# 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 File) $35/46023/$	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MI  LINDA M  NICKNAME LAST SUFFIX  SALAZAR	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  4434 SAN ANTONIO Rd.  BROWNSVILLE, TEXAS 7852/	3:00 JAN 1 4 2020
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION $(956)$ $466-1014$	Date Hand-outhered & Par Poemlarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI  RicHARD E.  NICKNAME LAST SUFFIX  2A4A5	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;  950 E. VAN BUREN S;  BROWNSVILLE, TEXAS	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 546-5060	
9 REPORT TYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 fimi	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Mont 07 / 01 / 19 THROUGH /2	h Day Year / 31 / 19
11 ELECTION	ELECTION DATE  Month Day Year  O3 / 03 / 20  ELECTION TY  Primary Runoff Other Description  General Special	
12 OFFICE	OFFICE HELD (If any)  13 OFFICE SOUGHT (If known)  Tusfice  PEACE	Pct. 2-1
	GO TO PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)
LINDI	A M	. SALAZAR	25/4602215
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT YOURS.	WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THE S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM!	1AN \$ -0 -
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19, 191.63
EXPENDITURE TOTALS	3. TOTAL F UNLESS	OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 1, 439.60
	4. TOTAL	POLITICAL EXPENDITURES	\$ 17.027.03
CONTRIBUTION BALANCE	5. TOTAL P OF REP	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ 17, 900.4
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ 0
18 AFFIDAVIT			
Notar My C	Cynthia Rodriguez y Public, State of Te comm. Exp. 11/21/20 otary ID 12962991-6	true and correct and includes all inf under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me
AFFIX NOTARY STAME	P/SEALABOVE	Λ Λ	
Sworn to and subscr	ihad hafara ma '-	Winds Inhan	1 Inth
/ \^	n 0 0		this the IU
	1	certify which, witness my hand and seal of office.	111 0 -
Signature of officer ad	Mriguez Iministering oath	Printed name of officer administering oath	Notary Public  Title of officer administering oath
•	-	<u> </u>	time of ources administrating odth

