

**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)  
**2514602215**

2 Total pages filed:  
**25**

**OFFICE USE ONLY**

Date Received  
CAMERON COUNTY  
DEPARTMENT OF ELECTIONS &  
VOTER REGISTRATION  
**10:10am**  
**JUL 15 2019**  
By: *Quinn* RECEIVED

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
**LINDA M.**  
NICKNAME LAST SUFFIX  
**SALAZAR**

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**

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
**Richard E**  
NICKNAME LAST SUFFIX  
**ZAYAS**

Receipt # Amount \$  
Date Processed  
Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

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

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 Month Day Year  
**02 / 01 / 19** THROUGH **06 / 30 / 19**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other  
**03 / 03 / 20**  General  Special  
Description

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.

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	\$ 190.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,190.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 691.11
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,993.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,297.47
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 15<sup>TH</sup> day of JULY, 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

LINDA M. SALAZAR

20 Filer ID (Ethics Commission Filers)

2514602215

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,190.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,100.00
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	\$ 7,993.00
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

01-25-19

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

ROYSTON, RAYZOR, VICKERY, & WILLIAMS ATTORNEYS

7 Amount of contribution (\$)

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

6 Contributor address; City; State; Zip Code

55 COVE Circle  
BROWNSVILLE, TEXAS 78521

8 Principal occupation / Job title (See Instructions)

ATTORNEY'S

9 Employer (See Instructions)

Date

01-25-19

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

REYNALDO G. GARZA JR.

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

P.O. BOX 2025  
BROWNSVILLE, TEXAS 78522

Principal occupation / Job title (See Instructions)

ATTORNEY'S

Employer (See Instructions)

Date

01-25-19

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

ROERIG, OLIVEIRA & FISHER

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

855 W. PRICE ROAD Suite 9  
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

ATTORNEY'S

Employer (See Instructions)

Date

01-25-19

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

ROERIG, OLIVEIRA & FISHER

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

855 W. PRICE ROAD Suite 9  
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

ATTORNEY'S

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

02-17-19

5 Full name of contributor

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

J. DE LA GARZA

7 Amount of contribution (\$)

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

6 Contributor address; City; State; Zip Code

613 PARKLAND DRIVE  
BROWNSVILLE, TEXAS 78521

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

02-17-19

Full name of contributor

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

ISAURO G. FARIAS

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

15 VALLADOLID STREET-BROWNSVILLE,  
TEXAS

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

;

Date

02/17/19

Full name of contributor

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

Loteria Fundraiser

Amount of contribution (\$)

\$ 1,890.<sup>00</sup>

Contributor address; City; State; Zip Code

4434 E. 14TH STREET  
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

For February 17, 2019

Employer (See Instructions)

Date

02-19-19

Full name of contributor

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

JUAN GARRIDO

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

5300 PADRE ISLAND HWY  
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

Self-Employed - Owner

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

*02-26-19*

5 Full name of contributor

*BACILLO GOMEZ*

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

7 Amount of contribution (\$)

*\$ 175.<sup>00</sup>*

6 Contributor address; City; State; Zip Code

*P.O. BOX 3383  
BROWNSVILLE, TEXAS 78523*

8 Principal occupation / Job title (See Instructions)

*SELF - Employed -*

9 Employer (See Instructions)

Date

*03-11-19*

Full name of contributor

*Guadalupe Leal*

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

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

*44 CARLTON DRIVE  
BROWNSVILLE, TEXAS 78521*

Principal occupation / Job title (See Instructions)

*Retired -*

Employer (See Instructions)

*:*

Date

*03-28-19*

Full name of contributor

*MARIA G. TORRE CONLEY*

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

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

*3022 ABERDEEN DRIVE  
BROWNSVILLE, TEXAS 78526*

Principal occupation / Job title (See Instructions)

*FRIEND - Business - Donation*

Employer (See Instructions)

Date

*03-28-19*

Full name of contributor

*William HUDSON*

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

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

*2335 HUDSON  
BROWNSVILLE, TEXAS 78526*

Principal occupation / Job title (See Instructions)

*Business - 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

03-28-19

5 Full name of contributor

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

GARZA + ELIZONDO

7 Amount of contribution (\$)

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

6 Contributor address; City; State; Zip Code

680 E. SAINT CHARLES STE 600  
BROWNSVILLE, TEXAS 78520

8 Principal occupation / Job title (See Instructions)

ATTORNEYS

9 Employer (See Instructions)

Date

03-28-19

Full name of contributor

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

DIANNE + KEVIN ISBELL

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

1641 ROSACA  
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

Business - Donation

Employer (See Instructions)

;

Date

04-18-19

Full name of contributor

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

Fundraiser at Brownsville Museum  
OF ART.

