

**Linda
Salazar**

**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) <i>2514602215</i>	2 Total pages filed: <i>6</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>LINDA M.</i> NICKNAME LAST SUFFIX <i>SALAZAR</i>		OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION <i>JAN 10 2017</i> BY: <i>[Signature]</i> RECEIVED Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>4434 SAN ANTONIO Rd. BROWNSVILLE, TEXAS 78521</i>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 466-1014</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>ROBERT</i> NICKNAME LAST SUFFIX <i>GARZA</i>		
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1200 E. HARRISON ST. BROWNSVILLE, TEXAS 78521</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 544-1111</i>		
9 REPORT TYPE	<input checked="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 <i>07 / 01 / 16</i> THROUGH <i>12 / 31 / 16</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 01 / 16</i>		ELECTION TYPE <input checked="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) <i>Justice OF THE PEACE Pct. 2-1</i>

11:28 a.m.

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

2-6

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,149.34
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,174.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,294.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Linda Salazar
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LINDA SALAZAR, this the 10TH day of JANUARY, 2017, to certify which, witness my hand and seal of office.

Cynthia Rodriguez Cynthia Rodriguez Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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: 3-6		2 FILER NAME LINDA M. SALAZAR		3 Filer ID (Ethics Commission Filers) 2514602215	
4 Date 08-02-16		5 Payee name SAM'S			
6 Amount (\$) \$110.81		7 Payee address; City; State; Zip Code 3570 W. ALTON 6LOOR BROWNSVILLE, TEXAS 78520			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Water, Soda Donation Campaign Workers		(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 09/01/16		Payee name SAM'S			
Amount (\$) \$124.69		Payee address; City; State; Zip Code 3570 W. ALTON 6LOOR BROWNSVILLE, TEXAS 78520			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Water + Soda Donation Campaign Workers		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 10/04/16		Payee name HISPANIC CHAMBER OF COMMERCE			
Amount (\$) \$150⁰⁰		Payee address; City; State; Zip Code P.O. BOX 5868 BROWNSVILLE, TEXAS 78523			
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 _____				

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: **4-6** 2 FILER NAME: **LINDA M. SALAZAR** 3 Filer ID (Ethics Commission Filers): **2514602215**

4 Date: **10/09/16** 5 Payee name: **SAM'S**

6 Amount (\$): **\$197.19** 7 Payee address: City; State; Zip Code
3570 W. ALTON 6LOOR
BROWNSVILLE, TEXAS 78520

8 PURPOSE OF EXPENDITURE: **Water, Soda, DONATION FOR Kids - BASEBALL**

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

(b) Description
 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: **10/25/16** Payee name: **SAM'S**

Amount (\$): **\$218.36** Payee address: City; State; Zip Code
3570 W. ALTON 6LOOR
BROWNSVILLE, TEXAS 78520

PURPOSE OF EXPENDITURE: **Water, Soda's For Campaign Worker's**

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

Date: **11/06/16** Payee name: **SAM'S**

Amount (\$): **\$294.32** Payee address: City; State; Zip Code
3570 W. ALTON 6LOOR
BROWNSVILLE, TEXAS 78520

PURPOSE OF EXPENDITURE: **Water - Soda - ETC, For Campaign**

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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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: 5-6		2 FILER NAME LINDA M. SALAZAR		3 Filer ID (Ethics Commission Filers) 2514602215	
4 Date 11/15/16		5 Payee name H. E. B			
6 Amount (\$) \$ 326.50		7 Payee address; City; State; Zip Code 2155 PAREDES LINE Rd. BROWNSVILLE, TEXAS 78520			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Donation of Turkey For School		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/04/16		Payee name SAM'S			
Amount (\$) \$ 254.22		Payee address; City; State; Zip Code 3570 W. ALTON 6LOOR BROWNSVILLE, TEXAS 78520			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Soda's, Water, Plates Fork, Spoons etc. For Christmas 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12-15-16		Payee name NORMA CORTAZ			
Amount (\$) \$ 300.⁰⁰		Payee address; City; State; Zip Code 685 LA QUINTA BROWNSVILLE, TEXAS 78520			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Tamales Donation for Christmas		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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 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: 6-6	2 FILER NAME LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 2514602215
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4 Date 10/21/16	5 Payee name NYC MARATHON
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 3000 PABLO KISEL BROWNSVILLE, TEXAS 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) DONATION - RUN FOR AUTISM (KIDZ)	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-13-16	Payee name CAMERON COUNTY
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 1100 E. MONROE STREET Suite 218 BROWNSVILLE, TEXAS 78520
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Cameron County CHRISTMAS DONATION	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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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