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILERNAME.  LINDA M. SALAZAR  20 Filer ID (Ethics Co 25/146	·
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$19,191.63
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17,027.0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) LINDA M. SALAZAR 25 146 0 2215 7 Amount of contribution (\$) \$500.00 BusinessMAN Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 08-20-19 Ricardo Morales Contributor address; City: State: Zip Code 405 MANHA + + AN DRIVE \$1,136.63 Principal occupation / Job title (See Instructions) Friend - Ponation | Employ Employer (See Instructions) Amount of contribution (\$) 08-20-19 ELidA URquietA Contributor address; City; State; Zip Code 1738 SoutHmost Rd. \$350. BROWNS VILLE, TEXAS 18521 Principal occupation / Job title (See Instructions) Self-Employed - Ponation Employer (See Instructions) Amount of contribution (\$) 08-29-19 Fundraise B. B. CHicken Contributor address: City: State: Zip Code ON 08/24/19 51350.00 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) LINDA M. SALAZAR 25/4602215 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 08-29-19 6 Contributor address; City; State; Zip Code 77 CNEKBENG DIZ. BROWNSUILLE, TEXAS 1852/ 8 Principal occupation / Job title (See Instructions) Businessman - Self-Donation 9 Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) 08-29-19 Rosie S. Sote Lo Contributor address: City: State: Zip Code 244 S. Central Ave. 5 50.00 BROWNSVILLE, TEXAS 7852/ Principal occupation / Job title (See Instructions) DONA + ioN - Friend Employer (See Instru Full name of contributor \_\_\_\_ out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) 09-03-19 NOE NiLO ORFIZ Contributor address; City: State; Zip Code 5462 Rustic MANON DR. \$1,000.00 Principal occupation / Job title (See Instructions) FRIENC - PONATION Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) JOSE 6. ALVAREZ J. Contributor address: City: State: Zip Code 68 21 PARE DES LINE Rd. 5300.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Businessman - Donation 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Linda M. SALAZAR 2 9 4 Date 5 Full name of contributor O9-03-19 6 Contributor address: City: State: Zip Code ILLE Contributor address: ILLE Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code City: State: Zip Code Contributor address: One of the contributor Pare des Lines Rd. Browns ville (See Instructions) 9 Employer (See Instructions) 3 Filer ID (Ethics Commission Filers) 2514602215 7 Amount of contribution (\$) 560,00 Out-of-state PAC (ID#: Amount of contribution (\$) 09-06-19 Roysfon, Vicky + Williams Contributor address; City: State: Zip Code SS COVE CinclE s 300.00 BROWNSVILLE, TEXAS 18521 ation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) A + + ORNEY L Amount of contribution (\$) 09-06-19 TANACIO G. MARTINEZ Contributor address; City; State; Zip Code 1205 N. ExpRessWAY BROWNSUILLE, TEXAS 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) 5 80.00 AttORNEY Amount of contribution (\$) Principal occupation / Job title (See Instructions) Paul Hemph; LL Contributor address: City: State: Zip Code 815 Ridg E Wood Street BROWNSVILLE, TEXAS 78520 Employer (See Instructions) \$ 250.00 AffORNEY 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) LINDA M. SALAZAR 2514602215 4 Date 5 Full name of contributor David & TANYA RODRIGUE2 09-06-19 6 Contributor address; City: State: Zip Code 35/3 LA SOLE dad Ct. 16 BROWNSUILLE, TEXAS 18520 8 Principal occupation / Job title (See Instructions) FRiend - DONATION 9 Employer (See Instru 7 Amount of contribution (\$) \$500.00 Date 09-17-19 Fundraiser From Contributor address; City: State: Zip Code 09/12/19 @ Myfa's Amount of contribution (\$) \$900.00 Principal occupation / Job title (See Instructions) Fun chaise ON 09/12/19 Employer (See Instructions) HAPPY THOMAS Contributor address; City; State; Zip Code 4380 BOCA CHICA BLud. A-3 Amount of contribution (\$) \$50.00 Principal occupation / Job title (See Instructions) Friend - Donation Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) HAPPY THOMAS Contributor address: City: State: Zip Code 4380 BOCA CHICA Blud. A-3 \$50.00 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER, NAME LINDA M. SALAZAR 3 Filer ID (Ethics Commission Filers) 25-146 022 15 7 Amount of contribution (\$) Jasus CANALES 6 Contributor address; City; State; Zip Code 845 E. HARRISON ST. 5 300.0° BROWNSVILLE, TEXAS 78520 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) ATTORNEY Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (S) DIANNE OR KEVIN 75BOLL Contributor address: City; State; Zip Code 1641 Resaca Vis. 09-17-19 \$1,000.00 BROWNSVILLE, TEXAS 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) 09-17-19 LV IMAging LLC Contributor address; City: State: Zip Code 1900 N. Expression C2 5200,00 BROWNSVILLE, TEXAS 18521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Romedu MejA Contributor address: City; State; Zip Code 970 S. Indiana AUE \$ 300.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Donation - Bass 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) 25/46/022/5
4 Date  5 Full name of contributor out-of-state PAC (ID#:  19-23-19 6 Contributor address; City; State; Zip Code 3775 TN fannaficnal Blud. BROWNSVILLE, TEXAS 7852/  8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)  \$200.
Ponsfien  Date Full name of contributor   out-of-state PAC (ID#:	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Powafiew - Self-Employed	tructions)
Date  Full name of contributor  \[ \begin{array}{cccccccccccccccccccccccccccccccccccc	
Date Full name of contributor out-of-state PAC (ID#:  CHRISTINA P. GONZALEZ  Contributor address; City; State; Zip Code  53 E. COWAN TEX  BROWNSVILLE, TEXAS 7852/	Amount of contribution (\$)
BROWNSVILLE, TEXAS 7853/ Principal occupation / Job title (See Instructions)  Brincipal occupation / Job title (See Instructions)  Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	

MONE.	TARY 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) 25-146022/5
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
10-04-19	NeLdA 6. TRevino 6 Contributor address; City: State; Zip Code 1244 Pinion PR. BROWNSUILLE, TEXAS 78526	540,00
	pation / Job title (See Instructions)  9 Employer (See Instructions)  1 - Fin drain ON 09/29/19	rctions)
Date	Full name of contributor	Amount of contribution (\$)
10-04-19	HAPPY THOMAS  Contributor address: City: State: Zip Code  4380 BOCA CHICA Blud. A-3  BRONNSVILLE, TEXAS 78521	\$50, eo
	pation / Job title (See Instructions) Employer (See Instru	ctions)
DONGT	ion on 09/29/19	
Date /0-64-19	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
D.1. 1	BROWNSUILLE, TEXAS 78523	
	pation / Job title (See Instructions)  Employer (See Instructions)  Fundaisa ON 09/29/19	ctions)
Date	Full name of contributor	Amount of contribution (\$)
10-04-19	Lotenia Funchaiser Contributor address; City; State; Zip Code Sor Systemlen 29, 2019	\$ 1720.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
	•	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additiona	

