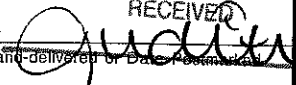


**LINDA**  
**SALAZAR**

**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) <b>2514602215</b>	2 Total pages filed: <b>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <p style="text-align: center;"><b>LINDA M.</b></p> NICKNAME      LAST      SUFFIX <p style="text-align: center;"><b>SALAZAR</b></p>	<b>OFFICE USE ONLY</b>  Date Received  <b>CAMERON COUNTY DEPARTMENT OF ELECTIONS &amp; VOTER REGISTRATION</b>  <b>3:00pm JUL 10 2017</b>  RECEIVED BY:  Date Hand-delivered or Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <p style="text-align: center;"><b>4434 SAN ANTONIO Rd. BROWNSVILLE, TEXAS 78521</b></p>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <p style="text-align: center;"><b>(956) 466-1014</b></p>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <p style="text-align: center;"><b>Richard E. ZAYAS</b></p> NICKNAME      LAST      SUFFIX		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <p style="text-align: center;"><b>950 E. VAN BUREN STREET BROWNSVILLE, TEXAS 78520</b></p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <p style="text-align: center;"><b>(956) 546-5060</b></p>		
9 REPORT TYPE	<input 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 checked="" 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      THROUGH      Month    Day    Year <p style="text-align: center;"><b>01 / 01 / 17      06 / 30 / 17</b></p>		
11 ELECTION	ELECTION DATE Month    Day    Year <p style="text-align: center;"><b>03 / 01 / 16</b></p>	ELECTION TYPE <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) <p style="text-align: center;"><b>JUSTICE OF THE PEACE Pct. 2-1</b></p>	

**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)

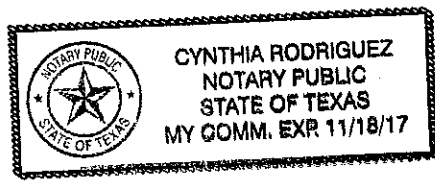
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

Additional Pages

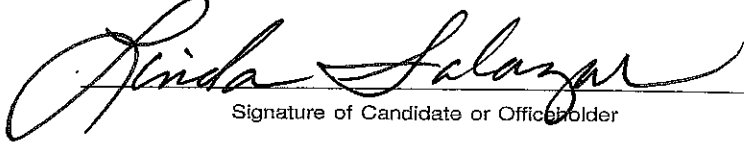
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 902.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,743.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,539.46
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

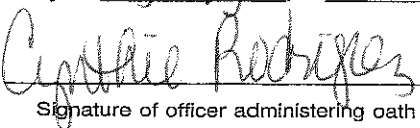
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Linda Salazar, this the 10<sup>th</sup> day of July, 20 17, 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 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>	
4 Date <i>01/10/17</i>		5 Payee name <i>SAM'S</i>			
6 Amount (\$) <i>\$160.67</i>		7 Payee address; City; State; Zip Code <i>3570 W. ALTON FLOOR BROWNSVILLE, TEXAS 78520</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>DONATION FOR KIDS BASEBALL - WATER, JUICES ETC.</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>01/11/17</i>		Payee name <i>VETERANS MEMORIAL EARLY COLLEGE HIGH SCHOOL</i>			
Amount (\$) <i>\$230.10</i>		Payee address; City; State; Zip Code <i>4550 U.S. MILITARY HWY 281 BROWNSVILLE, TEXAS 78520</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>DONATION FOR SCHOOL KIDS</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>01/12/17</i>		Payee name <i>CRESTLINE INC.</i>			
Amount (\$) <i>\$263.<sup>00</sup></i>		Payee address; City; State; Zip Code <i>P.O. BOX 712144 CINCINNATI, OH 45271-2144</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Rulers for Kids School</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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)  |
| Credit Card Payment                        |                               |                                |  |

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>02-08-17</i>	5 Payee name <i>CrestLine Specialties Inc.</i>	
6 Amount (\$) <i>\$150.50</i>	7 Payee address; City; State; Zip Code <i>P.O. BOX 712144 CINCINNATI, OH 45271-2144</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Rules For Kid School</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>02/12/17</i>	Payee name <i>SAM's</i>	
Amount (\$) <i>\$122.02</i>	Payee address; City; State; Zip Code <i>3570 W. ALTON GLOOR BROWNSVILLE, TEXAS 78520</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Waters etc for donation for Teachers, OFFICERS.</i>	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>04/11/17</i>	Payee name <i>SAM's</i>	
Amount (\$) <i>\$307.50</i>	Payee address; City; State; Zip Code <i>3570 W. ALTON GLOOR BROWNSVILLE, TEXAS 78520</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>DONATION FOR SCHOOL kids - Easter Baskets Juices, Waters ETC.</i>	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 _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

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>05-06-17</i>	5 Payee name <i>SAM'S</i>	
6 Amount (\$) <i>\$260.32</i>	7 Payee address; City; State; Zip Code <i>3570 W. ALTON 6 FLOOR BROWNSVILLE, TEXAS 78520</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Water, Soda + Plates, for Election Day</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>06-05-17</i>	Payee name <i>LINDA SALAZAR</i>	
Amount (\$) <i>\$249.20</i>	Payee address; City; State; Zip Code <i>4434 SAN ANTONIO Rd. BROWNSVILLE, TEXAS 78521</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Donation FOR Kids SCHOOL Re-imbusement</i>	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<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
	9 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

Total Political Expenditures less \$100,00

0.\*  
0.\*  
20.00+  
88.00+  
72.00+  
60.00+  
40.00+  
25.00+  
60.00+  
30.00+  
60.00+  
25.00+  
75.00+  
32.50+  
75.00+  
60.00+  
75.00+  
30.00+  
75.00+  
902.50\*  
0.\*  
0.\*

TOTAL Political Expenditures

0.\*  
0.\*  
160.67+  
230.10+  
263.00+  
150.50+  
122.02+  
307.50+  
260.32+  
249.20+  
1,743.31\*  
0.\*