4434 SAN B.ROWNSVILLE	ANTONIORA. E, TEXAS 18	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top 6 ifts - Food E FOR LORFILMA ON 10	_ 20-24	
9 Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas, Con Candidate / Officeholder name	optete Schedule T. Check if Au	office held
Date 10-30-24	Payee name Linda Sa	LAZAR	
Amount (\$) \$892,42	BROWNSVIC		State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top 6:67 - Food-W Sadmin Fon Loktica 10-20	afen	
	Check if travel outside of Texas, Con	nplete Schedule T, Check If Aus	stin, TX, officeholder tiving expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-01-24	LINDA	SALAZAR N ANTONIOR	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 152.20	BROWNSVIL	LE, TEXAS	1. 1852/
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top Water + Soc Fue Campaign	of this schedule) Description Workers	
	Check if travel outside of Texas. Con	nplete Schedule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Itow to complete this form.	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 FILED NAME LINDA M.	SALARAR	3 Filer ID (Ethics Commission Filers)
4 Date //-/8-24	5 Payee name / Mr Limited	Printins	
6 Amount (\$) \$ 185.92	Payee address; 26 85 N. CORI BROWNSVILLE,		State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Ram pair in Time to (c) Check if travel outside of Texas, Complete Sch	hedule) (b) Description	, TX, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date //-23-24 Amount (\$)	Payee name M.S. Post	OFFICE	
Amount (\$) 4/16.80	Payee address; 1905 N. TLL BROWNSVILL Category (See Categories listed at the top of this sch	E, TEXAS	
PURPOSE OF EXPENDITURE	Campaign Letter		
	Check if travel outside of Texas, Complete Sch	edule T. Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-26-24	H, E, B		
Amount (\$) \$ 49,73	BROWNSVILLE		State; ZIp Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Campa Turkky	nedule) Description	
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

	ı	EXPENDITUR	E CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E: Legal Services	Office O Polling E xpense Printing Salaries	Expense Wages/Contract Labor	Travel In District Travel Out Of Distr	lpment & Related Expense
		The Instruction Gui	de explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER N	NDAN	1. SAL	AZAR	3 Filer ID (Eth)	cs Commission Filers
4 Date //-27-24	5 Payeens	ame	SALA			
6 Amount (\$) 561,88	£,		AN AN	tonio R	State; 7852	Zip Code
8	(a) Categor	ry (See Categories listed at ti	ne top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Do	onation aka For	Campy gr			
	(c)	Check if travel outside of Texas	s. Complete Schedule T.	Check if Aus	stin, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder nam	10	Office sought		Office held
Date	Payee na					
12-02-24	Co	MERON	Cour	ty		
Amount (\$) & & & & & & & & & & & & & & & & & & &	Payee a	O E. M	ON ROE	St. F, TEX	State; 195 - 180	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the Court man) ants (Cou	e top of this schedule)	Description		
		Check if travel outside of Texas	s. Complete Schedule T.	Check If Aus	stin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder nam	10	Office sought		Office held
Date	Payee n					**************************************
12-12-24	I	gNACIO	s M	artine	2	
Amount (\$) 5,100,00	Payee a	gnacio	asmin	St. City; TEXAS	State;	·
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the		Description		
		Check if travel outside of Texas	s. Complete Schedule T,	Check if Aus	stin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder nar	me	Office sought		Office held
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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 Office Overhead/Rental Expense | Consulting/Banking | Food/Beverage Expense | Polling Expense | Polling Expense | Polling Expense | Printing Expense | Print