Amount of contribution (\$)

\$ 800.<sup>00</sup>

Contributor address; City; State; Zip Code

660 E. RINGGOLD STREET  
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

Campaign Fundraiser ON  
04-10-19

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)

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**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

04-18-19

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

MARIA SOLIS

6 Contributor address; City; State; Zip Code

1835 DON QUIXOTE  
BROWNSVILLE, TEXAS 78521

7 Amount of contribution (\$)

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

8 Principal occupation / Job title (See Instructions)

FRIEND - DONATION

9 Employer (See Instructions)

Date

04-18-19

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

MARCO + JOSEFINA GARCIA

Contributor address; City; State; Zip Code

2012 W. SAN MARCELO BLVD.  
BROWNSVILLE, TEXAS 78526

Amount of contribution (\$)

\$50.<sup>00</sup>

Principal occupation / Job title (See Instructions)

FRIEND - DONATION

Employer (See Instructions)

!

Date

04-18-19

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

ALEXIS ALEMAN

Contributor address; City; State; Zip Code

3003 ALAMEDA PR.  
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

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

Principal occupation / Job title (See Instructions)

FRIEND - DONATION

Employer (See Instructions)

Date

04-18-19

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

HEATHER A. SCOTT

Contributor address; City; State; Zip Code

P.O. BOX 1406  
PORT ISABEL, TEXAS 78578

Amount of contribution (\$)

\$75.<sup>00</sup>

Principal occupation / Job title (See Instructions)

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

04-18-19

5 Full name of contributor

Leticia B. Escobedo

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

7 Amount of contribution (\$)

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

6 Contributor address; City; State; Zip Code

2808 HACKBERRY LANE  
BROWNSVILLE, TEXAS 78521

8 Principal occupation / Job title (See Instructions)

Self-Employed - Friend - Donation

9 Employer (See Instructions)

Date

04-18-19

Full name of contributor

ROBERT GARZA

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

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

112 LAKE SHORE DRIVE  
BROWNSVILLE, TEXAS

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

!

Date

04-18-19

Full name of contributor

RUDY MARTINEZ

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

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

446 N. INDIANA AVE  
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

BUSINESS MAN - DONATION

Employer (See Instructions)

Date

04-18-19

Full name of contributor

ANGELA P. NIX

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

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

81 CORTEZ AVE  
RANCHO VIEJO, TEXAS 78575

Principal occupation / Job title (See Instructions)

ATTORNEY - 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

04-18-19

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

Ernesto Hernandez  
 6 Contributor address; City; State; Zip Code  
 430 FRONTON STREET  
 BROWNSVILLE, TEXAS 78520

7 Amount of contribution (\$)

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

8 Principal occupation / Job title (See Instructions)

ACCOUNTANT

9 Employer (See Instructions)

Date

04-18-19

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

LARRY BRUCH  
 Contributor address; City; State; Zip Code  
 P.O. BOX 5537  
 BROWNSVILLE, TEXAS 78523

Amount of contribution (\$)

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

Principal occupation / Job title (See Instructions)

BUSINESS - SELF-EMPLOYED

Employer (See Instructions)

!

Date

04-18-19

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

AQUILAN + ZABARTE  
 Contributor address; City; State; Zip Code  
 990 MARINE DR.  
 BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

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

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

04-18-19

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

BACILLO GOMEZ  
 Contributor address; City; State; Zip Code  
 4764 LAKENAY DRIVE  
 BROWNSVILLE, TEXAS 78520

Amount of contribution (\$)

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

Principal occupation / Job title (See Instructions)

BUSINESS

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

04-18-19

5 Full name of contributor

out-of-state PAC (ID#)

Jim + Amy Tipton

6 Contributor address; City; State; Zip Code

701 SANTA ANA  
RANCHO Viejo, TEXAS 78575

7 Amount of contribution (\$)

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

8 Principal occupation / Job title (See Instructions)

BUSINESSMAN

9 Employer (See Instructions)

Date

04/18/19

Full name of contributor

out-of-state PAC (ID#)

Rodolfo DELA ROSA

Contributor address; City; State; Zip Code

7738 PADRE ISLAND HWY  
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

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

Principal occupation / Job title (See Instructions)

Businessman - Restaurant

Employer (See Instructions)

!

