

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:

29

OFFICE USE ONLY

Date Received

CAMERON COUNTY
DEPARTMENT OF ELECTIONS &
VOTER REGISTRATION

3:00pm JAN 14 2020

RECEIVED

Date Hand-Delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

LINDA M
SALAZAR

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

4434 SAN ANTONIO RD.
BROWNSVILLE, TEXAS 78521

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 466-1014

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

RICHARD E.
ZAYAS

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

07 / 01 / 19

THROUGH

Month Day Year

12 / 31 / 19

11 ELECTION

ELECTION DATE

Month Day Year

03 / 03 / 20

ELECTION TYPE

- Primary Runoff Other Description
- General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

JUSTICE OF THE
PEACE Pct. 2-1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

LINDA M. SALAZAR

15 Filer ID (Ethics Commission Filers)

2514602215

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 19,191.63

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 1,439.60

4. TOTAL POLITICAL EXPENDITURES

\$ 17,027.03

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 17,900.47

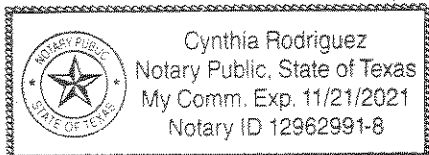
OUTSTANDING
LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Linda Salazar
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Linda Salazar, this the 10th day of January, 2020, 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	\$ <i>19,191.63</i>
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>500.00</i>
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	\$ <i>17,027.03</i>
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

08-08-19

5 Full name of contributor

ALFONSO DE LA TORRE

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 500.⁰⁰

6 Contributor address; City; State; Zip Code

4804 PAREDES LANE
BRONNSVILLE, TEXAS 78520

8 Principal occupation / Job title (See Instructions)

BUSINESSMAN

9 Employer (See Instructions)

Date

08-20-19

Full name of contributor

RICARDO MORALES

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,136.63

Contributor address; City; State; Zip Code

405 MANHATTAN DRIVE
DONNA, TEXAS 78537

Principal occupation / Job title (See Instructions)

FRIEND - DONATION

Employer (See Instructions)

;

Date

08-20-19

Full name of contributor

ELIDA URQUIETA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 350.⁰⁰

Contributor address; City; State; Zip Code

1738 Southmost Rd.
BRONNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

SELF-EMPLOYED - DONATION

Employer (See Instructions)

Date

08-29-19

Full name of contributor

FUNDRAISER B. B. CHICKEN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,350.00

Contributor address; City; State; Zip Code

ON 08/24/19

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1.

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

2514602215

4 Date

08-29-19

5 Full name of contributor

MARIA DE LOS ANGELES CALVILLO

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 400.⁰⁰

6 Contributor address; City; State; Zip Code

77 CREEKBEND DR.
BROWNSVILLE, TEXAS 78521

8 Principal occupation / Job title (See Instructions)

Businessman - SELF-DONATION

9 Employer (See Instructions)

Date

08-29-19

Full name of contributor

Rosie S. Sotelo

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50.⁰⁰

Contributor address; City; State; Zip Code

244 S. CENTRAL AVE.
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

DONATION - FRIEND

Employer (See Instructions)

!

Date

09-03-19

Full name of contributor

NOE NILO ORTIZ

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,000.⁰⁰

Contributor address; City; State; Zip Code

5462 RUSTIC MANOR DR.
BROWNSVILLE, TEXAS 78526

Principal occupation / Job title (See Instructions)

FRIEND - DONATION

Employer (See Instructions)

Date

09-03-19

Full name of contributor

JOSE G. ALVAREZ J.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 300.⁰⁰

Contributor address; City; State; Zip Code

6821 PAREDES LINE Rd.
BROWNSVILLE, TEXAS 78526

Principal occupation / Job title (See Instructions)

