

# 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) <b>2514602215</b>	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>LINDA</b>	MI <b>M.</b>	<b>OFFICE USE ONLY</b>  Date Received  <b>CAMERON COUNTY</b> <b>DEPARTMENT OF ELECTIONS &amp; VOTER REGISTRATION</b>  <b>JAN 13 2016</b>  1:20 p.m.  BY: <u><i>[Signature]</i></u> <b>RECEIVED</b>  Date Hand-delivered or Date Postmarked			
	NICKNAME		LAST <b>SALAZAR</b>		SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;				
	STATE; ZIP CODE						
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE <b>(956)</b>	PHONE NUMBER <b>466-1014</b>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>ROBERT</b>	MI	Receipt #  Amount \$  Date Processed  Date Imaged			
	NICKNAME		LAST <b>GARZA</b>		SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;				CITY;		
	STATE; ZIP CODE						
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(956)</b>	PHONE NUMBER <b>544-1111</b>	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
11 ELECTION		ELECTION DATE		ELECTION TYPE			
		Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE		OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)			
				<b>JUSTICE OF THE PEACE</b> <b>Pet. 2-1</b>			

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)

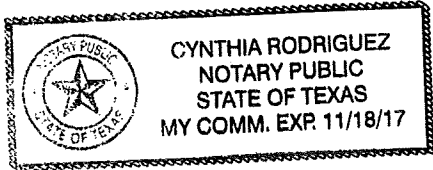
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

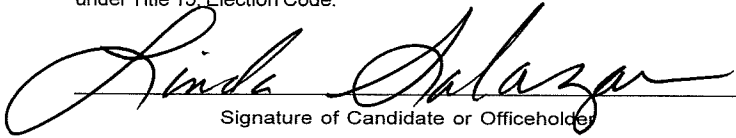
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 245. <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,400.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,353.35
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,125.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,275.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

18 AFFIDAVIT



CYNTHIA RODRIGUEZ  
NOTARY PUBLIC  
STATE OF TEXAS  
MY COMM. EXP. 11/18/17


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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LINDA SALAZAR, this the 13<sup>TH</sup> day of JANUARY, 20 16, to certify which, witness my hand and seal of office.



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

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

2514602215

4 Date

07-07-15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

DR. SYLVIA P. ATKINSON

7 Amount of contribution (\$)

\$ 250.<sup>00</sup>

6 Contributor address; City; State; Zip Code

5226 KENSINGTON LN  
BROWNSVILLE, TEXAS 78526

8 Principal occupation / Job title (See Instructions)

Educator

9 Employer (See Instructions)

Date

09-09-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

PR FAMILY

Amount of contribution (\$)

\$ 100.<sup>00</sup>

Contributor address; City; State; Zip Code

144 COUNTRY CLUB Rd. 5  
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

Friend - Business MAN

Employer (See Instructions)

!

Date

09-09-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

RUBEN LOPEZ OCHOA

Amount of contribution (\$)

\$ 300.<sup>00</sup>

Contributor address; City; State; Zip Code

775 MILO Rd.  
BROWNSVILLE, TEXAS 78526

Principal occupation / Job title (See Instructions)

Business - Trucking

Employer (See Instructions)

Date

09/09/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ROMULO MEJA DURAN

Amount of contribution (\$)

\$ 300.<sup>00</sup>

Contributor address; City; State; Zip Code

P.O. BOX 4269  
BROWNSVILLE, TEXAS 78523

Principal occupation / Job title (See Instructions)

Business - Trucking

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)

25146 02215

4 Date

09-09-15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ENRIQUE E. VILLALON

6 Contributor address; City; State; Zip Code

304 E. FRONTON ST.  
BROWNSVILLE, TEXAS

7 Amount of contribution (\$)

\$ 350.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

BUSINESS - TRUCKING

9 Employer (See Instructions)

Date

09-11-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JAVIER VILLARREAL

Contributor address; City; State; Zip Code

2401 WILDFLOWER DR. Suite A  
BROWNSVILLE, TEXAS 78526

Amount of contribution (\$)

\$ 500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

?

Date

09-11-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

GILBERTO HINOJOSA

Contributor address; City; State; Zip Code

622 E. ST. CHARLES  
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

\$ 150.<sup>00</sup>

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

09-11-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

DAVID GARZA

Contributor address; City; State; Zip Code

P.O. BOX 2025  
BROWNSVILLE, TEXAS 78522

Amount of contribution (\$)

\$ 300.<sup>00</sup>

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

09-11-15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

WILLIAM P.C. HUDSON

7 Amount of contribution (\$)

\$500.<sup>00</sup>

6 Contributor address; City; State; Zip Code

2335 HUDSON BLVD.  
BROWNSVILLE, TEXAS 78526

8 Principal occupation / Job title (See Instructions)

BUSINESS MAN

9 Employer (See Instructions)

Date

09-18-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

NOE D. GARZA

Amount of contribution (\$)

\$350.<sup>00</sup>

Contributor address; City; State; Zip Code

854 E. VAN BUREN ST.  
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

!

Date

09-18-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JON PEDERSON

Amount of contribution (\$)

\$300.<sup>00</sup>

Contributor address; City; State; Zip Code

P.O. BOX 842  
LOS FRESNOS, TEXAS 78566

Principal occupation / Job title (See Instructions)

Business - Concrete

Employer (See Instructions)

Date

09-29-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JESUS CANALES

Amount of contribution (\$)

\$200.<sup>00</sup>

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

09-29-15

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

MARIO VILLARREAL

6 Contributor address; City; State; Zip Code

700 E. LEVEE ST. Suite 201  
BROWNSVILLE, TEXAS 78521

7 Amount of contribution (\$)

\$ 200.<sup>00</sup>/<sub>100</sub>

8 Principal occupation / Job title (See Instructions)

Business - man

9 Employer (See Instructions)

Date

09-29-15

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

REYNALDO G. GARZA JR.

Contributor address; City; State; Zip Code

P.O. BOX 2025  
BROWNSVILLE, TEXAS 78522

Amount of contribution (\$)

\$ 200.<sup>00</sup>/<sub>100</sub>

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

;

Date

10-05-15

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

DAVID + TANYA RODRIGUEZ

Contributor address; City; State; Zip Code

33375 FALCON LN.  
SAN BENITO, TEXAS 78586

Amount of contribution (\$)

\$ 300.<sup>00</sup>/<sub>100</sub>

Principal occupation / Job title (See Instructions)

Friend

Employer (See Instructions)

Date

10-05-15

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

Pedro E. LICONA

Contributor address; City; State; Zip Code

2727 Old ALICE Rd. Apt. 69  
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

\$ 100.<sup>00</sup>/<sub>100</sub>

Principal occupation / Job title (See Instructions)

Friend

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

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1 Total pages Schedule A1:

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

2514602215

4 Date

10-05-15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JUAN TREY MENDEZ III

7 Amount of contribution (\$)

\$500.<sup>00</sup>

6 Contributor address; City; State; Zip Code

243 E. ELIZABETH ST.  
BROWNSVILLE, TEXAS 78520

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

Date

10-05-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ERESTO GAMEZ

Amount of contribution (\$)

\$500.<sup>00</sup>

Contributor address; City; State; Zip Code

777 E. HARRISON  
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

!

Date

10-05-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

RODRIGUEZ & LUCIO

Amount of contribution (\$)

\$250.<sup>00</sup>

Contributor address; City; State; Zip Code

946 E. VAN BUREN  
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

ATTORNEY'S

Employer (See Instructions)

Date

10-05-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

LINEBARGER, GODGON, BLAIR & SAMPSON

Amount of contribution (\$)

\$500.<sup>00</sup>

Contributor address; City; State; Zip Code

P.O. BOX 17428  
AUSTIN, TEXAS 78760

Principal occupation / Job title (See Instructions)

ATTORNEY'S

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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

10-05-15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Paul Hemphill

6 Contributor address; City; State; Zip Code

815 Ridgewood St.  
BROWNSVILLE, TEXAS 78520

7 Amount of contribution (\$)

\$100.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

10-05-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

A-ONE Health Service

Contributor address; City; State; Zip Code

3670 Boca Chica Blvd, Suite 3  
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

\$300.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Home Health Services

Employer (See Instructions)

?

