CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH instruction (Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filer 25/4602	·		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI LINDA M.	OFFICE USE ONLY: DEFAITMENT OF ELECTIONS & Date Receive OTER REGISTRATION		
10.002	NICKNAME LAST SUFFIX			
	OALALAR	JAN 12 2015 11:55 AM		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CO 4434 SAN AN FONIO Rd.	RECEIVED Orate Hand delivered for Stiffarked		
change of address	BROWNSVILLE, TEXAS 78521	Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (954) 466 - 1014	Date Processed		
6 CAMPAIGN TREASURER	MS/MRS/MR ROBERT MI	Date Imaged		
NAME :	NICKNAME LAST SUFFIX GARZA	· · · ·		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; CITY; STATE; 1200 E. HARRÍSON BROWNSUILLE, TEXAS 7	ZIP CODE		
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 (officeholderonly)		
	July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month 07 / 01 / 144 THROUGH 12 / 3	Day Year 31 / 14		
11 ELECTION	ELECTION DATE Month Day Year 11 / 06 / 12 ELECTION TYPE Primary Runoff	General Special		
12 OFFICE		ce of the Peace Oct. 2-1		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	OA M		5 ACCOUNT # (Ethics Commission Filers) 25/4602215	
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.				
OOMWII I LEC(O)	COMMITTEE TYPE	COMMITTEE NAME	THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS 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	\$ 700.67	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST E DRTING PERIOD	\$ 700.67 \$ 1845.14	
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
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. Notary Public State of Texas My Comm. Exp. 04-27-2016 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said Linoa Shoza , this the day of Linoa 20 15 , to certify which, witness my hand and seal of office.				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(TDD 1-800-735-2989)

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Printing Expense Fees Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME IVI. LINDA IVI. 5 Payee name CASR 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule F: 2 FILER NAME M. SALAZAR 4 Date /0-/3-/4 6 Amount (\$) 7 Payee address; City; State; Zip Code 1740 BOCA CHICA Blod. Swite 300 5120.00 Brownsville, 7EXAS 78520 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) CHildren DONE FION **EXPENDITURE** Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH NNLimited Printing Payee address; City; State; Zip Code 2625 N. CORIA St. A-1 11-21-14 BROWNSVILLE, TEXAS 18520 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Ticketia Fundaises Ponation Timothy Ramos THAT HAS CANCER Medical PURPOSE OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name SAMS Payee address; City; State; Zip Code 6 LOOR Blud. 3570 W. ALTON 6 LOOR Blud. 12-11-14 Amount (\$) Brownsville, TEXAS 78526 Category (See categories listed at the top of this schedule) Waterin, Cape, Platter Etc. Description (If travel outside of Texas, complete Schedule T) CHristman Donation 5 111.23 PURPOSE OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Norma CortEZ Payee address; City; State; Zip Code 685 LA Guinta Prive Payee name Brownsuille, TEXAS 7852/ Category (See categories listed at the top of this schedule), Tamaler Whistman Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED