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) 25/46022/5	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI LINDA M. NICKNAME LAST SUFFIX SALAZAR	OFFICE USE ONLY Date Received CAMERON GOUNTY DEPARTMENT OF ELECTION VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4434 SAN ANTONIO Rd. BROWNSVILLE, TEXAS 18521	JAN 1 3 20i6
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 ROBER+ NICKNAME LAST SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 1200 E. HARRISON BROWNS UILLE, TEXAS	ZIP*CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 544-1/1/	
9 REPORT TYPE	January 15 30th day before election Runoff Bully 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month 07 / 01 / 15 THROUGH /2 /	Day Year / 31 / 15
11 ELECTION	Month Day Year Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) TusficE Pef.	OFTHE PEACE
	GO TO PAGE 2	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	m.	SAL	! A 2	PAR	1	5 Filer II	D (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	IDATE / OFFIC NSENT. CAND	EHOLDER.	THESE EXPENDITURES IN	MAY HAVE BEEN MADE WI	THOUT THE	DE BY POLITICAL COMMITTEES TO CANDIDATE'S OR OFFICEHOLDER'S TION ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE	COMMITTE	E NAME				
	GENERAL						
	SPECIFIC	COMMITTE	E ADDRES	S			
		COMMITTE	E CAMPAIC	ON TREASURER NAME			
Additional Pages							
		COMMITTE	E CAMPAI	GN TREASURER ADD	RESS		11.]
17 CONTRIBUTION TOTALS					LESS (OTHER THA S), UNLESS ITEMIZ	N ED	\$ 245.00 \$ 10,400,00 \$ 1,353.35
				RIBUTIONS DANS, OR GUARAN	TEES OF LOANS)		\$ 10,400,00
EXPENDITURE TOTALS		OLITICAL I	EXPENDI	TURES OF \$100 OF	R LESS,	, ,	\$ <i>1,353.35</i>
	4. TOTAL	POLITICAI	LEXPEN	DITURES			\$ 4,125.64
CONTRIBUTION BALANCE		OLITICAL O		JTIONS MAINTAINE	D AS OF THE LAST I	DAY	\$ 17, 2 75.77
OUTSTANDING LOAN TOTALS				OF ALL OUTSTANDI NG PERIOD	NG LOANS AS OF T	HE	\$ -0 -
18 AFFIDAVIT			~~~				
	CYNTHIA RO NOTARY F STATE OF MY COMM. E)	UBLIC TEXAS P. 11/18/17			t and includes all info	rmation re	officeholde
AFFIX NOTARY STAME	P/SEALABOVE			•			
Sworn to and subscr		-		•	ALAZAR	, t	this the $13^{4/4}$
day of JANUAR	20/6. t Daufell	certify w	vhich, wi	tness my hand a	nd seal of office.	No	tary Public
Signature of officer ac	dministering dath	Prini	ted name	of officer administ	ering oath	Title	of officer administering oath

