

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

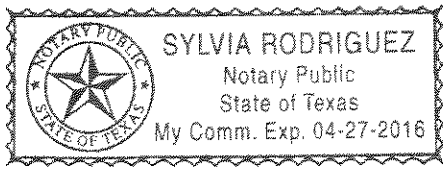
FORM C/OH COVER SHEET PG 2

14 C/OH NAME LINDA M. SALAZAR	15 ACCOUNT # (Ethics Commission Filers) 2514602215
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 572.91
	4. TOTAL POLITICAL EXPENDITURES	\$ 900.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1845.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

18 AFFIDAVIT

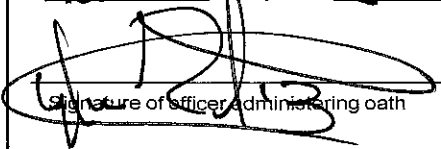


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Linda Salazar
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LINDA SALAZAR, this the 12th day of January 20 15, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Sylvia Rodriguez Notary Public

Printed name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME LINDA M. SALAZAR	3 ACCOUNT # (Ethics Commission Filers) 2514602215
4 Date 10-13-14	5 Payee name CASA	
6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 1740 BOCA CHICA Blvd. Suite 300 BROWNSVILLE, TEXAS 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description (If travel outside of Texas, complete Schedule T) Children
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-21-14	Payee name UNLimited Printing	
Amount (\$) \$189.44	Payee address; City; State; Zip Code 2625 N. CORIA ST. A-1 BROWNSVILLE, TEXAS 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION FOR Timothy Ramos	Description (If travel outside of Texas, complete Schedule T) Ticket in Fundraiser - THAT HAS CANCER medical
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-11-14	Payee name SAM'S	
Amount (\$) \$111.23	Payee address; City; State; Zip Code 3570 W. ALTON 6LOOR Blvd. BROWNSVILLE, TEXAS 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Water's, Caps, Plater Etc.	Description (If travel outside of Texas, complete Schedule T) CHRISTMAS DONATION
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-19-14	Payee name NORMA CORTAZ	
Amount (\$) \$280.00	Payee address; City; State; Zip Code 685 LA QUINTA DRIVE BROWNSVILLE, TEXAS 78521	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Tamaler DONATION for Christmas	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED