

**LINDA**  
**SALAZAR**



ORIGINAL

# 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)

2514602215

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 COUNTY  
DEPARTMENT OF ELECTIONS &  
VOTER REGISTRATION

JAN 14 2019

4:35 p.m.

RECEIVED  
BY: *[Signature]*

Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
4434 SAN ANTONIO RD.  
BROWNSVILLE, TEXAS 78521

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(956) 466-1014

Receipt # Amount \$

Date Processed

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
RICHARD E. ZAGAS  
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
950 E. VAN BUREN STREET  
BROWNSVILLE, TEXAS 78520

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(956) 546-5060

9 REPORT TYPE

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (Officeholder Only)
- July 15
- 8th day before election
- Exceeded \$500 limit
- Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year  
07 / 01 / 18 THROUGH 12 / 31 / 18

11 ELECTION

ELECTION DATE  
Month Day Year  
03 / 01 / 16

ELECTION TYPE  
 Primary  
 Runoff  
 Other Description  
 General  
 Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

JUSTICE OF THE PEACE  
Pct. 2-1

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	\$ 190.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,139.88
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,933.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,633.48
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 M. Salazar*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LINDA SALAZAR, this the 14<sup>TH</sup> day of JANUARY, 20 19, to certify which, witness my hand and seal of office.

*Cynthia Rodriguez*  
Signature of officer administering oath

Cynthia Rodriguez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 12,150.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,700.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,933.87
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# 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

07-13-18

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

LALY'S BAIL BONDS

7 Amount of contribution (\$)

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

6 Contributor address; City; State; Zip Code

844-B MILITARY HWY 281  
BROWNSVILLE, TEXAS 78520

8 Principal occupation / Job title (See Instructions)

OWNER - Business

9 Employer (See Instructions)

Date

09-04-18

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

JESUS R. CANALES

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

845 E. HARRISON STREET  
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

09-04-18

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

ROERIG, OLIVEIRA, FISHER

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

855 W. PRICE Rd. Suite 9  
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

ATTORNEY'S

Employer (See Instructions)

Date

09-06-18

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

JAIME + AMANDA PARRA

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

4374 MARTINAL Rd.  
BROWNSVILLE, TEXAS 78526

Principal occupation / Job title (See Instructions)

BUSINESS - FRIENDS

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

09-06-18

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

DIANNE + KEVIN ISBELL

7 Amount of contribution (\$)

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

6 Contributor address; City; State; Zip Code

1641 RESACA Vlg.  
BROWNSVILLE, TEXAS

8 Principal occupation / Job title (See Instructions)

BUSINESS - FRIENDS - DONATION

9 Employer (See Instructions)

Date

09-06-18

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

LUIS ARVALO

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

28010 ROBERTA Rd.  
SAN BENITO, TEXAS 78586

Principal occupation / Job title (See Instructions)

BUSINESS - DONATION

Employer (See Instructions)

Date

09-02-18

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

HARRY THOMAS

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

4380 BOCA CHICA BWD A3  
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

BUSINESS - Friend - Loteria Sales  
Form 09-09-18

Employer (See Instructions)

Date

09-12-18

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

R. CALARA

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

826 CROCKETT ROAD  
HARLINSSEN, TEXAS 78552

Principal occupation / Job title (See Instructions)

BUSINESS - Friend - DONATION

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

09-12-18

5 Full name of contributor

STUART OWEN

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

7 Amount of contribution (\$)

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

6 Contributor address; City; State; Zip Code

2665 CORIA ST. Suite D-5  
BROWNSVILLE, TEXAS 78520

8 Principal occupation / Job title (See Instructions)

Business - Loteria Sales 09-09-18

9 Employer (See Instructions)

Date

09-12-18

Full name of contributor

J. + A. DE LA FARZA

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

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

613 PARKLAND DR.  
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

Tickets for Loteria on 09/09/18

Employer (See Instructions)

!