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) LINDA M. SALAZAR 2514602215 7 Amount of contribution (\$) \$ 1,000.00 Date Amount of contribution (\$) SPENCER GAILLE 10-10-19 Contributor address: City: State: Zip Code 1140 PAREDES LiNERD. BROWNSVILLE, TEXAS 18521 5/25,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) DONAtiON - Friend Date Amount of contribution (\$) 10-28-19 DAVID GARZA Contributor address: 2025 State; Zip Code \$200.00 Principal occupation / Job title (See Instructions) RROWNSVILLE, TEXAS 18522 Employer (See Instructions) Ponafion-Friend Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) MARY TAMAYO 10-28-19 Contributor address; City; State; Zip Code 3047 OLD Spanish Tal. BROWNSVILLE, TEXAS 78520 Principal occupation / Job title (See Instructions) FRIEND - DONATION Employer (See Instructions) \$100.00 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) LINDA M. SALAZAR 2514602215 7 Amount of contribution (\$) NOE ORFIZ 10-28-19 6 Contributor address: City; State; Zip Code 657 Spring mart BLud. BROWNSVILLE, TEXA 5 98526 8 Principal occupation / Job title (See Instructions) Functions Pona-Fion-Ticket Functions on 10/24/19 s 75 00 Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) JOSE GABRIEL REYES Contributor address; City; State; Zip Code 3112 Westwind DR. Principal occupation / Job title (See Instructions) Do NA+ion-Ticket Fon Fundra isonon 10/24/19 Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) DONAL J., HAMM Contributor address; City: State; Zip Code 658 GREENField Court BROWNSVILLE, TEXAS 1850/ Principal occupation / Job title (See Instructions) Employer (See \$50.00 Danation - Ticket For Fundraises ON 10/24/19 Full name of contributor Amount of contribution (\$) 10-28-19 Contributor address: City: State: Zip Code 4380 BOCA CHICA Blub. A-3 BROWNS VILLE, TEXAS 78521 Principal occupation / Job title (See Instructions) Donaflow-Tick from Fundamism or 10/24/19 \$ 50.00

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) LINDA M. SALAZAR 2514602215 7 Amount of contribution (\$) 10-28-19 DIANA VILLARREAL 6 Contributor address; City; State; Zip Code 185 RUBEN N. TORRES-Blud. \$ 1,000.00 BROWNSVILLE, TEXAS 7852-0 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) FRIENd ut-of-state PAC (ID#: Amount of contribution (\$) Fundaiser ON 10/24/19 Contributor address; City; State; Zip Code \$ 900.00 Principal occupation / Job title (See Instructions) Fundum ON 10/24/19 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) JUNION JOSE G. CAZARES Contributor address; City; State; Zip Code 38 LANG AN STREET BROWNS VILLE, TEXAS 18521 Principal occupation / Job title (See Instructions) FRIEND - Businessand \$250,00 Amount of contribution (\$) P. K. PATeL 1-12-19 Contributor address; City; State; Zip Code 1945 N. Expnessway BRUNNSVILLE, TEXAS 78520 Principal occupation / Job title (See Instructions) Employer (See Instru 5501.00