Businessman - DONATION

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

09-03-19

5 Full name of contributor

SPENCER GAILLE

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$60.⁰⁰

6 Contributor address; City; State; Zip Code

1140 PAREDES LINES RD.
BROWNSVILLE, TEXAS 78521

8 Principal occupation / Job title (See Instructions)

FRIEND - DONATION

9 Employer (See Instructions)

Date

09-06-19

Full name of contributor

ROYSTON, VICKY + WILLIAMS

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$300.⁰⁰

Contributor address; City; State; Zip Code

55 COVE CIRCLE
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

09-06-19

Full name of contributor

IGNACIO G. MARTINEZ

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$80.⁰⁰

Contributor address; City; State; Zip Code

1205 N. EXPRESSWAY
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

09-06-19

Full name of contributor

PAUL HEMPHILL

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$250.⁰⁰

Contributor address; City; State; Zip Code

815 RIDGEWOOD STREET
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

09-06-19

5 Full name of contributor

David + TANYA RODRIGUEZ

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$500.⁰⁰

6 Contributor address;

3513 LA SOLEDAD Ct. 16
BROWNSVILLE, TEXAS 78520

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Friend - DONATION

9 Employer (See Instructions)

Date

09-17-19

Full name of contributor

Fundraiser FROM

out-of-state PAC (ID#)

Amount of contribution (\$)

\$900.⁰⁰

Contributor address;

09/12/19 @ Myta's

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Fundraiser ON 09/12/19

Employer (See Instructions)

Date

09-17-19

Full name of contributor

HAPPY THOMAS

out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.⁰⁰

Contributor address;

4380 BOCA CHICA Blvd. A-3
BROWNSVILLE, TEXAS 78521

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Friend - DONATION

Employer (See Instructions)

Date

09-17-19

Full name of contributor

HAPPY THOMAS

out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.⁰⁰

Contributor address;

4380 BOCA CHICA Blvd. A-3
BROWNSVILLE, TEXAS 78521

City; State; Zip Code

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

09-17-19

5 Full name of contributor

out-of-state PAC (ID#: _____)

JESUS CANALES

6 Contributor address; City; State; Zip Code

845 E. HARRISON ST.
BROWNSVILLE, TEXAS 78520

7 Amount of contribution (\$)

\$300.⁰⁰

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

Date

09-17-19

Full name of contributor

out-of-state PAC (ID#: _____)

DIANNE OR KEVIN FSBELL

Contributor address; City; State; Zip Code

1641 RESACA Vlg.
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

\$1,000.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

;

Date

09-17-19

Full name of contributor

out-of-state PAC (ID#: _____)

LV IMAGING LLC

Contributor address; City; State; Zip Code

1900 N. EXPRESSWAY C2
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

\$200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09-17-19

Full name of contributor

out-of-state PAC (ID#: _____)

ROMEDU MEJA

Contributor address; City; State; Zip Code

970 S. INDIANA AVE
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

\$300.⁰⁰

Principal occupation / Job title (See Instructions)

DONATION - BASS

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

2514602215

4 Date

09-23-19

5 Full name of contributor

Jaime Perez

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.⁰⁰

6 Contributor address; City; State; Zip Code

*3775 INTERNATIONAL Blvd.
BROWNSVILLE, TEXAS 78521*

8 Principal occupation / Job title (See Instructions)

DONATION

9 Employer (See Instructions)

Date

09-23-19

Full name of contributor

MARTHA L. GARCIA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$400.⁰⁰

Contributor address; City; State; Zip Code

*3505 BOCA CHICA Blvd. Suite 410
BROWNSVILLE, TEXAS 78521*

Principal occupation / Job title (See Instructions)

DONATION - SELF-EMPLOYED

Employer (See Instructions)

!

Date

09-23-19

Full name of contributor

Laura Mejia

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$400.⁰⁰

Contributor address; City; State; Zip Code

*7750 E. Padre Island Highway
BROWNSVILLE, TEXAS 78521*

Principal occupation / Job title (See Instructions)

DONATION - SELF-EMPLOYED

Employer (See Instructions)

Date

10-04-19

Full name of contributor

CHRISTINA P. GONZALEZ

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$80.⁰⁰

Contributor address; City; State; Zip Code

*53 E. COWAN TEX
BROWNSVILLE, TEXAS 78521*

Principal occupation / Job title (See Instructions)

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

10-04-19

5 Full name of contributor

NELDA G. TRUJINO

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$40.⁰⁰

6 Contributor address; City; State; Zip Code

1244 PINION DR.
BROWNSVILLE, TEXAS 78526

8 Principal occupation / Job title (See Instructions)

Donation Fundraiser ON 09/29/19

9 Employer (See Instructions)

Date

10-04-19

Full name of contributor

HAPPY THOMAS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.⁰⁰

Contributor address; City; State; Zip Code

4380 BOCA CHICA Blvd. A-3
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

Donation ON 09/29/19

Employer (See Instructions)

?

Date

10-04-19

Full name of contributor

TONY MACHERA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.⁰⁰

Contributor address; City; State; Zip Code

P.O. BOX 3383
BROWNSVILLE, TEXAS 78523

Principal occupation / Job title (See Instructions)

Loteria Fundraiser ON 09/29/19
Tickets

Employer (See Instructions)

Date

10-04-19

Full name of contributor

Loteria Fundraiser

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1720.00

Contributor address; City; State; Zip Code

for September 29, 2019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>LINDA M. SALAZAR</i>		3 Filer ID (Ethics Commission Filers) <i>2514602215</i>
4 Date <i>10-10-19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ERASMO LOPEZ</i>	7 Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2100 W. Expressway 83 MERCEDDES, TEXAS 78570</i>		
8 Principal occupation / Job title (See Instructions) <i>Businessman -</i>		9 Employer (See Instructions)
Date <i>10-10-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SPENCER GAILLE</i>	Amount of contribution (\$) <i>\$125.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1140 PAREDES LINE RD. BROWNSVILLE, TEXAS 78521</i>		
Principal occupation / Job title (See Instructions) <i>DONATION - Friend</i>		Employer (See Instructions) <i>?</i>
Date <i>10-28-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID GARZA</i>	Amount of contribution (\$) <i>\$200.⁰⁰</i>
Contributor address; City; State; Zip Code <i>P.O. BOX 2025 BROWNSVILLE, TEXAS 78522</i>		
Principal occupation / Job title (See Instructions) <i>Donation - Friend</i>		Employer (See Instructions)
Date <i>10-28-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARY TAMAYO</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>3047 OLD SPANISH TRL. BROWNSVILLE, TEXAS 78520</i>		
Principal occupation / Job title (See Instructions) <i>Friend - DONATION</i>		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 <i>10-28-19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NOE Ortiz</i>	7 Amount of contribution (\$) <i>\$ 75.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>657 Springmart Blvd BROWNSVILLE, TEXAS 78526</i>		

8 Principal occupation / Job title (See Instructions) *Fundraiser* 9 Employer (See Instructions)
Donation - Ticket For on 10/24/19

Date <i>10-28-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOSE GABRIEL REYES</i>	Amount of contribution (\$) <i>\$ 50.⁰⁰</i>
Contributor address; City; State; Zip Code <i>3112 Westwind DR. BROWNSVILLE, TEXAS 78526</i>		

Principal occupation / Job title (See Instructions) *Donation - Ticket For Fundraiser on 10/24/19* Employer (See Instructions)

Date <i>10-28-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DONALD J. HAMM</i>	Amount of contribution (\$) <i>\$ 50.⁰⁰</i>
Contributor address; City; State; Zip Code <i>658 Greenfield Court BROWNSVILLE, TEXAS 78521</i>		

Principal occupation / Job title (See Instructions) *Donation - Ticket For Fundraiser on 10/24/19* Employer (See Instructions)

Date <i>10-28-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HAPPY THOMAS</i>	Amount of contribution (\$) <i>\$ 50.⁰⁰</i>
Contributor address; City; State; Zip Code <i>4380 BOCA CHICA BLVD. A-3 BROWNSVILLE, TEXAS 78521</i>		

Principal occupation / Job title (See Instructions) *Donation - Ticket For Fundraiser on 10/24/19* Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

2514602215

4 Date

10-28-19

5 Full name of contributor

DIANA VILLARREAL

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 1,000.⁰⁰

6 Contributor address; City; State; Zip Code

185 RUBEN N. TORRES Blvd.
BRONNSVILLE, TEXAS 78520

8 Principal occupation / Job title (See Instructions)

Friend

9 Employer (See Instructions)

Date

10-28-19

Full name of contributor

Fundraiser ON 10/24/19

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 900.⁰⁰

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Fundrain ON 10/24/19

Employer (See Instructions)

;

Date

11/12/19

Full name of contributor

JUAN JOSE G. CAZARES

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250.⁰⁰

Contributor address; City; State; Zip Code

38 LANGAN STREET
BRONNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

Friend - Businessman

Employer (See Instructions)

