

ORIGINAL

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)
2514602215

2 Total pages filed: 13

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

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

JUL 15 2015

Change of Address

By: [Signature]

3:10 pm

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 466-1014

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Robert
NICKNAME LAST SUFFIX
GARZA

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1200 E. HARRISON
BROWNSVILLE, TEXAS 78521

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 544-1111

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 \$500 limit
- Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year
01 / 01 / 15 THROUGH 06 / 30 / 15

11 ELECTION

ELECTION DATE
Month Day Year
11 / 06 / 12

ELECTION TYPE
 Primary
 Runoff
 Other Description
 General
 Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

JUSTICE OF THE PEACE
Pct. 2-1

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME LINDA M. SALAZAR 15 Filer ID (Ethics Commission Filers) 2514602215

16 NOTICE FROM POLITICAL COMMITTEE(S)

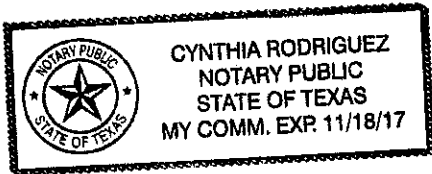
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)	\$ 12,476.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 869.93
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,171.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,580.29
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 15th day of July, 20 15, to certify which, witness my hand and seal of office.

Cynthia Rodriguez
Signature of officer administering oath

Cynthia Rodriguez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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>2514602215</i>
4 Date <i>02-17-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaime Jr. + Amanda PARRA</i>	7 Amount of contribution (\$) <i>\$500.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>744 E. WASHINGTON BROWNSVILLE, TEXAS 78520</i>		
8 Principal occupation / Job title (See Instructions) <i>Furniture Company</i>		9 Employer (See Instructions)
Date <i>02-17-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARION R. LAWLER</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>805 MEDIA LUNA BROWNSVILLE, # 620 TEXAS 78520</i>		
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions)
Date <i>02-23-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RAUL E. TORRE</i>	Amount of contribution (\$) <i>\$300.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1775 E. PRICE RD. BROWNSVILLE, TEXAS 78520</i>		
Principal occupation / Job title (See Instructions) <i>DAY CARE BUSINESS</i>		Employer (See Instructions)
Date <i>02-23-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>EVANGELINA G. TREVIÑO</i>	Amount of contribution (\$) <i>\$200.⁰⁰</i>
Contributor address; City; State; Zip Code <i>165 CALLE JACARANDA BROWNSVILLE, TEXAS 78520</i>		
Principal occupation / Job title (See Instructions) <i>Furniture Company</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

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>2514602215</i>
4 Date <i>02-23-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ARTURO MARTINEZ</i>	7 Amount of contribution (\$) <i>\$300.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2500 N. EXPRESWAY BROWNSVILLE, TEXAS 78521</i>		
8 Principal occupation / Job title (See Instructions) <i>RESTAURANT OWNER</i>		9 Employer (See Instructions)
Date <i>02-23-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CRISTOBAL R. UCLADEZ</i>	Amount of contribution (\$) <i>\$50.⁰⁰</i>
Contributor address; City; State; Zip Code <i>430 E. PRICE RD. BROWNSVILLE, TEXAS 78521</i>		
Principal occupation / Job title (See Instructions) <i>BUSINESS (WATER)</i>		Employer (See Instructions)
Date <i>02-23-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JIM & AMY TIPTON</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>701 SANTA ANA AVENUE RANCHO VIEJO, TEXAS 78575</i>		
Principal occupation / Job title (See Instructions) <i>OWNER FORD DEALER CAR</i>		Employer (See Instructions)
Date <i>02-23-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ESPARZA & GARZA</i>	Amount of contribution (\$) <i>\$150.⁰⁰</i>
Contributor address; City; State; Zip Code <i>964 E. LOS EBANOS BLVD. BROWNSVILLE, TEXAS 78520</i>		
Principal occupation / Job title (See Instructions) <i>ATTORNEY'S</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

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)

2514602215

4 Date

02-23-15

5 Full name of contributor

CHARLES ESBELL

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 500.⁰⁰

6 Contributor address; City; State; Zip Code

1641 RESACA VILLAGE
BROWNSVILLE, TEXAS 78521

8 Principal occupation / Job title (See Instructions)

BINSO BUSINESS

9 Employer (See Instructions)

Date

02-25-15

Full name of contributor

LOMAALTA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 300.⁰⁰

Contributor address; City; State; Zip Code

P.O. BOX 3383
BROWNSVILLE, TEXAS 78523

Principal occupation / Job title (See Instructions)

