

LINDA SALAZAR

**SEMI-ANNUAL
REPORT
JULY 15, 2023**

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)

4943171858

2 Total pages filed:

17

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

LINDA

M.

NICKNAME

LAST

SUFFIX

SALAZAR

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4434 SAN ANTONIO RD
BROWNSVILLE, TEXAS 78521

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 466-1014

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

RICHARD E.

NICKNAME

LAST

SUFFIX

ZAYAS

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

950 E. VAN BUREN ST.
BROWNSVILLE, TEXAS 78520

(Residence or Business)

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

01 / 01 / 23

THROUGH

06 / 30 / 23

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 05 / 24

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Justice of the Peace Pct. 2-2

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

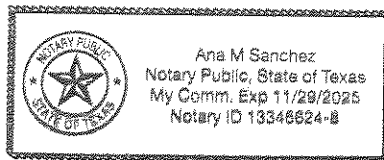
| | | |
|---|---|---|
| 15 C/OH NAME LINDA M. SALAZAR | | 16 Filer ID (Ethics Commission Filers) 4943171858 |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ - 0 - |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 13,225.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ - 0 - |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,694.07 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 21,418.30 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,000.00 |

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 13 day of July, 2023, to certify which, witness my hand and seal of office.

Ana M. Sanchez Signature of officer administering oath
Ana M. Sanchez Printed name of officer administering oath
Notary 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)

SUBTOTALS - C/OH

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

| | | |
|---|---|---|
| 19 FILER NAME <i>LINDA M. SALAZAR</i> | | 20 Filer ID (Ethics Commission Filers) <i>4943171858</i> |
| 21 SCHEDULE/SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>13,225.00</i> |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>400.⁰⁰</i> |
| 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 | \$ <i>3,694.07</i> |
| 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

05/12/23

5 Full name of contributor

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

JUAN H. ANDRADE JR.

7 Amount of contribution (\$)

\$200.⁰⁰

6 Contributor address;

City;

State;

Zip Code

1727 ROYAL OAK
BROWNSVILLE, TEXAS 78521

8 Principal occupation / Job title (See Instructions)

Bail Bond

9 Employer (See Instructions)

Date

05/12/23

Full name of contributor

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

LAW OFFICE OF PHILLIPPE

Amount of contribution (\$)

\$50.⁰⁰

Contributor address;

City;

State;

Zip Code

847 E. HARRISON
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

05/12/23

Full name of contributor

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

DIANNE & KEVIN ISBELL

Amount of contribution (\$)

\$500.⁰⁰

Contributor address;

City;

State;

Zip Code

1641 RESACA VILLAGE
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

Business

Employer (See Instructions)

Date

05/12/23

Full name of contributor

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

AMADOR LAW FIRM

Amount of contribution (\$)

\$500.⁰⁰

Contributor address;

City;

State;

Zip Code

2406 THOR'S HAMMER BLVD.
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

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

05/23/23

5 Full name of contributor

PRECILLA & REY CALARA

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

7 Amount of contribution (\$)

\$300.⁰⁰

6 Contributor address; City; State; Zip Code

826 CROCKETT ROAD
HARLINGEN, TEXAS 78552

8 Principal occupation / Job title (See Instructions)

Business (Friend)

9 Employer (See Instructions)

Date

05/23/23

Full name of contributor

DAVID GARZA

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

Amount of contribution (\$)

\$200.⁰⁰

Contributor address; City; State; Zip Code

P.O. BOX 2025
BROWNSVILLE, TEXAS 78522

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

05/23/23

Full name of contributor

JAIME & AMANDA LEE PARRA

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

Amount of contribution (\$)

\$200.⁰⁰

Contributor address; City; State; Zip Code

4374 MARTINAL RD.
BROWNSVILLE, TEXAS 78526

Principal occupation / Job title (See Instructions)

Business - SELF

Employer (See Instructions)

Date

05/23/23

Full name of contributor

SERGIO SANTIAGO

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

Amount of contribution (\$)

\$300.⁰⁰

Contributor address; City; State; Zip Code

123 Old Port Isabel Rd. STE A-4
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

Business - Construction

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

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

4943171858

4 Date

05/23/23

5 Full name of contributor

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

Kid Bridge Academy

6 Contributor address; City; State; Zip Code

800 W. JEFFERSON ST. Ste 180
BROWNSVILLE, TEXAS 78520

7 Amount of contribution (\$)

\$500.⁰⁰

8 Principal occupation / Job title (See Instructions)

Business

9 Employer (See Instructions)

Date

05/23/23

Full name of contributor

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

LINEBARGER, GOGGAN, BLAIR & SAMPSON

Contributor address; City; State; Zip Code

P.O. BOX 17428
AUSTIN, TEXAS 78760

Amount of contribution (\$)

\$500.⁰⁰

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

05/23/23

Full name of contributor

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

HODGE & JAMES

Contributor address; City; State; Zip Code

P.O. BOX 534329
HARLINGEN, TEXAS 78553

Amount of contribution (\$)

\$100.⁰⁰

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

05/23/23

Full name of contributor

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

WILLIAM HUDSON

Contributor address; City; State; Zip Code

2600 OLD ALICE Rd. Suite D
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

\$100.⁰⁰

Principal occupation / Job title (See Instructions)

Business

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
LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)
4943171858

4 Date
06/05/23

5 Full name of contributor out-of-state PAC (ID#: _____)
ALMA A. TAYLOR

7 Amount of contribution (\$)
\$100.⁰⁰

6 Contributor address; City; State; Zip Code
**10 BOXWOOD COURT
BROWNSVILLE, TEXAS 78521**

8 Principal occupation / Job title (See Instructions)
FRIEND

9 Employer (See Instructions)

Date
06/05/23

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

Amount of contribution (\$)
\$1500.⁰⁰

Contributor address; City; State; Zip Code
**714 MILITARY HWY
BROWNSVILLE, TEXAS 78520**

Principal occupation / Job title (See Instructions)
BUSINESS - FRIEND

Employer (See Instructions)

Date
06/05/23

Full name of contributor out-of-state PAC (ID#: _____)
JESUS R. CANALES

Amount of contribution (\$)
\$500.⁰⁰

Contributor address; City; State; Zip Code
**845 E. HARRISON ST.
BROWNSVILLE, TEXAS 78520**

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
06/05/23

Full name of contributor out-of-state PAC (ID#: _____)
CHESTER R. GONZALEZ

Amount of contribution (\$)
\$500.⁰⁰

Contributor address; City; State; Zip Code
**117 E. PRICE RD.
BROWNSVILLE, TEXAS 78521**

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 LINDA M. SALAZAR | | 3 Filer ID (Ethics Commission Filers) 4943171858 |
| 4 Date 06/05/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DR. JOSE A. BOSSOLO JR | 7 Amount of contribution (\$) \$500.⁰⁰ |
| 6 Contributor address; City; State; Zip Code 800 E. ALTON GLOOR STE A BROWNSVILLE, TEXAS 78521 | | |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) |
| Date 06/05/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENTON & LARI MURRAY | Amount of contribution (\$) \$200.⁰⁰ |
| Contributor address; City; State; Zip Code 2726 POINCIANA ST. HARLINGEN, TEXAS 78550 | | |
| Principal occupation / Job title (See Instructions) Retired Judge & Friend | | Employer (See Instructions) |
| Date 06/05/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori Indrison | Amount of contribution (\$) \$500.⁰⁰ |
| Contributor address; City; State; Zip Code 6550 Fm 803 BROWNSVILLE, TEXAS 78526 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/05/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Begum Law Group | Amount of contribution (\$) \$2,000.⁰⁰ |
| Contributor address; City; State; Zip Code 2401 Wild Flowers Drive BROWNSVILLE, TEXAS 78526 | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

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

06/05/23

5 Full name of contributor

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

THE GREEN LAW FIRM

7 Amount of contribution (\$)

\$500.⁰⁰

6 Contributor address;

City;

State;

Zip Code

34 S. CORIA ST.
BROWNSVILLE, TEXAS 78520

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

Date

06/05/23

Full name of contributor

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

LAW OFFICES OF JAVIER VILLARREAL

Amount of contribution (\$)

\$700.⁰⁰

Contributor address;

City;

State;

Zip Code

2401 WILD FLOWER DR. Suite A
BROWNSVILLE, TEXAS 78526

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

06/07/23

Full name of contributor

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

VALLEYMED. URGENT CARE
Eder

Amount of contribution (\$)

\$500.⁰⁰

Contributor address;

City;

State;

Zip Code

800 E. ALTON GLOOR
BROWNSVILLE, TEXAS 78526

Principal occupation / Job title (See Instructions)

DOCTOR

Employer (See Instructions)

Date

06/07/23

Full name of contributor

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

SAMUEL & NUBIA REYES

Amount of contribution (\$)

\$500.⁰⁰

Contributor address;

City;

State;

Zip Code

P.O. BOX 5788
MCGALLEN, TEXAS

Principal occupation / Job title (See Instructions)

INSURANCE

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 LINDA M. SALAZAR | | 3 Filer ID (Ethics Commission Filers) 4943171858 |
| 4 Date 06/07/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Model Laundry | 7 Amount of contribution (\$) \$50.⁰⁰ |
| 6 Contributor address; City; State; Zip Code P.O. BOX 176 LOS INDIOS, TEXAS 78567 | | |
| 8 Principal occupation / Job title (See Instructions) Business - SELF | | 9 Employer (See Instructions) |
| Date 06/07/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hector MATA | Amount of contribution (\$) \$500.⁰⁰ |
| Contributor address; City; State; Zip Code 970 S. INDIANA AVE BROWNSVILLE, TEXAS 78521 | | |
| Principal occupation / Job title (See Instructions) Business - Self | | Employer (See Instructions) |
| Date 06/07/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Immo. BiLiAREE Assets | Amount of contribution (\$) \$200.⁰⁰ |
| Contributor address; City; State; Zip Code 834 E. TYLEN ST. BROWNSVILLE, TEXAS 78520 | | |
| Principal occupation / Job title (See Instructions) Business - SELF | | Employer (See Instructions) |
| Date 06/13/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arturo MARTINEZ | Amount of contribution (\$) \$400.⁰⁰ |
| Contributor address; City; State; Zip Code 4 HUNTERS QUEST CR. BROWNSVILLE, TEXAS 78520 | | |
| Principal occupation / Job title (See Instructions) BUSINESS - SELF | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

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 06/23/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROYSTON, RAYZOR, VICKERY, WILLIAMS | 7 Amount of contribution (\$) \$500.⁰⁰ |
| 6 Contributor address; City; State; Zip Code 55 COVE Circle BROWNSVILLE, TEXAS 78521 | | |
| 8 Principal occupation / Job title (See Instructions) ATTORNEY'S | | 9 Employer (See Instructions) |
| Date 06/23/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agado Bail Bonds | Amount of contribution (\$) \$125.⁰⁰ |
| Contributor address; City; State; Zip Code P.O. BOX 3235 HARLINGEN, TEXAS 78551 | | |
| Principal occupation / Job title (See Instructions) BUSINESS - SELF | | 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) |
| 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.

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 <i>LINDA M. SALAZAR</i> | | 3 Filer ID (Ethics Commission Filers) <i>4943171858</i> | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date <i>06/01/23</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose Ricardo Escamilla</i> | 8 Amount of Contribution \$ <i>\$400.⁰⁰</i> | 9 In-kind contribution description <i>EVENT ON JUNE 01, 2023</i> |
| 7 Contributor address; City; State; Zip Code <i>301 W. Madison BRONNSVILLE, TEXAS 78520</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 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 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 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) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

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>01/24/23</i> | 5 Payee name <i>LINDA SALAZAR</i> | |
| 6 Amount (\$) <i>\$ 265.15</i> | 7 Payee address; City; State; Zip Code <i>4434 SAN ANTONIO Rd. BROWNSVILLE, TEXAS 78521</i> | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Reimbursement For Con Tierra Oct. 23, 2022 Basket + Food</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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>03-21-23</i> | Payee name <i>ABE HERNANDEZ</i> | |
| Amount (\$) <i>\$ 185.00</i> | Payee address; City; State; Zip Code <i>1141 CHAMPLAIN DR. BROWNSVILLE, TEXAS 78526</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Picture For Campaign</i> | 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 |
| Date <i>04/10/23</i> | Payee name <i>HIGH-POWER-N-HITE</i> | |
| Amount (\$) <i>\$ 75.00</i> | Payee address; City; State; Zip Code <i>1642 E. PRICE Rd. BROWNSVILLE, TEXAS 78521</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Scholarship Fundraiser - Donation</i> | 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 |