Date

11-12-19

Full name of contributor

P. K. PATEL

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 501.00

Contributor address; City; State; Zip Code

1945 N. Expressway
BRONNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

Businessman

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

11-25-19

5 Full name of contributor

out-of-state PAC (ID#: _____)

MARIA GUADALUPE TORRE CONLEY

6 Contributor address; City; State; Zip Code

3022 ABERDEEN DR.
BROWNSVILLE, TEXAS 78526

7 Amount of contribution (\$)

\$300.⁰⁰

8 Principal occupation / Job title (See Instructions)

FRIEND - DONATION

9 Employer (See Instructions)

Date

11-26-19

Full name of contributor

out-of-state PAC (ID#: _____)

ERIC WILLIAMS

Contributor address; City; State; Zip Code

13 CROWN RIDGE
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

\$500.⁰⁰

Principal occupation / Job title (See Instructions)

Businessman - Donation

Employer (See Instructions)

?

Date

12-10-19

Full name of contributor

out-of-state PAC (ID#: _____)

SALVADOR LOPEZ

Contributor address; City; State; Zip Code

1280 CHEERS BLVD.
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

\$60.⁰⁰

Principal occupation / Job title (See Instructions)

FRIEND - DONATION

Employer (See Instructions)

Date

12-10-19

Full name of contributor

out-of-state PAC (ID#: _____)

DOMINGO DIAZ

Contributor address; City; State; Zip Code

P.O. BOX 1326
HARLINGEN, TEXAS 78550

Amount of contribution (\$)

\$60.⁰⁰

Principal occupation / Job title (See Instructions)

DONATION - FRIEND

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

12-10-19

5 Full name of contributor

HAPPY THOMAS

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50.⁰⁰

6 Contributor address; City; State; Zip Code

4380 BOCA CHICA BLVD.
BROWNSVILLE, TEXAS 78521

8 Principal occupation / Job title (See Instructions)

DONATION.

9 Employer (See Instructions)

Date

12-10-19

Full name of contributor

SERIGO SANTIAGO

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.⁰⁰

Contributor address; City; State; Zip Code

1230 OLD PORT ISABEL RD. STE A4
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

DONATION

Employer (See Instructions)

:

Date

12-10-19

Full name of contributor

DIANNE OR KEVIN ISBELL

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.⁰⁰

Contributor address; City; State; Zip Code

1641 RESACA VIS
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

DONATION

Employer (See Instructions)

Date

12-10-19

Full name of contributor

B.B.Q. BRISKET FUNDRAISER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,354.⁰⁰

Contributor address; City; State; Zip Code

ON DECEMBER 07, 2019

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 NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

2514602215

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

09-29-19

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

RENE SANCHEZ

8 Amount of Contribution \$

\$300.⁰⁰

9 In-kind contribution description

Food For Loteria Fundraiser ON 09/29/19

7 Contributor address; City; State; Zip Code

1034 McDAVITT
BROWNSVILLE, TEXAS 78521

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)

Resturant

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

10-24-19

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

JESUS A. HERNANDEZ

Amount of Contribution \$

\$200.⁰⁰

In-kind contribution description

Food For Fundraiser

Contributor address; City; State; Zip Code

2370 NORTH EXPRESSWAY
BROWNSVILLE, TEXAS

Check if travel outside of Texas. Complete Schedule T.

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

Business - SELF

Employer (FOR NON-JUDICIAL) (See Instructions)