Investment in Homes

Employer (See Instructions)

Date

02-25-15

Full name of contributor

Kid BRIDGE Academy

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500.⁰⁰

Contributor address; City; State; Zip Code

1305 E. TAYLOR
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

DAY CARE

Employer (See Instructions)

Date

02-25-15

Full name of contributor

JESUS R. CANALES

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 300.⁰⁰

Contributor address; City; State; Zip Code

845 E. HARRISON ST.
BROWNSVILLE, TEXAS 78520

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

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) 2514602215
4 Date 03-11-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALIA H. MIRELES	7 Amount of contribution (\$) \$ 300.⁰⁰
6 Contributor address; City; State; Zip Code 4 WATERFRONT BROWNSVILLE, TEXAS 78520		
8 Principal occupation / Job title (See Instructions) Friend - Realty		9 Employer (See Instructions)
Date 03-11-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIO VILLARREAL	Amount of contribution (\$) \$ 200.⁰⁰
Contributor address; City; State; Zip Code 700 E. Levee Street Suite 201 BROWNSVILLE, TEXAS 78520		
Principal occupation / Job title (See Instructions) Business man		Employer (See Instructions)
Date 03-11-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CUS ROADLINK Logistics	Amount of contribution (\$) \$ 300.⁰⁰
Contributor address; City; State; Zip Code 5300 S. PADRE ISLAND HWY BROWNSVILLE, TEXAS 78521		
Principal occupation / Job title (See Instructions) Business man		Employer (See Instructions)
Date 03-11-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prestige Home Builders	Amount of contribution (\$) \$ 300.⁰⁰
Contributor address; City; State; Zip Code 6164 W. LAKE side BROWNSVILLE, TEXAS 78521		
Principal occupation / Job title (See Instructions) Build Homes		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

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)

2514602215

4 Date

03-11-15

5 Full name of contributor out-of-state PAC (ID#: _____)

RENE OLIVEIRA

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code
855 W. PRICE Rd. Suite 22
BROWNSVILLE, TEXAS 78520

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

Date

03-11-15

Full name of contributor out-of-state PAC (ID#: _____)

JAIME GARZA URIBE

Amount of contribution (\$)

\$250.⁰⁰

Contributor address; City; State; Zip Code

P.O. BOX 3690
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

03-11-15

Full name of contributor out-of-state PAC (ID#: _____)

Cuevas Auto Sales

Amount of contribution (\$)

\$100.⁰⁰

Contributor address; City; State; Zip Code

P.O. BOX 1429
DLmito, TEXAS 78575

Principal occupation / Job title (See Instructions)

SALE CAR'S

Employer (See Instructions)

Date

03-11-15

Full name of contributor out-of-state PAC (ID#: _____)

Begum LAW Group

Amount of contribution (\$)

\$750.⁰⁰

Contributor address; City; State; Zip Code

2401 WILD FLOWER DR. Suite B
BROWNSVILLE, TEXAS 78526

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

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)

2514602215

4 Date

03-11-15

5 Full name of contributor

ROBERT GARZA

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 250.⁰⁰

6 Contributor address; City; State; Zip Code

1200 E. HARRISON ST.
BROWNSVILLE, TEXAS 78520

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

Date

03-11-15

Full name of contributor

REYNALDO GARZA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 25.⁰⁰

Contributor address; City; State; Zip Code

680 E. ST. CHARLES
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

03-11-15

Full name of contributor

HAPPY THOMAS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 51.⁰⁰

Contributor address; City; State; Zip Code

4380 BOCA CHICA BLVD. A-3
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

FRIEND

Employer (See Instructions)

Date

03-16-15

Full name of contributor

EL RANCHITO ESCONDIDO

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.⁰⁰

Contributor address; City; State; Zip Code

P.O. BOX 5563
BROWNSVILLE, TEXAS 78523

Principal occupation / Job title (See Instructions)

BUSINESS MAN

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

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)

2514602215

4 Date

03-16-15

5 Full name of contributor

out-of-state PAC (ID#: _____)

JUAN T. MENDEZ III

6 Contributor address; City; State; Zip Code

611 W. LEVEE
BROWNSVILLE, TEXAS 78520

7 Amount of contribution (\$)

\$300.⁰⁰

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

Date

03-16-15

Full name of contributor

out-of-state PAC (ID#: _____)

SAFETY-NET MOTOR CARRIER

Contributor address; City; State; Zip Code

P.O. BOX 5537
BROWNSVILLE, TEXAS 78523

Amount of contribution (\$)