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	A M. SALAZAR	3 Filer ID (Ethics Commission Filers) 25/46/22/5
4 Date	5 Full name of contributor Out-of-state PAC (ID#:) Dr. Sy Lvia P, A+Kinson	7 Amount of contribution (\$)
17-07-15	6 Contributor address; City; State; Zip Code 5226 KENSINGTON LN BROWNSVILLE, TEXAS 78526	\$250.00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) PR FAMILY	Amount of contribution (\$)
09-09-15	Contributor address; City; State; Zip Code 144 COUNTRY CLUB Rd. 5	5100.00
	BROWNS VILLE, TEXAS 78520 ation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	itions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
09-09/15	RUBEN LOPEZ OCHOA Contributor address; City; State; Zip Code 175 MILO Rd. BROWNSVILLE, TEXAS 78526	\$ 300.
~	ation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
-	Komulo Meja Duran Contributor address; City; State; Zip Code P. O. 130 X 4269 BROWNSVILLE, TEXAS 78523	\$300,00
	wess - Trucking Employer (See Instructions) Employer (See Instructions)	tions)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	A M. SALAZAR	3 Filer ID (Ethics Commission Filers) 25/46/022/5
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	ENRIGUE E. VILLALON 6 Contributor address; City; State; Zip Code 304 E. FRONTON ST. BROWNSVILLE, TEXAS	;350°
8 Principal occu Busin	pation / Job title (See Instructions) 9 Employer (See Instructions) Vess - Trucking	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
09-11-15	TAVIER VILLARREAL Contributor address; City; State; Zip Code 2401 Wild FLOWER DR. Suite A BROWNICHILLE TOVAT 2052	\$ 500. <u>co</u>
Principal occup	BROWNSVILLE, TEXAS 78526 ation / Job title (See Instructions) Employer (See Instructions)	tions)
	HORNEY	1
Date	Full name of contributor out-of-state PAC (ID#:) GilBento Hinogosa	Amount of contribution (\$)
09-11-15	Contributor address; City; State; Zip Code 622 E. St. CHARLES BROWNSVILLE, TEXAS 78520	5/50.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
A++	FORNEY	
Date	Full name of contributor out-of-state PAC (ID#:) DAVID GARZA	Amount of contribution (\$)
09-11-15	Contributor address; City; State; Zip Code P. O. 130 X 2025	5,300 .00
	BROWNSUILLE, TEXAS 18522	
	ation / Job title (See Instructions) Employer (See Instruc	tions)
AHO	K/V - 7	
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2514602215 7 Amount of contribution (\$)

\$500.00

Busin	vess MAN				
Date	Full name of contributor	out-of-state PAC (ID#:	,	Amount of acutable still	

Amount of contribution (\$) NOE P. GARZA

Contributor address; City; State; Zip Code

854 E. VAN BUREN St. 5350

BROWNS villE, TEXAS 78520
Principal occupation / Job title (See Instructions) Employer (See In

Attorney out-of-state PAC (ID#:____ Amount of contribution (\$) O9-18-15 Contributor address; City; State; Zip Code
P.O, BOX 842

LOS FR es NOS, TEXAS 78566

Principal occupation / Job title (See Instructions)

Business - Con cruete

Employer (See Instructions) \$ 300.00

out-of-state PAC (ID#: Amount of contribution (\$)

19-29-15 Contributor address; City; State; Zip Code 845 E, HARRISON SF, \$200.00

Principal occupation / Job title (See Instructions)

BROWNSVILLE, TEXAS 78526

Employer (See Instructions)

Attorney

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
LINDA	M. SALAZAR	2514602215
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
09-29-15	MARIO VILLARREAL 6 Contributor address; City; State; Zip Code 700 E. Leve E St. Suite 201 BROWNER WILLE TEXAST 20521	5200,00
8 Principal occu	BROWNSVILLE, TEXAS 7852/ pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
	vess - MAN	odono,
2012170	. 633 ////	
Date	Full name of contributor	Amount of contribution (\$)
09-29-15	REYNAL do G. GARZA JR. Contributor address; City; State; Zip Code P.O. BOX 2025	, 600,
Principal occup	BROWNS v'LLE, TEXAS 78522 ation / Job title (See Instructions) Employer (See Instru	
		ctions)
Attor	z n e g	*
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	DAVID + TANYA RODRIGUEZ Contributor address; City; State; Zip Code 33375 FALCON LN. SAN 13001140 TEXAS 28586	\$300.00
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)
FRIA	en d	
Date	Full name of contributor	Amount of contribution (\$)
10-05-15	Pedro E. Licona Contributor address; City; State; Zip Code 2727 Old ALICE Rd. Apt. 69 BROWNSUILLE, TEXAS 78571	5/00,00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	otions)
F	Riend	
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SCHEDULE A1