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) LINDA M. SALAZAR 2514602215 7 Amount of contribution (\$) 11-25-19 MARIA GUADALUPE TORRE CONLEY 6 Contributor address; City; State; Zip Code 3022 ABER LEEN DR. BROWNSVILLE, TEXAS 78526 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) \$ 300.00 FRIAND - DONATION Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 11-26-19 ERIC WILLIAMS Contributor address; City; State; Zip Code 13 CROWN Ridg E BROWNSVILLE, TEXAS 7852/ Principal occupation / Job title (See Instructions) Employer (See Instru \$500.00 Businesman - Ponction Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) | 2-10-19 | SALVADOR LOPE2 | | Contributor address: City: State: Zip Code | 1280 | CHERS | Blud. | | BROWNSVILLE, TEXAS 1852| | Principal occupation / Job title (See Instructions) | Employer (See Instructions) \$60.00 Employer (See Instructions) FRIEND - DONAtion Full name of contributor | | out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) 12-10-19 Domingo Diaz Contributor address; City; State; Zip Code P.O. Box 1326 5/0000 Principal occupation / Job title (See Instructions) Employer (S Employer (See Instructions) DONAtion - Friend 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) LINDA M. SALAZAR 4 Date 5 Full name of contributor \_\_\_ out-of-state PAC (ID#:\_\_\_\_\_ 2514602215 7 Amount of contribution (\$) 12-10-19 HAPPY THOMAS 6 Contributor address; City; State; Zip Code 4380 BOCA CHICA Blud. \$50.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) DONATION. Date Amount of contribution (\$) 12-10-19 Serigo SANTIASO Contributor address; City; State; Zip Code 1230Ld Pont ISABel RJ. STEA4 5200,00 | BROWNSVILLE, TEXAS 7852/ Principal occupation / Job title (See Instructions) | Employer DONAFION Full name of contributor ut-of-state PAC (ID#:\_ Amount of contribution (\$) DIANNE OR KEVIN ISBELL 12-10-19 Contributor address: City: State; Zip Code 1641 RESACA VIS BROWNSVILLE, TEXAS 1852/ Principal occupation / Job title (See Instructions) Employer (See Instru 5200 ce Donation's Amount of contribution (\$) 12-10-19 B. B. Q. Brisket Fundraise Contributor address; City; State; Zip Code ON December 07, 2019 = 1,354. OC 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:
2 FILER NAM	NDA M. SALAZAR		3 Filer ID (Ethics Commission Filers) 25/46022/5
4 TOTAL O	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 <sub>Date</sub>	29-19 RENE SANCHEZ		8 Amount of 9 In-kind contribution description Food For Loterial Fun
	7 Contributor address; DAU THY BROWNSUILLE, TEXAS	18521	OP 09/29/19  Check if travel outside of Texas. Complete Schedule
10 Principal occ Bus	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)
	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
4 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
6 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date '0-24-/9	Full name of contributor out-of-state PAC (ID#:  JESUS A. HERNAN  Contributor address; North Expression  Brownsuille, TEXAS		Amount of In-kind contribution Contribution \$ description Food For Fundanises  Check if travel outside of Texas. Complete Schedule
70-24-/9	Jesus A. HERNAN	Employe	Contribution \$ description Food For Fundamiser  Check if travel outside of Texas. Complete Schedule  (FOR NON-JUDICIAL) (See Instructions)
70-24-19 Principal occu Bus	Contributor address; North Expussion Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Contribution \$ description  Food For  Fund noiser  Check if travel outside of Texas. Complete Schedule
Principal occur Bus Contributor's	Contributor address; Non fix: State; Zip Contributor address; Non fix: Express of Brownsuille, TEXAS upation / Job title (FOR NON-JUDICIAL) (See Instructions)  SINESS - Self	Employer Contribut	Contribution \$ description  Food For  Fundaniser  Check if travel outside of Texas. Complete Schedule  (FOR NON-JUDICIAL) (See Instructions)
Principal occur Bus Contributor's a	Contributor address; North Expussion North Expussion North Expussion State; Zip Contributor address; North Expussion (FOR NON-JUDICIAL) (See Instructions) SINUSS - Self principal occupation (FOR JUDICIAL)	Employer Contribut	Contribution \$ description  Food For  Fund noiser  Check if travel outside of Texas. Complete Schedule  (FOR NON-JUDICIAL) (See Instructions)  CLSTARAN F  or's job title (FOR JUDICIAL) (See Instructions)
Principal occur Bus Contributor's a	Contributor address; Non fix: State; Zip Coordinate address; Non fix: Express of Brownsuille, TEXAS upation / Job title (FOR NON-JUDICIAL) (See Instructions)  SINESS - Self  principal occupation (FOR JUDICIAL)  employer/law firm (FOR JUDICIAL)	Employer Contribut	Contribution \$ description  Food For  Fund noiser  Check if travel outside of Texas. Complete Schedule  (FOR NON-JUDICIAL) (See Instructions)  CLSTARAN F  or's job title (FOR JUDICIAL) (See Instructions)
Principal occu Bus Contributor's	Contributor address; Non fix: State; Zip Coordinate address; Non fix: Express of Brownsuille, TEXAS upation / Job title (FOR NON-JUDICIAL) (See Instructions)  SINESS - Self  principal occupation (FOR JUDICIAL)  employer/law firm (FOR JUDICIAL)	Employer Contribut	Contribution \$ description  Food For  Fund noiser  Check if travel outside of Texas. Complete Schedule  (FOR NON-JUDICIAL) (See Instructions)  CLSTARAN F  or's job title (FOR JUDICIAL) (See Instructions)
Principal occu Bus Contributor's	Contributor address; Non fix: State; Zip Coordinate address; Non fix: Express of Brownsuille, TEXAS upation / Job title (FOR NON-JUDICIAL) (See Instructions)  SINESS - Self  principal occupation (FOR JUDICIAL)  employer/law firm (FOR JUDICIAL)	Employer Contribut	Contribution \$ description  Food For  Fund noiser  Check if travel outside of Texas. Complete Schedule  (FOR NON-JUDICIAL) (See Instructions)  CLSTARAN F  or's job title (FOR JUDICIAL) (See Instructions)
Principal occur Bus Contributor's a	Contributor address; Non fix: State; Zip Coordinate address; Non fix: Express of Brownsuille, TEXAS upation / Job title (FOR NON-JUDICIAL) (See Instructions)  SINESS - Self  principal occupation (FOR JUDICIAL)  employer/law firm (FOR JUDICIAL)	Employer Contribut	Contribution \$ description  Food For  Fund noiser  Check if travel outside of Texas. Complete Schedule  (FOR NON-JUDICIAL) (See Instructions)  CLSTARAN F  or's job title (FOR JUDICIAL) (See Instructions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