Date

09-12-18

Full name of contributor

Leticia B. Esobedo

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

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

2808 HACKBERRY LANE  
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

Donation - BUSINESS

Employer (See Instructions)

Date

09-12-18

Full name of contributor

Loteria Fundraiser

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

Amount of contribution (\$)

\$1,100.<sup>00</sup>

Contributor address; City; State; Zip Code

4434 E. 14TH STREET  
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

FOR September 09, 2018

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

10-22-18

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

Loteria Fundraise

7 Amount of contribution (\$)

\$1300.<sup>00</sup>

6 Contributor address; City; State; Zip Code

4434 E. 14TH STREET  
BROWNSVILLE, TEXAS 78521

8 Principal occupation / Job title (See Instructions)

FOR September 09, 2018

9 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)

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)

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

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

09-28-18

5 Full name of contributor

ABelando Gomez

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

7 Amount of contribution (\$)

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

6 Contributor address; City; State; Zip Code

6595 Paredes Line  
BROWNSVILLE, TEXAS 78520

8 Principal occupation / Job title (See Instructions)

Ticket's Sales For Loteria  
Fundraiser on 09/09/18

9 Employer (See Instructions)

Date

10-01-18

Full name of contributor

Luis Fernando Elizondo

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

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

1774 Old Creek Ct.  
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

Business - Donation

Employer (See Instructions)

?

Date

10-18-18

Full name of contributor

NOE NILO ORTIZ

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

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

657 Springsmart Blvd.  
BROWNSVILLE, TEXAS 78526

Principal occupation / Job title (See Instructions)

Business - Donation

Employer (See Instructions)

Date

10-18-18

Full name of contributor

LALY'S BAIL BONDS

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

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

844-B Military Hwy 281  
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

Fundraiser Tickets Sales  
November 08, 2018

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

10-18-18

5 Full name of contributor

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

NOEMI TORRE

6 Contributor address;

City; State; Zip Code

44 PALO ALTO DRIVE  
BROWNSVILLE, TEXAS 78521

7 Amount of contribution (\$)

\$ 700.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Business - Donation

9 Employer (See Instructions)

Date

10-18-18

Full name of contributor

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

MARIA GUADALUPE TORRE CONLEY

Contributor address;

City; State; Zip Code

3022 ABERDEEN PR.  
BROWNSVILLE, TEXAS 78526

Amount of contribution (\$)

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

Principal occupation / Job title (See Instructions)

Ticket Sales For Fundraiser  
November 08, 2018

Employer (See Instructions)

?

Date

10-18-18

Full name of contributor

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

EDER HERNANDEZ

Contributor address;

City; State; Zip Code

2534 BOCA CHICA BLVD. STE 7  
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

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

Principal occupation / Job title (See Instructions)

Donation - Fundraiser  
November 08, 2018

Employer (See Instructions)

Date

10-18-18

Full name of contributor

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

DAVID TORRES

Contributor address;

City; State; Zip Code

P.O. BOX 4352  
BROWNSVILLE, TEXAS

Amount of contribution (\$)

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

Principal occupation / Job title (See Instructions)

Donation - Campaign Fundraiser  
November 08, 2018

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

10-18-18

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

MARIA GUADALUPE TORRE CONLEY

6 Contributor address; City; State; Zip Code

3022 ABERDEEN DRIVE  
BROWNSVILLE, TEXAS 78523

7 Amount of contribution (\$)

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

8 Principal occupation / Job title (See Instructions)

FOR Ticket Sale Fundraiser 11/08/18

9 Employer (See Instructions)

Date

11-21-18

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

Eddie Lucio

Contributor address; City; State; Zip Code

834 TYLER ST.  
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

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

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

?

Date

11-01-18

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

ISBELA BOTELLO

Contributor address; City; State; Zip Code

4685 JAIME J. ZAPATA  
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

\$ 400.<sup>00</sup>

Principal occupation / Job title (See Instructions)

DONATION - Fundraiser For October 26, 2018

Employer (See Instructions)

Date

11-14-18

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

Fundraiser For November 08, 2018

Contributor address; City; State; Zip Code

1355 MILITARY HIGHWAY  
BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

\$ 2,100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Fundraiser Ticket Sales for November 08, 2018

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	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 **LINDA M. SALAZAR** 3 Filer ID (Ethics Commission Filers) **2514602215**