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

2 FILER NAME DA SALA	2AR 3	Filer ID (Ethics Commission Filers)
8 Payer name Rolando Gut	I'ERREZ	,
318 Los ALAMOS	Cily;	State; Zip Code
(a) Category (See Categories listed at the top of this schedule) Posigned TruitAtion For Potical Carromony	(b) Description	
(C) Check if travel outside of Texas, Complete Schedule T,	Check if Austin, T	X, officeholder living expense
Candidate / Officeholder name H	Office sought	Office held
Payee name Elvia Maldo	vado	
Payee address; AL dRin C+	City;	State; Zip Code
Category (See Categories listed at the top of this schedule)	AS 7853	2/
For Campin Worken	Check If Austin T	Y officebolder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name	entein o	
		State; Zlp Code
BRONNSVILLE, TEXA	5 7852	0
TWIATIONS FOR SWRANINS LEROMONY	Description	
Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense
	5 Paves pame RoLANDO Gut 7. Payee address; 3 18 LOS ALAMOS HARLINGEN, TEXAS (a) Category (See Categories listed at the top of this schedule) Designad Thuritation FOR Potical Caromomy (c) Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name H Payee name Elvia Maldo Payee address; 169 AL ARIN C+- BROWNSUILLE, TEXA Category (See Categories listed at the top of this schedule) Donotin Tamalum Fon Campin Worken Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name H Payee name Payee address; Rollinted Payee address; Category, (See Categories listed at the top of this schedule) Payee address; Category, (See Categories listed at the top of this schedule) The Payee address; Category, (See Categories listed at the top of this schedule) The Payee Taxas Complete Schedule T. Category, (See Categories listed at the top of this schedule) The Payee Taxas Complete Schedule) The Payee address; Category, (See Categories listed at the top of this schedule) The Payee Taxas Complete Schedule) The Payee Taxas Complete Schedule) Payee address; Category, (See Categories listed at the top of this schedule) The Payee Taxas Complete Schedule)	5 Payse pame Rolando Guti ERREZ 7. Payse address; 3 18 LOS ALAMOS HARLINGEN, TEXAS 18552 (a) Category (See Categories listed at the top of this schedule) Rosigned Thuritan For Candidate / Office holder name Payse name ELVIA MALdonado Payse address; Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Description Payse address; Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Office sought Payse address; Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Office sought Payse name Check if vavel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Payse name Unlimited Punting Payse address; City: Candidate / Officeholder name Office sought Payse address; City: Candidate / Officeholder name Office sought Description Payse address; City: Candidate / Officeholder name Office sought Payse address; City: Candidate / Officeholder name Office sought Description Payse address; City: Category, (See Categories listed at the top of this schedule) Description Description

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 Event Expense Loan Repayment/Relmbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Polling Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Glft/Awards/Memorials Expense Travel in District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salarles/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 Filer ID (Ethics Commission Filers) 's CluB W. ALton GLOOR BLud. State; Zip Code (a) Category (See Categories listed at the top of this schedule) Platia - Cokes - Wifter PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH SAM CLUBs Payee address; City; 3570 W. ALton GLoon Blud. 12-11-24 Zip Code 547.76 Waters ton Camping Workers PURPOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder tiving expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH LORENA Vega Payee address; City; State; Zip 4436 BILLINGA BROWN SUILLE, TEXAS 7852 Zip Code **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct 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)

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILERNAME SALAS	CAR	3 Filer ID (Ethics	Commission Filers		
4 Date /2-30·24	5 Payee name LORENA VE9	a				
6 Amount (\$) \$140.	7 Payee address; 4436 BILLINGS BROWNSVILLE, TEXA	City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOR FOR SWEERING IN CRROMONY	(b) Description				
	(c) Check if travel outside of Texas. Complete Schedule T.	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/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name	,				
09-27-24	FACE BOOK HEADS	uarters	•			
Amount (\$)	Payee address; 1 HACKER WY.	City;	State;	Zip Code		
\$179.40	MENLO PARK, CA	LIFORN	'iA 94	025		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FACE Book - Ad.	Description				
	Check if Iravel outside of Texas, Complete Schedule T.	Check if Aust	lin, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought		Office held		
Date 09-27-24	FACE BOOK HEAD	dgunrt	ELS			
Amount (\$)	1 HACKER WY.	City;	State;	Zip Code		
,5.38	MENLO PARK.	CALIFO	RNIA	94025		
PURPOSE OF EXPENDITURE	Category (see Categories listed at the lop of this schedule) FACE BOOK - Ad.	Description		-		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			