Date 5 Full name of contributor JUAN 726 6 Contributor address; 243 E, E BROWNSVI Principal occupation / Job title (See Instruct Afforney Date Full name of contributor Enesfo Contributor address; 777 E, F	City; State; Zip Code Liza Bett St, LLE, TEXAS 78. tions) 9 Employer	,500,
Date Full name of contributor JUAN 726 6 Contributor address; 243 E, E C BROWNSVI Principal occupation / Job title (See Instruct Afforney Full name of contributor Enesfo Contributor address; 777 E, F	EY MENDEZ III City; State; Zip Code Liza Beth St , LLE, TEXAS 78. tions) 9 Employer	7 Amount of contribution (\$) 500, (See Instructions)
Principal occupation / Job title (See Instruct A + + 6 r. N \in \frac{1}{2} Date Full name of contributor Enes + 6 Contributor address; 777 E, +	tions) 9 Employer	
Date Full name of contributor Enus to Contributor address; 777 E, F	☐ out-of-state PAC (ID#:	
Date Full name of contributor Enesto Contributor address; 777 E, F		Amount of contribution (\$)
7-05-/5 Contributor address; 777 E, A	01111102	
		5500.00
BROWNSVIL	LE, TEXAS 785	
Principal occupation / Job title (See Instruction A HORNEY	ions) Employer	(See Instructions)
Date Full name of contributor	Out-of-state PAC (ID#:	Amount of contribution (\$)
Podriga Contributor address; 946 E. U		5250.00
Principal occupation / Job title (See Instruction Afformation)	LE, TEXAS 28 ons) Employer	「チン (See Instructions)
Date Full name of contributor	out-of-state PAC (ID#:) Amount of contribution (\$)
P.O. BOX 17	GodgAN, BLAIR City; State; Zip Code	454 mpso N 5 500, 00
Principal occupation / Job title (See Instruction	EXAS 78760 ons) Employer	(See Instructions)
AttorNEY'S	,mpioye.	(Coo mondono)

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) LINDA M. SALAZAR 4 Date 5 Full name of contributor Out-of-state PAC (ID#: 2514602215 7 Amount of contribution (\$) Paul HempHill 10-05-15 6 Contributor address; City; State; Zip Code 815 Ridgewood St. BROWNSYILLE TEXAS 78520 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 5100.00 AttORNEY Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) 10-05-15 A-ONE HeALTH ServicE Contributor address; City; State; Zip Code 3610 BOCA CHICA Blud., Suite 3 \$300. ch BROWN SUILLE TEXAS 1852/ Principal occupation / Job title (See Instructions) Employer (See Instructions) Home Health Services 10-13-15 DALIA M. HERNANDEZ Contributor address; City; State; Zip Code 4 WATER FRONT BROWNSVILLE, TEXAS 18520 Principal occupation / Job title (See Instructions) FRIEND Amount of contribution (\$) 5300.00 Date out-of-state PAC (ID#:___ Amount of contribution (\$) 10-13-15 GABINO VASQUEZ Contributor address; 14 4H City; State; Zip Code 1954 Z. 14 4H Principal occupation / Job title (See Instructions) BROWNSVILLE, TEXAS 7852/ 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.