RESTURANT

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 LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 2514602215
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4 Date 07-19-19	5 Payee name UNlimited Printing
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6 Amount (\$) \$ 129.90	7 Payee address: City: State; Zip Code 2685 N. CORIA Street STE A-1 BROWNSVILLE, TEXAS 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign Posters, FILERS	(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 07-19-19	Payee name Wal-mart
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Amount (\$) \$ 282.28	Payee address: City: State; Zip Code 2721 BOCA CHICA Blvd. BROWNSVILLE, TEXAS 78520
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation For Kids Supplies BACK to SCHOOL	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 07-25-19	Payee name @ASA
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Amount (\$) \$ 100.⁰⁰	Payee address: City: State; Zip Code 1740 BOCA CHICA Blvd. #300 BROWNSVILLE, TEXAS 78520
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	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		2 FILER NAME LINDA M. SALAZAR		3 Filer ID (Ethics Commission Filers) 2514602215	
4 Date 07-31-19		5 Payee name J. A. Sports			
6 Amount (\$) \$1854.43		7 Payee address: City: State: Zip Code 4627 CENTRAL CIRCLE BROWNSVILLE, TEXAS 78521			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) T-SHIRTS - Political Signs		(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 08-07-19		Payee name DRI PRINT PLACE			
Amount (\$) \$468.25		Payee address: City: State: Zip Code 1110 AVE H. EAST ARLINGTON, TEXAS 76011			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Push Cards		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 07-24-19		Payee name DRI PRINT PLACE			
Amount (\$) \$119.03		Payee address: City: State: Zip Code 1110 AVE H. EAST ARLINGTON, TEXAS 76011			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Push Cards		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	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
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4 Date 07-31-19	5 Payee name J. A Sports
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6 Amount (\$) \$500.⁰⁰	7 Payee address: City: State; Zip Code 4627 CENTRAL CIRCLE BROWNSVILLE, TEXAS 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POLITICAL SIGNS	(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 08-06-19	Payee name ENGRAVING AWARD GIFTS
-------------------------	--

Amount (\$) \$693.⁰⁰	Payee address: City: State; Zip Code 42 FRANKLIN STREET LACONIA, NH 03246
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Pencil & Bn SCHOOLS DONATIONS	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 08-30-19	Payee name J. A. Sports
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Amount (\$) \$3,191.33	Payee address: City: State; Zip Code 4627 CENTRAL CIRCLE BROWNSVILLE, TEXAS 78521
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLITICAL SIGNS Caps - T-Shirts	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
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4 Date 09-17-19	5 Payee name J.A. SPORTS
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6 Amount (\$) \$1385.60	7 Payee address: City: State: Zip Code 4627 CENTRAL CIRCLE BROWNSVILLE, TEXAS 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POLITICAL SIGNS & T-SHIRTS	(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 10-01-19	Payee name VETERANS OF FOREIGN WARS (VFW)
-------------------------	---

Amount (\$) \$200.⁰⁰	Payee address: City: State: Zip Code 1801 VETERANS BLVD. BROWNSVILLE, TEXAS 78520
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION FOR EVENT (POLITICAL)	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 10-09-19	Payee name BREEDEN McCUMBER
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Amount (\$) \$1500.⁰⁰	Payee address: City: State: Zip Code 1724 BOCA CHICA BLVD. BROWNSVILLE, TEXAS 78520
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLITICAL ADVERTISING AND DESIGNS	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
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4 Date 10-11-19	5 Payee name FRIENDSHIP OF WOMEN
---------------------------	--

6 Amount (\$) \$100.⁰⁰	7 Payee address; City; State; Zip Code 95 E. PRICE RD. BROWNSVILLE, TEXAS 78521
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) 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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-11-19	Payee name 1500 - mile OF HOPE
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Amount (\$) \$150.⁰⁰	Payee address; City; State; Zip Code 1900 E. PRICE RD. BROWNSVILLE, TEXAS 78521
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	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 10-25-19	Payee name J. A. SPORTS
-------------------------	-----------------------------------

Amount (\$) \$568.31	Payee address; City; State; Zip Code 4627 CENTRAL CIRCLE BROWNSVILLE, TEXAS 78521
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Signs	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 LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 2514602215
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4 Date 10-26-19	5 Payee name SAM'S
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6 Amount (\$) \$247.71	7 Payee address; City; State; Zip Code 3570 W. ALTON GLOOR BROWNSVILLE, TEXAS 78520
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation For Political Coffee's	(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 10-27-19	Payee name SAM'S
-------------------------	----------------------------

Amount (\$) \$294.99	Payee address; City; State; Zip Code 3570 W. ALTON GLOOR BROWNSVILLE, TEXAS 78520
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation For Political Coffee's	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-29-19	Payee name ENGRAVING AWARDS
-------------------------	---------------------------------------

Amount (\$) \$700.⁰⁰	Payee address; City; State; Zip Code 42 FRANKLIN STREET LACONIA, NH 03246
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation's Pencils For Schools	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 2514602215
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4 Date 11/07/19	5 Payee name SAM'S
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6 Amount (\$) \$111.67	7 Payee address: City: State; Zip Code 3570 W. ALTON GLOOR BROWNSVILLE, TEXAS 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) NAPKINS, PLATES FOR VETERANS LUNCHEON	(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 11-08-19	Payee name ROLANDO GUTIERREZ JR
-------------------------	---