Date

10-13-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

DALIA M. HERNANDEZ

Contributor address; City; State; Zip Code

4 WATER FRONT  
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

\$300.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Friend

Employer (See Instructions)

Date

10-13-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

GABINO VASQUEZ

Contributor address; City; State; Zip Code

1954 E. 14TH  
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

\$100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Friend

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

10-13-15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ANTONIO VASQUEZ

6 Contributor address; City; State; Zip Code

3256 BORDEAUX  
BROWNSVILLE, TEXAS 78528

7 Amount of contribution (\$)

\$100.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Eye Doctor

9 Employer (See Instructions)

Date

10-13-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

FRED A. KOWALSKI

Contributor address; City; State; Zip Code

902 E. MADISON RD.  
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

\$300.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

;

Date

10-13-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ROYSTON, RAYZOR, VICKERY, WILLIAMS

Contributor address; City; State; Zip Code

56 COVE CIRCLE  
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

\$300.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Attorney's

Employer (See Instructions)

Date

10-13-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

RENE GOMEZ

Contributor address; City; State; Zip Code

847 E. HARRISON STREET  
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

\$100.<sup>00</sup>

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

10-13-15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jorge GREEN

6 Contributor address; City; State; Zip Code

34 CORIA STREET.  
BROWNSVILLE, TEXAS 78520

7 Amount of contribution (\$)

\$1,000.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

10-13-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ROERIG, OLIVEIRA, & FISHER

Contributor address; City; State; Zip Code

855 West PRICE ROAD Suite 9  
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

\$300.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

;

Date

10-13-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MARIA G. TORRE CONLEY

Contributor address; City; State; Zip Code

3022 ABERDEEN DRIVE  
BROWNSVILLE, TEXAS 78526

Amount of contribution (\$)

\$300.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Friend

Employer (See Instructions)

Date

11-16-16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

CARMEN GARZA

Contributor address; City; State; Zip Code

P.O. BOX 4316  
BROWNSVILLE, TEXAS 78523

Amount of contribution (\$)

\$500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Friend

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

11-18-16

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

LALY'S BAIL BONDS

6 Contributor address; City; State; Zip Code

844-B MILITARY HWY 281  
BROWNSVILLE, TEXAS 78520

7 Amount of contribution (\$)

\$350.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

BAIL BOND

9 Employer (See Instructions)

Date

11-20-15

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

AGUILAR + 2A BARTE

Contributor address; City; State; Zip Code

990 MARINE DRIVE  
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

\$100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

!

Date

10-27-15

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

FERNANDO BENAVIDES

Contributor address; City; State; Zip Code

5212 RUSTIC MANOR DRIVE  
BROWNSVILLE, TEXAS 78526

Amount of contribution (\$)

\$100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.



# 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>
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4 Date <i>07-03-15</i>	5 Payee name <i>LINDA SALAZAR</i>
---------------------------	--------------------------------------

6 Amount (\$) <i>\$360.00</i>	7 Payee address; City; State; Zip Code <i>4434 SAN ANTONIO Rd BROWNSVILLE, TEXAS 78521</i>
----------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <i>Plates - Soda Water Forks etc. FOR CHA Lupa Fundraiser on 06-28-15</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
--	-------------------------------	---------------	-------------

Date <i>10-08-15</i>	Payee name <i>ZOCALO RESTAURANT</i>
-------------------------	--