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SCHEDULE A1

2 FILER NAME LINDA M			
	. SALAZAR	2	3 Filer ID (Ethics Commission Filers) 25/4602215
l l		ate PAC (ID#:)	7 Amount of contribution (\$)
10-13-15 6 Contribution 3 2 5 B RO	HONIO VASGU utor address; City; SOUNSUILLE, T utitle (See Instructions)	State; Zip Code EXAS 78528	.5100. ⁶⁰
8 Principal occupation / Job t		9 Employer (See Instruc	lions)
_	ne of contributor out-of-state		Amount of contribution (\$)
10-13-15 Contribution 902	utor address; City; L. E. MAdison	State; Zip Code N R.D.	5300,00
Principal occupation / Job tit	DWNSVILLE, T	Employer (See Instruct	tions)
AttorNEG	1		\$
Date Full nam	ne of contributor	i	Amount of contribution (\$)
	ston, Rayzon, Vicitor address; City; Cove Cincl		, 4300, <u>e</u>
Principal occupation / Job ti	WNSviLLE, TE	Employer (See Instruct	·>
AHORNE		Employer (oee manao	ions)
Date Full nam	ne of contributor		Amount of contribution (\$)
70-13-13 Contribu	47 E, HARRIS	State; Zip Code SON STREET	5/00.00
Principal occupation / Job tit	OWNSVILLE, I		
A + + 6 RN E		Employer (See Instruct	ons)
	/		
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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	A M. SALAZAR	3 Filer ID (Ethics Commission Filers) 2514602215
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
10-13-15	JORGE GREEN 6 Contributor address; City; State; Zip Code 34 CORIA STREET. BROWNSUILLE, TEXAS 78520	51,000.00
	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Atto	RNEY	
Date	Full name of contributor	Amount of contribution (\$)
10-13-15	ROERIG, OLIVEIRA, FisHer Contributor address; City; State; Zip Code 855 West Price Road Suite 9 BROWNSVILLE, TEXAS 18526	¢300, €
	ation / Job title (See Instructions)	ctions)
Atto	RNEYS	\$
Date	Full name of contributor	Amount of contribution (\$)
10-13-15	MARIA 6. TORRE CONLEY Contributor address; City; State; Zip Code 3022 ABERDEN PRIVE BROWNSVILLE, TEXAS 78526	, 300. <u>o</u>
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
FRIEN	d.	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-16-16	CARMEN GARZA Contributor address; City; State; Zip Code P.O. BOX 4316 BROWNSVILLE, TEXAS 18523	5500, ED
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ctions)
Frie	n d	
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME LINDA M. SALAZAR 4 Date 5 Full name of contributor out-of-state PAC (ID#: LALY'Z BAIL BONDS 11-18-16 6 Contributor address; City; State; Zip Code 844-B MILIHARY HWY 281 BROWNSVILLE, TEXAS 18520 8 Principal occupation / Job title (See Instructions) 9 Employer (See Ins 2514602215 7 Amount of contribution (\$) BAIL BOND Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) 11-20-15 AguiLAR + 2A Bart E Contributor address; City; State; Zip Code 990 MARINE PRIVE \$100,00 Principal occupation / Job title (See Instructions) BROWNSVILLE, TEXAS 78520 Employer (See Instru AttORNEY Full name of contributor | out-of-state PAC (ID#: Fernando Benavides Contributor address; City; State; Zip Code 5212 Rustic Manon Prive Amount of contribution (\$) \$ 100.00 10-27-15 BROWNSUILLE, TEXAS 18526 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 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

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	5 Payee name LINDA SALAZAN	AZAR	3 Filer ID (Ethics Commission Filers) $25/4602215$
6 Amount (\$) 5 360,	7 Payee address; City; State; Zip Code 4434 SAN ANTONIO RO BROWNS VILLE, TEXAS		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Plates - Sodar Waters FURKS Etc. FOR CHALUPA Fundamental 06-28-1	(b) Description Check if travel of Check if Austin,	outside of Texas, complete Schedule T TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 10 - 08 - 15	Payee name ZOCALO Restu	RANT	
Amount (\$) 5 465,10	Payee address; City; State; Zip Code 2353 Old Port BROWNSVILLE, TEX		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Fundrairer	Description Check if travel or	utside of Texas, complete Schedule T TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11-04-15	Payee name Paredes EL	emontary	ScHooL
Amount (\$) 5/20,	Payee address; City; State; Zip Code 3700 Heritage To Brownsville, TEXAS Category (See categories listed at the top of this schedule)		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donative Fon Candie 5	Check if travel ou	tside of Texas, complete Schedule T IX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