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>4943/71858</i> |
|----------------------------|---|--|

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|---------------------------|---|
| 4 Date <i>04/13/23</i> | 5 Payee name <i>BROWNSVILLE Museum of Art.</i> |
|---------------------------|---|

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|----------------------------------|---|
| 6 Amount (\$) <i>\$500.00</i> | 7 Payee address; City; State; Zip Code <i>660 E. Ringgold St. BROWNSVILLE, TEXAS 78520</i> |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>DONATION FOR EVENT ON 06/01/23</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 |

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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date <i>04/27/23</i> | Payee name <i>Vista Print</i> |
|-------------------------|----------------------------------|

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| Amount (\$) <i>167.29</i> | Payee address; City; State; Zip Code <i>1110 AVE "H" EAST ARLINGTON, TEXAS 76011</i> |
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|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Political Push Card</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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date <i>05/09/23</i> | Payee name <i>U. P. S. mail</i> |
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| Amount (\$) <i>\$229.80</i> | Payee address; City; State; Zip Code <i>1905 N. ILLINOIS BROWNSVILLE, TEXAS 78520</i> |
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|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Campaign Letters (stamps)</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 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

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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. M. SALAZAR | 3 Filer ID (Ethics Commission Filers) 4943171858 |
| 4 Date 05/09/23 | 5 Payee name VISTA PRINT | |
| 6 Amount (\$) \$415.69 | 7 Payee address; City; State; Zip Code 1110 AVE "H" EAST ARLINGTON, TEXAS 76011 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) POLITICAL PUSH CARDS | (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 05/15/23 | Payee name ZONTA | |
| Amount (\$) \$35.00 | Payee address; City; State; Zip Code P.O. BOX 147 OKMITO, TEXAS 78524 | |
| 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 |
| Date 05/23/23 | Payee name ROLANDO BUTIERREZ JR. | |
| Amount (\$) \$80.00 | Payee address; City; State; Zip Code 318 LOS ALAMOS HARLINGEN, TEXAS 78552 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) POLITICAL DESIGNER CARD | 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 M. SALAZAR | 3 Filer ID (Ethics Commission Filers) 4943171858 |
| 4 Date 05/30/23 | 5 Payee name ZONFA | |
| 6 Amount (\$) \$ 119.00 | 7 Payee address: City; State; Zip Code P.O. BOX 147 OLMITO, TEXAS 78521 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donation | (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 05/31/23 | Payee name SAM'S | |
| Amount (\$) \$ 211.00 | Payee address: City; State; Zip Code 3570 W. ALTON GLOOR BLVD. BROWNSVILLE, TEXAS 78820 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Waters, Cupa, Food ETC. | Description FOR POLITICAL EVENT ON 06/01/23 |
| | <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 05/31/23 | Payee name SAM'S | |
| Amount (\$) \$ 341.16 | Payee address: City; State; Zip Code 3570 W. ALTON GLOOR BLVD. BROWNSVILLE, TEXAS 78820 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) WINE & BEER | Description FOR POLITICAL EVENT ON 06/01/23 |
| | <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 M. SALAZAR** 3 Filer ID (Ethics Commission Filers) **4943171858**

4 Date **06/30/23** 5 Payee name **ABE HERNANDEZ**

6 Amount (\$) **\$200.00** 7 Payee address; City; State; Zip Code
1141 CHAMPLAIN BROWNSVILLE, TEXAS 78526

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Pictures FOR Campaign** (b) Description
 (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 **06/30/23** Payee name **J.A. SPORTS**

Amount (\$) **\$870.00** Payee address; City; State; Zip Code
4627 Central Circle BROWNSVILLE, TEXAS 78521

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Political Campaign T-Shirts** 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 Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) 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

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