Amount (\$) <i>\$465.10</i>	Payee address; City; State; Zip Code <i>2353 Old Port ISABEL Rd. BROWNSVILLE, TEXAS 78520</i>
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Political Fundraiser</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>11-04-15</i>	Payee name <i>Paredes ELEMENTARY SCHOOL</i>
-------------------------	--

Amount (\$) <i>\$120.00</i>	Payee address; City; State; Zip Code <i>3700 HERITAGE TRAIL BROWNSVILLE, TEXAS 78520</i>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>DONATION FOR CANDIES</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 FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	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>
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4 Date <i>11-05-15</i>	5 Payee name <i>Cameron County Democratic</i>
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6 Amount (\$) <i>\$100.00</i>	7 Payee address; City; State; Zip Code <i>1767 BOCA CHICA Blvd. BROWNSVILLE, TEXAS 78520</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <i>Donation For Democratic Party</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
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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>11-05-15</i>	Payee name <i>Fiesta Graphics</i>
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Amount (\$) <i>\$227.33</i>	Payee address; City; State; Zip Code <i>205 PAREDES LN. BROWNSVILLE, TEXAS 78520</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Campaign Cookies</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>11-14-15</i>	Payee name <i>Democratic Party</i>
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Amount (\$) <i>\$1,000.00</i>	Payee address; City; State; Zip Code <i>1767 BOCA CHICA Blvd. BROWNSVILLE, TEXAS</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>FILING FEES FOR CAMPAIGN JUSTICE OF THE PEACE Pct. 2-1</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 <i>LINDA M. SALAZAR</i>	3 Filer ID (Ethics Commission Filers) <i>2514602215</i>
4 Date <i>11-14-15</i>	5 Payee name <i>ANTONIO'S MEXICAN RESTAURANT</i>	
6 Amount (\$) <i>\$348.21</i>	7 Payee address; City; State; Zip Code <i>840 PAREDES BROWNSVILLE, TEXAS 78520</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <i>Campaign Kick Off Luncheon</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>11-15-15</i>	Payee name <i>SAM'S</i>
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Amount (\$) <i>\$191.69</i>	Payee address; City; State; Zip Code <i>3570 W. ALTON GLOOR BROWNSVILLE, TEXAS 78520</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Water + juice + soda 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
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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>11-23-15</i>	Payee name <i>H.E.B.</i>
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Amount (\$) <i>133.56</i>	Payee address; City; State; Zip Code <i>2250 BOCA CHICA BLVD. BROWNSVILLE, TEXAS 78521</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Turkey 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
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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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# 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>11-24-15</i>	5 Payee name <i>ENGRAVING / AWARDS</i>	
6 Amount (\$) <i>\$427.25</i>	7 Payee address; City; State; Zip Code <i>42 FRANKLIN STREET LACONIA, NH. 03246</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <i>Pencil Donation for School 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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-15-15</i>	Payee name <i>SAM'S</i>		
Amount (\$) <i>\$136.95</i>	Payee address; City; State; Zip Code <i>3270 W. ALTON GLOOR BLVD. BROWNSVILLE, TEXAS 78520</i>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Plater - Cup, Forks Tamaler Christmas Donations</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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-15-15</i>	Payee name <i>H. E. B</i>		
Amount (\$) <i>165.55</i>	Payee address; City; State; Zip Code <i>2250 BOCA CHICA BLVD. BROWNSVILLE, TEXAS 78520</i>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Rice, Bean, Plater Donations for Christmas</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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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>
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4 Date <i>12-17-15</i>	5 Payee name <i>NORMA CORTEZ</i>
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6 Amount (\$) <i>\$200.<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>685 LA QUINTA BROWNSVILLE, TEXAS 78520</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <i>Tamale</i> <i>Donation for</i> <i>Christmas</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
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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>12-22-15</i>	Payee name <i>BROWNSVILLE HERALD</i>
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Amount (\$) <i>\$250.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1135 E. VAN BUREN BROWNSVILLE, TEXAS 78520</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Political</i> <i>Advertisement</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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<b>PURPOSE OF EXPENDITURE</b>	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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