4 Date **08-10-18** 5 Payee name **SAM'S**

6 Amount (\$) **\$133.65** 7 Payee address: City: State; Zip Code  
**3570 W. ALTON GLOOR  
BROWNSVILLE, TEXAS 78520**

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **Soda's, Water, Donation - Campaign Loteria** (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 **08/29/18** Payee name **SAM'S**

Amount (\$) **\$374.92** Payee address: City: State; Zip Code  
**3570 W. ALTON GLOOR  
BROWNSVILLE, TEXAS 78520**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Soda's, Water, Plates, for Campaign Loteria** 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 **09/28/18** Payee name **UNLIMITED PRINTING**

Amount (\$) **\$97.80** Payee address: City: State; Zip Code  
**2685 N. CORIA Street Ste A-1  
BROWNSVILLE, TEXAS 78520**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Campaign Poster + Tickets for Fundraiser** 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

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>10-17-18</i>	5 Payee name <i>4 Imprint</i>	
6 Amount (\$) <i>\$366.17</i>	7 Payee address: City; State; Zip Code <i>25303 Network Place Chicago, IL. 60673-1253</i>	
8  PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Apple Stress Reliever Donation for Schools</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>11/02/18</i>	Payee name <i>ENGRAVING AWARDS GIFTS</i>		
Amount (\$) <i>\$351.00</i>	Payee address: City; State; Zip Code <i>42 FRANKLIN STREET LACONIA, NH 03246</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Pencils Donation for Schools</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
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Date <i>10-31-18</i>	Payee name <i>Krispy Kreme</i>		
Amount (\$) <i>\$140.29</i>	Payee address: City; State; Zip Code <i>1144 E. FM 802 BROWNSVILLE, TEXAS 78526</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 <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 <b>LINDA M. SALAZAR</b>	3 Filer ID (Ethics Commission Filers) <b>2514602215</b>
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4 Date <b>11-06-18</b>	5 Payee name <b>SAM'S</b>
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6 Amount (\$) <b>\$ 261.24</b>	7 Payee address; City; State; Zip Code <b>3570 W. ALTON GLOOR BROWNSVILLE, TEXAS 78520</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Campaign Worker's Water, Soda's,</b>	(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 <b>11-19-18</b>	Payee name <b>H.E.B.</b>
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Amount (\$) <b>\$ 149.21</b>	Payee address; City; State; Zip Code <b>2250 BOCA CHICA Blvd BROWNSVILLE, TEXAS 78520</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Donations Turkey-</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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12-03-18</b>	Payee name <b>GLORIA GONZALEZ</b>
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Amount (\$) <b>\$ 130.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>3552 WARRICK LANE BROWNSVILLE, TEXAS 78520</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Tamales for Donation for Elders</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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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 *LINDA M. SALAZAR* 3 Filer ID (Ethics Commission Filers) *2514602215*

4 Date *11/30/18* 5 Payee name *Cameron County Employee Christmas Fund*

6 Amount (\$) *\$100.<sup>00</sup>* 7 Payee address: City: State: Zip Code  
*1100 E. MONROE Street  
BROWNSVILLE, TEXAS 78520*

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) <i>CHRISTMAS PARTY CAMERON COUNTY</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 Office held

Date *12-08-18* Payee name *BROWNSVILLE MUSEUM OF FINE ART*

Amount (\$) *\$200.<sup>00</sup>* Payee address: City: State: Zip Code  
*660 E. RINGGOLD STREET  
BROWNSVILLE, TEXAS 78520*

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) <i>Deposit for Campaign Fundraiser For March 19, 2019</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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *12-15-18* Payee name *SAM'R*

Amount (\$) *\$356.59* Payee address: City: State: Zip Code  
*3570 W. ALTON GLOOR  
BROWNSVILLE, TEXAS 78520*

