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. 25/46022		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
		25/46022/5	6			
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST	Mi	OFFICE USE ONLY			
NAME	NICKNAME LAST	SUFFIX	Date Received			
	SALAZAK	CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 4434 SAN AN +	CITY; STATE; ZIP CODE	JAN 1 0 2017			
Change of Address	BROWNSUILLE, TEXP	75 78521	BY: HECKNED			
5 CANDIDATE/ OFFICEHOLDER PHONE	(954) 466 - 101	i extension	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Ro Bent	MI	Receipt # Amount \$			
NAME	NICKNAME LAST	SUFFIX	Date Processed			
	GARZA	y	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	,,	ZIP CODE			
(Residence or Business)	BROWNSVILLE,	TEXAS 785	21			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 544-11	EXTENSION //				
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 07 / 01 / 16	THROUGH 12	Day Year : 31 / 16			
I ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Primary 03 / 01 / 16 General	Runoff Other Description Special	,			
2 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)	C+11- D			
		Justice Of Pct, 2-	THE PEACE			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

2-6

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	- la	A C. / m = AO	5 Filer ID (Ethics Commission Filers)		
LINDA M. SALAZAR 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 OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		î			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	10N 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50. OR LESS (OTHER THAN PLEDGES, LOANS, OF GUARANTEES OF LOANS), UNLESS ITEMIZED $\$$ — O				
	t .	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-		
EXPENDITURE TOTALS	3. TOTAL I	\$ 1, 149.34			
	4. TOTAL	\$ 1, 149.34 \$ 2,174.09			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		_		
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 / SEALABOVE					
Sworn to and subscribed before me, by the said $1000000000000000000000000000000000000$					
day of TANUARY, 2017 , to certify which, witness my hand and seal of office.					
Cinthia Keaugees Cynthia Rodriguez Notary Public					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

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

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)

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
SAM'2 2514602215 4 Date 08-02-16 6 Amount (\$) 7 Payee address; 35 70 W. ALTON GLOOR 5110.81 BROWNSVILLE, TEXAS 78520
(a) Categories listed at the top of this schedule) (b) Description (a) Category (See categories listed at the top of this schedule)

Water, Sodar Check if travel outside of Texas, complete Schedule T **PURPOSE** Donation Campaign Workern ___ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name SAM'A 09/01/16 Amount (\$) City; State; Zip Code 35 70 W. ALTON 6LOOR
BROWNS UILLE, TEXAS 18520
Category (See categories listed at the top of this schedule)

Description 5124.69 Water + Sodai Ponation Campaign Workers 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 Hispanic CHAMBER OF COMMERCE 10/04/16 ayee address; City; State; Zip Code $P.0, B0 \times 5868$ BROWNS v1 LLE, TEXAS 78523

Category (See categories listed at the top of this schedule) Description PURPOSE DONATION Check if travel outside of Texas, complete Schedule T OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EVDENDITIBLE CATECORIES							
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense	Event Expense	Logo Poncument/Dainte					
Accounting/Banking	Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense				
Consulting Expense Contributions/Donations Made	Food/Beverage Expense		Transportation Equipment & Related Expense Travel In District				
Candidate/Officeholder/Politic	- Trail du live l'ilonais Expense	Printing Expense	Travel Out Of District				
Sarraidates Officeriolder / Gilli	cal 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		- The to complete this form.					
			Filer ID (Ethics Commission Filers)				
4-6	LINDA M. SALI	92AR L	0 511/1/1 2015				
4 Date	5 Payee name		514602215				
10/10/11	5AM2						
10/09/16	3/1/1/2						
6 Amount (\$)	7 Payee address: City; State; Zig	n Codo					
,		7 00de					
510010	35 70 W. alton	6-LOOR					
5197,19	Reality						
	BROWNS VILLE, TE	-XA5 78520					
8	(a) Category (See categories listed at the top of this sch	hedule) (b) Description					
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	KINS - DASEPALL						
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought					
expenditure to benefit C/O	H	Office sought	Office held				
Date	Payee name						
, ,							
10/25/16	SAMZ						
10/00/12							
Amount (\$)	David Control of the						
Autodiff (#)	Payee address; City; State; Zip	Code					
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\$218.36	0 10 11/2 10/0	G-60016					
	BROWNSVILLE, TE	EVAL DOCAN					
	Category (See categories listed at the top of this schi	- 1113 18000					
		Description					
PURPOSE	Water, Sodai	Check if travel outs	ide of Texas, complete Schedule T				
OF EVERABLE 1997							
EXPENDITURE	For Campaign Worke	Check if Austin, 1X	. officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	055					
expenditure to benefit C/OH		Office sought	Office held				
Date	Payee name						
	5Am 2						
11/06/16							
***	L						
Amount (\$)	Payee address; City; State; Zip	Code					
	Tig, Outo, Zip						
5 294.32	3570 W. ALTON	6-600R					
7077,00			_				
	DROWNSVILLE, 1	EXAS 785	-20				
	BROWNSUILLE, T Category (See categories listed at the top of this sche	edule) Description					
PURPOSE	Water - Soda - ETE	_	İ				
OF		C, Check if travel outsi	de of Texas, complete Schedule T				
EXPENDITURE	Fun Acres		officeholder living expense				
	For Campaign		onidential living expense				
	, ,						
			[
Complete ONLY if direct	Candidate / Officeholder name	Office sought	065				
expenditure to benefit C/OH		oo oodgiit	Office held				
	ATTACLIABBITION						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
nema massiful alitary Transcription			1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gif/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 (out of District

Candidate/Officeholder/Political Committee 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 LINDA M. SALAZAR
5 Payee name 3 Filer ID (Ethics Commission Filers) 2514602215 \$ 326.50 BROWNSVILLE, TEXAS 78520

(a) Category (See categories listed at the top of this schedule) (b) Description (b) Description PURPOSE Donation & 8 Tunkey For School ___ Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name
SAm's 12/04/16 Amount (\$) Payee address; City; State; Zip Code 3570 W. ALTON 6 LOOR 5254,22 BROWNSVILLE, TEXAS 78520

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

50 da'n, Water, Plater Check if travel outside of Texas, complete Schedule TFonk, Sprons etc.

Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense OF EXPENDITURE FOR CHRISTMAS DONATION Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH NORMA CORTEZ 12-15-16 City: State: Zip Code

LA QUINTA Amount (\$) BROWNSVILLE, TEXAS 78520

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

Description PURPOSE Tamales Check if travel outside of Texas, complete Schedule T Ponation of Christman Check if travel outside of Texas, complete Sche OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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/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.							
1 Total pages Schedule F1:	LINDA M. SALA:	3 FI 2 AR 2 6	ler ID (Ethics Commission Filers)				
4 Date 10/21/16	4 Date 5 Payee name						
6 Amount (\$)	7 Payee address; City: State; Zip Code 3000 PABLO KiseL						
\$ 100,	5 100, BROWNSUILLE, TEXAS 18520						
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	PONATION- RUN FOR Autism	1 1 1	of Texas, complete Schedule T ficeholder living expense				
	(Kieln)						
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name -	Office sought	Office held				
Date	Payee name						
12-13-16	CAMERON COU,	nty					
Amount (\$) 5 / 00 ,	CO LA COLLAR COL						
, .	Category (See categories listed at the top of this schedule)	Description					
PURPOSE OF	Cameron County	Check if travel outside o	f Texas, complete Schedule T				
EXPENDITURE	CHRISTMAS DONATION	L Check if Austin, TX, office	eholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
		4					
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 Check if Austin, TX, office	Texas, complete Schedule T eholder 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							