 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 3 Filer ID (Ethics Commission Filers) LINDA M. SALAZAR 5 Payce name 2514602215 4 Date 07-19-19 6 Amount (\$) VNLimited Pizinting

Payee address: City: State; Zip Code

ORIA Street StE A-1 \$ 129.90 BROWNSVILLE, TEXAS 78520 (a) Category (See categories listed at the top of this schedule)

Campaign Postens, (b) Description Check if travel outside of Texas, complete Schedule T PURPOSE FILERT Check if Austin. TX, officeholder fiving expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Wal-mart 07-19-19 Payee address: City; State; Zip Code 2721 BOCA CHICA Blud. : 282.28 BROWNSUILLE, TEXAS 78520
Category (See categories listed at the top of this schedule)

Description PURPOSE Donation FOR Check if travel outside of Texas, complete Schedule T Kids Supplies EXPENDITURE Check if Austin, TX. officeholder living expense BACK to ScHooL Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date CASA 07-25-19 Payee address; City; State; Zip Code
1740 BOCA CHICA Blud. #300 BROWNSVILLE, TEXAS 18520 Category (See categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, complete Schedule T Donation EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held

#### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FJLER NAME 3 Filer ID (Ethics Commission Filers) LINDA M. SALAZAR

5 Payee name

J. A. SPORTS

7 Payee address: City: State: Zip Code

4627 CENTRAL CIRCLE 2514602215 4 Date 07-3/-/9 6 Amount (\$) \$ 1854.43 BROWNSVILLE, TEXAS 78521 (a) Category (See categories listed at the top of this schedule)

7- SHints - Political (b) Description Check if travel outside of Texas complete Schedule T PURPOSE OF Check if Austin, TX. afficeholder Jiving expense EXPENDITURE 5igns 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name DRI PRINT PLACE 08-07-19 Amount (\$) City; State; Zip Code 1110 AVE H. EAST 5468.25 ARLINGTON, TEXAS 76011 Description PURPOSE Check if travel outside of Texas, complete Schedule T **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH Office held Date DRI PRINT PLACE 07-24-19 Amount (\$) Payee address: City: State; Zip Code \$ 119.03 ARLING FON, TEXAS 760111
Category (See categories listed at the top of this schedule)