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) <i>Donation For Christmas Gift (Church)</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 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:	2 FILER NAME <i>LINDA M. SALAZAR</i>	3 Filer ID (Ethics Commission Filers) <i>2514602215</i>
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4 Date <i>12-19-18</i>	5 Payee name <i>NORMA CORTEZ</i>
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6 Amount (\$) <i>\$255.00</i>	7 Payee address: City; State; Zip Code <i>250 ASH Street Apt. 3103 BROWNSVILLE, TEXAS 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Donation Tamales for 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>07-01-18 THRU 12-31-18</i>	Payee name <i>BBVA COMPASS BANK</i>
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Amount (\$) <i>\$18.00</i>	Payee address: City; State; Zip Code <i>P.O. BOX 10566 BIRMINGHAM, AL. 35296</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>BANK FEES</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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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 <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



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

2514602215

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

09/09/18

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

LUCILLA DELGADO ROMERO

7 Contributor address; City; State; Zip Code

4434 E. 14TH  
BROWNSVILLE, TEXAS 78521

8 Amount of Contribution \$

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

9 In-kind contribution description

Food for Loteria Fundraiser  
ON 09/09/18

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business - Self

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Business Restaurant

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

09-09-18

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

Jaime Parra

Contributor address; City; State; Zip Code

4374 MARTINEZ Rd.  
BROWNSVILLE, TEXAS 78526

Amount of Contribution \$

\$400.<sup>00</sup>

In-kind contribution description

TV for Loteria Fundraiser  
ON 09/09/18

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business

Employer (FOR NON-JUDICIAL) (See Instructions)

Business

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

2514602215

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

09-09-18

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

EMILIANO GONZALEZ

7 Contributor address; City; State; Zip Code

701 SUNRISE BLVD.  
BROWNSVILLE, TEXAS 77821

8 Amount of Contribution \$

\$400.<sup>00</sup>

9 In-kind contribution description

TV FOR  
LOTERIA FUNDRAISER  
ON 09/09/18

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Business

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

11-08-18

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

ERIC SANCHEZ

Contributor address; City; State; Zip Code

1355 MILITARY HIGHWAY  
BROWNSVILLE, TEXAS 77820

Amount of Contribution \$

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

In-kind contribution description

Fundraiser on  
November 08, 2018  
Food + Beverage

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business

Employer (FOR NON-JUDICIAL) (See Instructions)

Business - Restaurant

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

2514602215

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

09-09-18

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

Roberto HANA

8 Amount of Contribution \$

\$ 100.00

9 In-kind contribution description

GIFT CARD FOR Loteria Fundraiser

7 Contributor address; City; State; Zip Code

815 Paredes Line Rd.  
BROWNSVILLE, TEXAS 78521

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Business

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

09-09-18

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

Jessica Tetreau KALIFA

Amount of Contribution \$

\$ 100.00

In-kind contribution description

GIFT CARDS

Contributor address; City; State; Zip Code

725 Paredes Line Rd.  
BROWNSVILLE, TEXAS 78520

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business

Employer (FOR NON-JUDICIAL) (See Instructions)

Business

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

2514602215

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

09-09-18

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

PRISCILLA SERNA

7 Contributor address; City; State; Zip Code

425 E. 10TH STREET  
BROWNSVILLE, TEXAS

8 Amount of Contribution \$

\$60.00

9 In-kind contribution description

GIFT CARD FOR  
LOTERIA FUNDRAISER

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

BUSINESS

11 Employer (FOR NON-JUDICIAL) (See Instructions)

BUSINESS

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

09-19-18

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

ARTURO MARTINEZ

Contributor address; City; State; Zip Code

2500 N. EXPRESSWAY  
BROWNSVILLE, TEXAS 77826

Amount of Contribution \$

\$20.00

In-kind contribution description

GIFT CARD FOR  
LOTERIA FUNDRAISER  
(TICKET)

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

BUSINESS

Employer (FOR NON-JUDICIAL) (See Instructions)

BUSINESS

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

2514602215

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

09-09-18

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

MARK PEREZ

7 Contributor address; City; State; Zip Code

1740 CENTRAL Blvd.  
BROWNSVILLE, TEXAS 78520

8 Amount of Contribution \$

\$20.00

9 In-kind contribution description

GIFT CARD FOR  
LOTERIA - ON 09/09/18

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

BUSINESS

11 Employer (FOR NON-JUDICIAL) (See Instructions)

BUSINESS

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.