Date

04/18/19

Full name of contributor

out-of-state PAC (ID#)

Hodge + JAMES LLP

Contributor address; City; State; Zip Code

P.O. BOX 534329  
HARLINGEN, TEXAS 78553

Amount of contribution (\$)

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

Principal occupation / Job title (See Instructions)

ATTORNEYS

Employer (See Instructions)

Date

04/18/19

Full name of contributor

out-of-state PAC (ID#)

DALE AND Klein LLP

Contributor address; City; State; Zip Code

1100 East JASMINE Suite 202  
MCALLEN, TEXAS 78501

Amount of contribution (\$)

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

Principal occupation / Job title (See Instructions)

ATTORNEYS

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 <b>04/18/19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>THE GREEN LAW FIRM P.C.</b>	7 Amount of contribution (\$) <b>\$1,000.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>34 CORIA STREET BROWNSVILLE, TEXAS 78520</b>		

8 Principal occupation / Job title (See Instructions) **ATTORNEY'S** 9 Employer (See Instructions)

Date <b>04/18/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DENTON, NAVARRO, ROCHA, BERNAL &amp; ZECH P.C.</b>	Amount of contribution (\$) <b>\$50.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>701 EAST HARRISON Suite 100 HARLINGEN, TEXAS 78550-9165</b>		

Principal occupation / Job title (See Instructions) **ATTORNEY'S** Employer (See Instructions)

Date <b>04/18/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROYSTON, RAYZOR VICKEY &amp; WILLIAM L.L.P.</b>	Amount of contribution (\$) <b>\$500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>55 COVE CIRCLE BROWNSVILLE, TEXAS 78521</b>		

Principal occupation / Job title (See Instructions) **ATTORNEY'S** Employer (See Instructions)

Date <b>05-30-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Zayas + Zamora</b>	Amount of contribution (\$) <b>\$500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3100 E. 14TH STREET BROWNSVILLE, TEXAS 78520</b>		

Principal occupation / Job title (See Instructions) **ATTORNEY'S** 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

06-06-19

5 Full name of contributor

Chester R. GONZALEZ

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

7 Amount of contribution (\$)

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

6 Contributor address; City; State; Zip Code

117 E. PRICE RD.  
BROWNSVILLE, TEXAS 7821

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

Date

06/18/19

Full name of contributor

RENE GOMEZ

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

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

847 E. HARRISON STREET  
BROWNSVILLE, TEXAS 7821

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

06/18/19

Full name of contributor

JAVIER VILLARREAL

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

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

2401 WILD FLOWER DR. Suite "A"  
BROWNSVILLE, TEXAS 78525

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

06/18/19

Full name of contributor

VILLARREAL & Begum

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

Amount of contribution (\$)

\$750.<sup>00</sup>

Contributor address; City; State; Zip Code

5826 IH 10 WEST  
SAN ANTONIO, TEXAS 78201

Principal occupation / Job title (See Instructions)

ATTORNEY'S

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.

**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 <i>LINDA M. SALAZAR</i>		3 Filer ID (Ethics Commission Filers) <i>2514602215</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>02-17-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LUCILLA DeLgado Romero</i>	8 Amount of Contribution \$ <i>\$300.00</i>	9 In-kind contribution description <i>Food For Loteria Fundraiser ON 02-17-19</i>
7 Contributor address; City; State; Zip Code <i>4434 E. 14TH BROWNSVILLE, TEXAS 78521</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business - SELF</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>BUSINESS- RESTURANT</i>	
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 <i>02-17-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roberto HANA</i>	Amount of Contribution \$ <i>\$100.00</i>	In-kind contribution description <i>GIFT CARD FOR Loteria Fundraiser ON 02-17-19</i>
Contributor address; City; State; Zip Code <i>815 PAREDES LINE RD. BROWNSVILLE, TEXAS 78521</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>BUSINESS</i>	
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

04-10-19

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

JOSE RICARDO ESCAMILCA

7 Contributor address; City; State; Zip Code

300 W. MADISON

8 Amount of Contribution \$

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

9 In-kind contribution description

Food For Fundraiser ON 04-10-19

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)

RESTAURANT - TAQUIZA

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

04-10-19

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

CALIXTO SUAREZ

Contributor address; City; State; Zip Code

34586 GROVE PARK ROAD  
BROWNSVILLE, TEXAS 78520

Amount of Contribution \$

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

In-kind contribution description

Bean + Wine for Fundraiser ON 04-10-19

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.