Description Political Push **PURPOSE** Check if travel outside of Texas, complete Schedule T OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica		Printing Expense Travel Out of District Other (enter a category not listed above)
1 Total pages Schedule F1:	The Instruction Guide explains  2 FILER NAME	how to complete this form.
4 Date	LINDA M. SA	05/7000015
07-31-19 6 Amount (\$) 5500.	7 Payee address: City: State: Zip 4627 CENTINA	L'Circle
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this school of the sch	dute) (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
08-06-19	ENGRAVING AWA	and GiFts
Amount (\$) \$,693.	Payee address: City; State; Zip 42 FRANKLIN LACONIA, NH	Street
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Pan Cil'n + Br ScHools Ponc fions	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	Payee name	
08-30-19	J. A. Sports	
Amount (\$)  5 3, 191.33	Payee address: City: State; Zip C 4627 CENTRA BROWNSUILLE	TEXAS 18521
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule of the schedule of	Ule) Deported
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

### SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Politic	cal Committee Legal Services	Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor  Ins how to complete this form.  Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME	
	LINDA M.	SALAZAR 3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	001/800010
09-17-19	J.A. SPO	orts
6 Amount (\$)	7 Payee address: City: State; 4627 CENTR.	Zip Code
\$1385.60	BROWNSVILL	E, TEXAS 78521
8	(a) Category (See categories listed at the top of this	schedule) (b) Description
PURPOSE	Political Si	
OF EXPENDITURE		Check if Austin. TX. officeholder living expense
	& T-SHirts	and a spelling
Omplete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Рауее пате	
10-01-19	Veterans	OF FOREIGN WARS (VFW)
Amount (\$)	Payee address: City: State: 7	in Code
· · · · · · ·	1801 Vete	RANS Blud.
5,200,		E, TEXAS 28520
	Category (See categories listed at the top of this s	chedule) Description
PURPOSE OF	Donation For	Check if travel outside of Texas, complete Schedule T
EXPENDITURE	Event (Politica	1 1 1
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office hald
expenditure to benefit C/OH		Office sought Office held
Date	Payee name BOSE d E	V McCumBeR
10-09-19	D REE & E1	" " CUMBER
Amount (\$)	Payee address; City; State; Zi	p Code
÷ 1500.00	1724 BOCA CI	Code Vica Blud.
. 7300.	BROWNSVILLE	E, TEXAS 18520
	Category (See categories listed at the top of this so	hedule) Description
PURPOSE OF	Polifical	Check if travel outside of Texas, complete Schedule T
	Adventising And	Check if Austin. TX. officeholder living expense
•	Designs	wing expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought
expenditure to benefit C/OH		Office sought Office held
	ATTACH ADDITIONAL CODIES	OF THIS SCHEDULE AS NEEDED
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#### SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how	to complete this form.	ter a category not listed above)
1 Total pages Schedule F	LINDA M. SALAZ	AR 3 Filer	ID (Ethics Commission Filers) 14602215
4 Date	5 Payee name	1 1	11600013
/0-//-/9 6 Amount (\$)	Friendship OF W	OMEN	
\$ 100.00	7 Payee address: City: State: Zip Code 95 E. PRICE Rd  BROWNSVILLE, 7		,
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Ponation	Check if travel outside of Te	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	L Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10-11-19	Payee name SD - mile of	HopE	
Amount (\$)	Payee address; City; State; Zip Code	- 1	
\$150,00			
,,,,,,,,	BROWNSVILLE, TO	EXAS 18521	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF	Donation	Check if travel outside of Tex	as, complete Schedule T
EXPENDITURE	PONLYTON	Check if Austin, TX. officehok	der living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
10-25-19	J.A. SPORTS		
Amount (\$)	Payee address; City; State; Zip Code		
5568.31	4627 CENTRAL BROWNSVILLE,	CIRCLE TEXAL DO	<i></i>
	Category (See categories listed at the top of this schedule)		30/
PURPOSE OF	Political Signs	Description  Check if travel outside of Texas	S Complete Sahadul T
EXPENDITURE		Check if Austin. TX. officeholds	
Complete ONLY if direct	Candidate / Officeholder пате		
expenditure to benefit C/OH	ostroidate / Officerolder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDINE ACAITEDES	
		SOUSTOFF WO NEEDED	i

### SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how	v to complete this form.	(and ferries a calegory not listed above)
1 Total pages Schedule F1	LINDA M. SAL	92.Aa	Filer ID (Ethics Commission Filers)
Date 10-26-19	5 Payee name SAM'A		251460221
5247.71	7 Payee address: City: State: Zip Con 35 70 W. QL for BROWNSUILLE,		28r2D
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule  Ponafien Fon  Political Cobbeen	(b) Description  Check if travel outsi	ide of Texas, complete Schedule T officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-27-19	SAMi		
Amount (\$) \$ 294,99	Payee address: City: State: Zip Cod  3570 W. ALF  BROWNSVILLE,	on Gloon	eran
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Pons fior For  Polifical Coffeen	Description Check if travel outside	a of Texas, complete Schedule T
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
0-29-19	ENGRAVING AWA	rds	
\$ 700. D	Payee address; City: State: Zip Code 42 FRANKCIN S LACONIA, NH	+REE + 03246	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Donction's  Pencils Fun Schools	Description	of Texas, complete Schedule T ficeholder living expense
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEFDED	

#### SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

A CARLO SHICE HOLDER		Salaries/Wages/Contract Labor xplains how to complete this form.	Other (enter a category not listed above)
Total pages Schedule F1:     Date	LINDA M.		3 Filer ID (Ethics Commission Filers) 2514602215
11/07/19	5 Payee name 5 A m'z		7.7.400.070
6 Amount (S)	7 Payee address: City: State 3570 W. A	E, TEXAS 785	20
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of NAPKINS, PLAF.  FOR VETERNANS  LUNCHEON	f this schedule) (b) Description  Check if travel	outside of Texas, complete Schedule T . TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11-08-19		Gutierrez J	TR
5,100.00	Payee address: City; State 318 LOS 1 HARLINGEN,	TEXAS 785	-52
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of library)  Political  Pesigns	this schedule) Description Check if travel or	utside of Texas, complete Schedule T TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date /// 09/19	Payee name CAMERON COUNT	y Democrati	ic Party
Amount (\$) \$ 1,000.00	Payee address; City: State; 1325 WEST 6 HARLINGEN, T	FAR Field AVEN	IUE
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	is schedule) Description Check if travel ou	tside of Texas, complete Schedule T X. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS NEED	ED

#### SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains h	ow to complete this form.
1 Total pages Schedule F1:	FILER NAME M. SA	LAZAR 3 Filer ID (Ethics Commission Filers)
4 Date //- /5 · /9 6 Amount (\$)	5 Payee name CHRistmas CHARI	ty For Firen Dept.
\$ 100 co	CHRISTMAS CHARI 7 Payee address; City; State; Zip C 1156 E, Ad Am BROWNSU; LLE	Street TEXAS 18520
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedu	(b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date //-/5-/9	Payee name BROWNSUILLE	Police Department
Amount (\$) 00 \$ 100,	Payee address: City; State; Zip Co 600 E. JACKSO BROWNSUILLE,	N TEXAS 18520
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
//-/7-/9 Amount (\$)	Payee name  H. E. B.  Payee address: City: State: Zin Co.	
5321,19	Payee address; City; State; Zip Cor 2250 BOCA CA BROWNSVILLE, T	lica Blud. EXAS 18520
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule  PONA + i'n - Tunkeye For School	Description
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDED

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Mernorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	Committee Legal Services The Instruction Guide explains	Salaries/Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME LINDA M. SA	3 Filer ID (Ethics Commission Filers
4 Date //- 20 - / 9 6 Amount (\$)	5 Payee name UNLimited	
5 Amount (\$) \$ 343,3/	7 Payee address; City: State; Zip 26 85 N. Co	Code PRIA Street StE A-1, TEXAS 78520
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche  CAM paign Tickets—  Posters, ficers	dule) (b) 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	Payee name	
12-05-19	SAMR	
Amount (\$) \$\frac{1}{5} 318.11	Payee address: City; State; Zip of 3570 W. AC	Code LYON GLOOR , TEXAST 78520
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheol  NAKINS, PLATES  John T WATER FOR  CHM: STMAS PONATION	ule) Description Check if travel outside of Texas, complete Schedule T
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
/2-05-/9 Amount (\$)	Payee address: City: State: Zip C	nty Employee
\$ 100.00	TOU E, MACIS	STREE!
PURPOSE OF EXPENDITURE	BROWNSVILLE  Category (See categories listed at the top of this schedule  PONATION FOR  CHNISTMAS PARTY	le) Description
	CHristmas Panty	L 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	

#### SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Po	•	Printing Expense Travel in District Salaries/Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule I	1 2 FILER NAME M. S	ALAZAR  3 Filer ID (Ethics Commission Filers) 25 14602213  0 M PASS BANK
70 12-31-19 6 Amount (\$) 5 /8.	7 Payee address: City: State; 2 P.O. BOX 1050	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s	chedule)  (b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date 09/05/19	Payee name CRICKet SUN Com Mc	Bile
Amount (\$) 5/52.05	Payee address; City; State; Z  2200 BOCA  BROWNSUILLE	CHICA BLUCK. TEXAS 78521
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so  PHONE FOR  Campaign	Check if Austin, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date  10   03   19  Amount (\$)	Payee name  Cricket W  Payee address: City: State: Zin  2200 BOCA	ire Less Code CHich Blud.
PURPOSE OF EXPENDITURE	BROWNS VILLE  Category (See categories listed at the top of this sch  FEES FOR  Polifical PHONES	E, TEXAS 18521
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains h	low to complete this form.	(enter a category not listed above)
1 Total pages Schedule F	LINDA M. SAC	/ n a a a 3 File	er ID (Ethics Commission Filers)
4 Date 09/17/19	5 Payee name		14602215
6 Amount (\$)	7 Payee address; City; State; Zip C 5500 EAST 144	Code	
5,119.83	!		
8	BROWNSUILLE, (a) Category (See categories listed at the top of this sched	ule) (b) Description	
PURPOSE OF EXPENDITURE	Poles For Political Signs	Check if travel outside o	f Texas, complete Schedule T scholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11/04/19	Cricket WireL	ess	
Amount (\$) 5 /25,50	Payee address; City; State; Zip Co	CA Blud.	
PURPOSE OF EXPENDITURE	BROWNSVILLE, 7 Category (See categories listed at the top of this schedus FEES FOR POLITICAL PHONES	Description  Check if travel outside of	Texas, complete Schedule T
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/21/19	Payee name BuckWHolesALe		
Amount (\$)	Payee address; Brogdon Ro 380 Brogdon Ro SUWANEE, GR.	$\mathcal{Q}_{\bullet}$	
PURPOSE	Category (See categories listed at the top of this schedule Political	30024  Description Check if travel outside of Te	
OF EXPENDITURE	HATS	Check if Austin, TX. officeho	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS MEEDED	

### SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanies/Wages/Contract Labor

	The Instruction Guide	explains how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F	EINDA M. S		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	HENZHIC	2514602215
//-22-/9 6 Amount (\$)	NEE d EN 7 Payee address; City: Sta	to: Zin Code	
\$330.63	2915 Ogl	te: Zip Gode e foun Rd. # DE. 19713	3017
3	(a) Category (See categories listed at the top	of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	T- SHIRTS Political		l outside of Texas. complete Schedule T n. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12-03-19	Cricket W	likeLess-	
Amount (\$)	2200 BOCA	EXIDENCE CHICA Blud. CHICA Blud. LE, TEXAS 18	) e= 11 /
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of FEES FOR POLIFICAL PHO	f this schedule) Description  Check if travel of	outside of Texas, complete Schedule T TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
2-11-19	6 Loria 6	GONZALEZ	
Amount (\$) \$330.00	Payee address: City; State  3552 Wan  BROWNSUI'LL  Category (See raterosiss listed at the see	Zwick Coun	
PURPOSE OF EXPENDITURE	Christmas To	(DIS schedule)   Donamination	utside of Texas, complete Schedule T TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

#### SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers) 2514602215
4 Date 12-17-19	5 Payee name  J. A. SPORTS	CHZAIC	2514602215
6 Amount (\$) \$\(\frac{\cappa}{6}\)22,43	7 Payee address; City: State; Zip Code 4627 CENTRAL BROWNSUILLE, T	Circle	e.r.a./
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  - Shint - CAPS  - CA	(b) Description Check if trave	el outside of Texas, complete Schedule T tin. TX. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address: City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address: City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		outside of Texas, complete Schedule T TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder лате	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S		