\$500.⁰⁰

Principal occupation / Job title (See Instructions)

CARRIER

Employer (See Instructions)

Date

06-22-15

Full name of contributor

out-of-state PAC (ID#: _____)

JIM D. OR KIM JONES

Contributor address; City; State; Zip Code

7462 S. COUNTRY CLUB RD.
SAN ANGELO, TEXAS 76904

Amount of contribution (\$)

\$1500.⁰⁰

Principal occupation / Job title (See Instructions)

LOAN COMPANY

Employer (See Instructions)

Date

06-22-15

Full name of contributor

out-of-state PAC (ID#: _____)

FRED KOWALSKI

Contributor address; City; State; Zip Code

902 E. MADISON ST
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

\$100.⁰⁰

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

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)

2514602215

4 Date

06-30-15

5 Full name of contributor

out-of-state PAC (ID#: _____)

JUAN TREY MENDOZA

6 Contributor address;

City; State; Zip Code

243 E. ELIZABETH

7 Amount of contribution (\$)

\$100.⁰⁰

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

Date

06-30-15

Full name of contributor

out-of-state PAC (ID#: _____)

GUSTAVO RIVERA ROLL

Contributor address;

City; State; Zip Code

33 CREEK BEND DR.
BROWNSVILLE, TEXAS

Amount of contribution (\$)

\$200.⁰⁰

Principal occupation / Job title (See Instructions)

Business Restaurant

Employer (See Instructions)

Date

06-30-15

Full name of contributor

out-of-state PAC (ID#: _____)

ANDRES CORTAZ

Contributor address;

City; State; Zip Code

2634 VILLAGE DR.
BROWNSVILLE, TEXAS 77820

Amount of contribution (\$)

\$100.⁰⁰

Principal occupation / Job title (See Instructions)

Realty

Employer (See Instructions)

Date

06-30-15

Full name of contributor

out-of-state PAC (ID#: _____)

CHALUPA FUNDRAISER

Contributor address;

City; State; Zip Code

ON 06/28/15

Amount of contribution (\$)

\$1,950.⁰⁰

Principal occupation / Job title (See Instructions)

Fundraiser

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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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) |

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>2514602215</i>
4 Date <i>01-06-15</i>	5 Payee name <i>BROWNSVILLE Art MUSEUM</i>	
6 Amount (\$) <i>\$200.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>660 E. Ringgold STREET BROWNSVILLE, TEXAS 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraiser Event on 03-05-15</i>	(b) Description <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 <i>02-10-15</i>	Payee name <i>J.A. SPORTS Printing</i>		
Amount (\$) <i>\$487.13</i>	Payee address; City; State; Zip Code <i>4627 Central Circle BROWNSVILLE, TEXAS 78521</i>		

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Campaign Bumper sticker</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>03-03-15</i>	Payee name <i>SAM'S</i>		
Amount (\$) <i>\$519.62</i>	Payee address; City; State; Zip Code <i>3270 W. Alton GLOON Blvd. BROWNSVILLE, TEXAS 78520</i>		

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Soda, Water in Plates etc - for Fundraiser on 03-05-15</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers) 2514602215			
4 Date 03-05-15	5 Payee name BROWNSVILLE museum FINE Art.				
6 Amount (\$) \$300.⁰⁰	7 Payee address; City; State; Zip Code 660 E. Ringgold STREET BROWNSVILLE, TEXAS 78520				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fundraise Event ON 03-05-15	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 05-22-15	Payee name Fiesta Graphics				
Amount (\$) \$99.59	Payee address; City; State; Zip Code 205 Paredes LINE Rd. BROWNSVILLE, TEXAS 78520				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign T-Shirts	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 05-30-15	Payee name SAMIA				
Amount (\$) \$123.09	Payee address; City; State; Zip Code 3270 W. Alton GLOOR Blvd. BROWNSVILLE, TEXAS 78521				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Soda, Water, Beer For Fundraise	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
	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>2514602215</i>
4 Date <i>06-18-15</i>	5 Payee name <i>BROWNSVILLE YOUNG FUNA</i>	
6 Amount (\$) <i>\$200.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>7046 Persimmon BROWNSVILLE, TEXAS 78526</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Donation Baseball (Kids)</i>	(b) Description <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 <i>06/26/15</i>	Payee name <i>SAM'S</i>
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Amount (\$) <i>\$241.79</i>	Payee address; City; State; Zip Code <i>3270 W. ALTON GLOOR BLVD. BROWNSVILLE, TEXAS 78521</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Soda's, Plates, Napkin for Fundraiser on 06/28/15</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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