	The Instruction Guide explains how to	wages/Contract Labor Other (complete this form.	(enter a category not listed above)
Total pages Schedule F1 Date	LINDA M. SALAZI	9R 3 File 25	r ID (Ethics Commission Filers) 146 02215
	5 Payee name		
//-05-/5 6 Amount (\$)	7 Payee address; City; State; Zip Code	MOCRATIC	
\$ 100.00	1767 BOCA CHICA Blud. BROWNSVILLE, TEXAS	185 20	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Donation For	Check if travel outside of	Texas, complete Schedule T
	Democratic Party		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11-05-15	FiestA GRAPHI	·c 5-	
Amount (\$)	Payee address; City; State; Zip Code		
\$227.33	Payee address; City; State; Zip Code 205 PAREDES LN, BROWNSU! LLE, TEX	At 78.52)	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Campaign CooLies	Check if travel outside of T	Fexas, complete Schedule T nolder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payana		
Date	Payee name Democnatic Ph	erty	
11-14-15	•		
Amount (\$)	Payee address; City; State; Zip Code 1767 Boch CHi'(A	131vd.	
51,000	BROWNSUILLE, T.		
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF	FILING FEES	Check if travel outside of Te	exas, complete Schedule T
EXPENDITURE	FILING FEES FOR CAMPAIGN JUSTICE OF THE PEACE Pct. 2-1	Check if Austin, TX, officeho	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	ner (enter a category not listed above)
1 Total pages Schedule F1	1: 2 FILER NAME LINDA M. SALAZI	3 F	Filer ID (Ethics Commission Filers)
4 Date	5 Pavee name		514602215
//- / 4 - / 5 6 Amount (\$)	ANTONIO'S MEXICAN 7 Payee address; City; State; Zip Code	w Restanna	4 .
6 Amount (\$)	7 Payee address; City; State; Zip Code		
÷348.21	840 PAREDES BROWNSUILLE, T	-	
8	(Oce categories listed at the top of this schedule)	(b) Description	1 00
PURPOSE	Campaign Kick Off.	1 -	le of Texas, complete Schedule T
OF EXPENDITURE	Campaign Kick OFF. Luncheon		officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
11-15-15	SAMZ		
Amount (\$)	Payee address; City; State; Zip Code		
, _	35 70 W. ALTON	GLOOR	
5191.69			
	BROWNSUILLE, TEX Category (See categories listed at the top of this schedule)	XA5 7832	0
PURPOSE		Description	
OF EXPENDITURE	Water + guicar soda	1 1 1	of Texas, complete Schedule T fficeholder living expense
EXPENDITURE	Campai qu	La Officer if Audult, 177, 511	iceholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11-23-15	H.E.B.		
Amount (\$)	Payee address; City; State; Zip Code		
133.56	2250 BOCA CHI	CA Blud.	·- •
	BROWNSVILLE TO Category (See categories listed at the top of this schedule)		7]
PURPOSE	(dee categories listed at the top of this schedule)	Description	
OF EXPENDITURE	/ us Key		of Texas, complete Schedule T
EXPERIENCE	Turkey Donation	L Check if Austin, TX, offic	ceholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category set listed at a category set listed at a category set listed at a category set

	The Instruction Guide explains how	to complete this form.	(enter a category not listed above)
Total pages Schedule F1 Date	LINDA M. SALAZ		er ID (Ethics Commission Filers)
11-24-15 6 Amount (\$)	ENGRAVING A WAR. 7 Payee address; City: State: Zin Code	ds	
:427.25	42 FRANKLIN ST LACONIA NH (a) Category (See categories listed at the top of this schedule)	reet 03246	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Pencil Donation for Sc Hool Kids	(b) Description	of Texas, complete Schedule T ceholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
12-15-15	SAM'S		
Amount (\$) \$ /36,95	Payee address; City; State; Zip Code 3270 W. alton 6 BROWNSVILLE, 7		F20
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Plater - Cap, Fonk's Tamaler CHristman Donature	Description	Texas, complete Schedule T
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-15-15	H. E.B		
Amount (\$) /65,55		A Blud.	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ricce, Bean, Platin Donation for CHristman	Description Check if travel outside of T	Texas, complete Schedule T
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	

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District 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 3 Filer ID (Ethics Commission Filers) LINDA M. SALAZAR
5 Payee name 4 Date NORMA CORFEZ

7 Payee address; City; State; Zip Code
685 LA QUINTA 12-17-15 6 Amount (\$) BROWNS UILLE TEXAS 78530

(a) Category (See categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas, complete Schedule T OF Donation for CHrist man Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder nam Office sought Office held expenditure to benefit C/OH Date Payee name
BROWNSVILLE HERALD 12-22-15 Amount (\$) e address; City; State; Zip Code BUREN Payee address: BROWNSVILLE, TEXAS 7852D

Category (See categories listed at the top of this schedule)

Peli cal

Advertisment

Check if Available TV and in the control of Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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