# 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>01-12-19</b>	5 Payee name <b>U S P S</b>
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6 Amount (\$) <b>\$220.<sup>00</sup></b>	7 Payee address: City: State; Zip Code <b>1905 N. ILLINOIS RD. BROWNSVILLE, TEXAS</b>
---------------------------------------------	----------------------------------------------------------------------------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Letter For Political Campaign</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>01-01-19</b> <i>thru</i> <b>06-12-19</b>	Payee name <b>BBVA COMPASS BANK</b>
--------------------------------------------------------	----------------------------------------

Amount (\$) <b>\$51.90</b>	Payee address: City: State; Zip Code <b>P.O. BOX 10566 BIRMINGHAM, AL. 35296</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>BANK FEES</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	Payee name
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Amount (\$)	Payee address: City: State; Zip Code
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<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
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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 01-18-19 5 Payee name MR. Amigo Association

6 Amount (\$) \$100.<sup>00</sup> 7 Payee address; City; State; Zip Code  
455 E. ELIZABETH  
BROWNSVILLE, TEXAS 78520

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) DONATION (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 01-22-19 Payee name J.A. SPORTS

Amount (\$) \$500.<sup>00</sup> Payee address; City; State; Zip Code  
4627 CENTRAL CIRCLE  
BROWNSVILLE, TEXAS 78521

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Window, Banner stickers Description  
Political  
 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 01-23-19 Payee name UNlimited Printing

Amount (\$) \$435.60 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 tickets Description  
Posters, FILERS.  
Political  
 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 <b>LINDA M. SALAZAR</b>	3 Filer ID (Ethics Commission Filers) <b>2514602215</b>
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4 Date <b>01-24-19</b>	5 Payee name <b>LINDA SALAZAR</b>
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6 Amount (\$) <b>\$364.55</b>	7 Payee address: City: State; Zip Code <b>4434 SAN ANTONIO Rd. BROWNSVILLE, TEXAS 78521</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Reimbursement For Campaign T-Shirts</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01-26-19</b>	Payee name <b>MIKE SANCHEZ</b>
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Amount (\$) <b>\$100.<sup>00</sup></b>	Payee address: City: State; Zip Code <b>1204 ALTA MESA BROWNSVILLE, TEXAS 78526</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Donation For medical REASON</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02-07-19</b>	Payee name <b>MULLIGANS GOLF SponorsHips</b>
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Amount (\$) <b>\$125.<sup>00</sup></b>	Payee address: City: State; Zip Code <b>304 SUNSHINE Rd. BROWNSVILLE, TEXAS</b>
-------------------------------------------	----------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>DONATION</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 ONLY 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>02-10-19</b>	5 Payee name <b>SAM'S</b>
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6 Amount (\$) <b>\$245.08</b>	7 Payee address; City; State; Zip Code <b>3570 W. ALTON FLOOR BROWNSVILLE, TEXAS 78520</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Water, Soda, Plates NAPKINS ETC. for Loteria Campaign Fundraiser for 02-17-19</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>02-12-19.</b>	Payee name <b>KAYLA TABARES</b>
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Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>3051 BASQUE DRIVE BROWNSVILLE, TEXAS 78521</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CAKES FOR LOTERIA Fundraiser on 02-17-19</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>02-26-19</b>	Payee name <b>CHARRO DAY</b>
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Amount (\$) <b>\$275.00</b>	Payee address; City; State; Zip Code <b>455 E. ELIZABETH BROWNSVILLE, TEXAS 78520</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Donation</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 <i>LINDA M. SALAZAR</i>	3 Filer ID (Ethics Commission Filers) <i>2514602215</i>
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4 Date <i>02-27-19</i>	5 Payee name <i>Sign Solution</i>
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6 Amount (\$) <i>102.84</i>	7 Payee address: City: State; Zip Code <i>554 Paredes AVE Suite A BROWNSVILLE, TEXAS 78521</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Campaign Design signs (political)</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>02-27-19</i>	Payee name <i>BREEDEN McCUMBER</i>
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Amount (\$) <i>\$1500.<sup>00</sup></i>	Payee address: City: State; Zip Code <i>1724 Boca Chica Blvd. BROWNSVILLE, TEXAS 78520</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Political Advertising and Design</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 <i>03-05-19</i>	Payee name <i>A.I.M Media</i>
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Amount (\$) <i>\$1237.50</i>	Payee address: City: State; Zip Code <i>1400 E. NOLANA LOOP MCALLEN, TEXAS 78504</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Political Advertisement</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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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>
4 Date <b>03-06-19</b>	5 Payee name <b>EDITH SALDANA</b>	
6 Amount (\$) <b>\$270.63</b>	7 Payee address: City: State: Zip Code <b>3231 PABLO KISEL RD. Suite "L" BROWNSVILLE, TEXAS 78521</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>POLITICAL Campaign</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 <b>PHOTO'S</b>

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03-28-19</b>	Payee name <b>ROLAND GUTIERREZ</b>
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Amount (\$) <b>\$100.<sup>00</sup></b>	Payee address: City: State: Zip Code <b>318 LOS ALAMOS HARLINGEN, TEXAS 78552</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PUSH CARD-POLITICAL Designer</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/09/19</b>	Payee name <b>SAMIA</b>
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Amount (\$) <b>\$151.50</b>	Payee address: City: State: Zip Code <b>3570 W. ALTON GLOOR BROWNSVILLE, TEXAS 78520</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Paper Plates, NAPKINS Water, Soda's FOR Fundraiser ON 04-10-19</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 ONLY 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 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>04-09-19</i>	5 Payee name <i>Unlimited Printing</i>	
6 Amount (\$) <i>\$302.83</i>	7 Payee address; City; State; Zip Code <i>2685 N. CORIA ST. STE A-1 BROWNSVILLE, TEXAS 78520</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <i>Political Post cards, Posters, Letterheads For Campaign</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>04/10/19</i>	Payee name <i>BROWNSVILLE MUSEUM OF ART</i>	
Amount (\$) <i>\$300.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>660 E. Ringgold STREET BROWNSVILLE, TEXAS 78520</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Campaign Fundraiser ON 04/10/19</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 _____	
Date <i>04/10/19</i>	Payee name <i>Zeke Aguilar</i>	
Amount (\$) <i>\$200.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1225 N. Expressway Ste C9 #166 BROWNSVILLE, TEXAS 78520</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Music For Fundraiser ON 04/10/19</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 _____	

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<br>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 <b>LINDA M. SALAZAR</b>	3 Filer ID (Ethics Commission Filers) <b>2514602215</b>
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4 Date <b>04-17-19</b>	5 Payee name <b>Krispy Kreme</b>
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6 Amount (\$) <b>\$ 105.22</b>	7 Payee address; City; State; Zip Code <b>1144 RUBEN M. TORRES Blvd. BROWNSVILLE, TEXAS 78521</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>DONATION FOR SCHOOL KIDS</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>05-04-19</b>	Payee name <b>ZONTA</b>
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Amount (\$) <b>\$ 119.00</b>	Payee address; City; State; Zip Code <b>2901 CENTRAL Blvd. STE 107 BROWNSVILLE, TEXAS 78520</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>DONATION</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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<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
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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 <i>LINDA M. SALAZAR</i>	3 Filer ID (Ethics Commission Filers) <i>2514602215</i>
4 Date <i>04-30-19</i>	5 Payee name <i>Vista Print Netherlands</i>	
6 Amount (\$) <i>\$407.25</i>	7 Payee address: City: State: Zip Code <i>P.O. BOX 842882 BOSTON, MASS. 02284</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Political Push Cards</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
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Date <i>05-06-19</i>	Payee name <i>Texas Democratic Party</i>
Amount (\$) <i>\$480.<sup>00</sup></i>	Payee address: City: State: Zip Code <i>1106 LAVACA STREET Suite 100 Austin, TEXAS 78701</i>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Political Campaign List</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
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Date	Payee name
Amount (\$)	Payee address: City: State: Zip Code

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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# 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>
4 Date <b>06-24-19</b>	5 Payee name <b>HANNA CheerLeaders</b>	
6 Amount (\$) <b>\$100.<sup>00</sup></b>	7 Payee address: City; State; Zip Code <b>2615 PRICE ROAD BROWNSVILLE, TEXAS 78521</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>DONATION</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

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>06-24-19</b>	Payee name <b>JUAN Diego's Community Center</b>		
Amount (\$) <b>\$100.<sup>00</sup></b>	Payee address: City; State; Zip Code <b>3910 PAREDES LINE Rd. BROWNSVILLE, TEXAS 78526</b>		

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>DONATION</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	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
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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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