Amount (\$) \$100.⁰⁰	Payee address: City: State; Zip Code 318 LOS ALAMOS HARLINGEN, TEXAS 78552
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLITICAL DESIGNS	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 11/09/19	Payee name CAMERON COUNTY DEMOCRATIC PARTY
-------------------------	--

Amount (\$) \$1,000.⁰⁰	Payee address: City: State; Zip Code 1225 WEST GARFIELD AVENUE HARLINGEN, TEXAS 78552
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FILING FEES	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
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 **LINDA M. SALAZAR** 3 Filer ID (Ethics Commission Filers) **2514602215**

4 Date **11-15-19** 5 Payee name **CHRISTMAS CHARITY FOR FIRE DEPT.**

6 Amount (\$) **\$ 100⁰⁰** 7 Payee address; City; State; Zip Code
**1150 E. ADAMS STREET
BROWNSVILLE, TEXAS 78520**

8 PURPOSE OF EXPENDITURE **DONATION**

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

(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 **11-15-19** Payee name **BROWNSVILLE POLICE DEPARTMENT**

Amount (\$) **\$100.⁰⁰** Payee address; City; State; Zip Code
**600 E. JACKSON
BROWNSVILLE, TEXAS 78520**

PURPOSE OF EXPENDITURE **DONATION**

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

Date **11-17-19** Payee name **H. E. B.**

Amount (\$) **\$ 321.17** Payee address; City; State; Zip Code
**2250 BOCA CHICA BLVD.
BROWNSVILLE, TEXAS 78520**

PURPOSE OF EXPENDITURE **DONATION - TURKEY FOR SCHOOLS**

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 2514602215
4 Date 11-20-19	5 Payee name UNlimited Printins	
6 Amount (\$) \$ 343.31	7 Payee address; City; State; Zip Code 2685 N. CORIA Street STE A-1 BROWNSVILLE, TEXAS 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign Tickets - POSTERS, FILERS	(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 12-05-19	Payee name SAMIA	
Amount (\$) \$ 318.11	Payee address; City; State; Zip Code 3570 W. ALTON GLOOR BROWNSVILLE, TEXAS 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) NAKINS, PLATES SODA + WATERS FOR CHRISTMAS DONATIONS	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-05-19	Payee name CAMERON County Employee	
Amount (\$) \$ 100.⁰⁰	Payee address; City; State; Zip Code 1150 E. MADISON STREET BROWNSVILLE, TEXAS 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION FOR CHRISTMAS PARTY	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 2514602215
4 Date 07-01-19 70 12-31-19	5 Payee name BBVA COMPASS BANK	
6 Amount (\$) \$18.⁰⁰	7 Payee address: City: State; Zip Code P.O. BOX 10566 BIRMINGHAM, AL. 35296	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date 09/05/19	Payee name CRICKET SUN Com mobile	
Amount (\$) \$152.05	Payee address: City: State; Zip Code 2200 BOCA CHICA BLVD. BROWNSVILLE, TEXAS 78521	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PHONE FOR Campaign	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 10/03/19	Payee name CRICKET Wireless	
Amount (\$) \$125.⁰⁰	Payee address: City: State; Zip Code 2200 BOCA CHICA BLVD. BROWNSVILLE, TEXAS 78521	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES FOR Political PHONES	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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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>09/17/19</i>	5 Payee name <i>MCCOYA</i>	
6 Amount (\$) <i>\$119.83</i>	7 Payee address: City: State; Zip Code <i>5500 EAST 14TH BROWNSVILLE, TEXAS 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>POLES FOR POLITICAL SIGNS</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>11/04/19</i>	Payee name <i>CRICKET WIRELESS</i>
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Amount (\$) <i>\$125.⁰⁰</i>	Payee address: City: State; Zip Code <i>2200 BOCA CHICA BLVD. BROWNSVILLE, TEXAS 78521</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FEES FOR POLITICAL PHONES</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 <i>11/21/19</i>	Payee name <i>BUCKWHOLESALE</i>
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Amount (\$) <i>\$125.⁰⁰</i>	Payee address: City: State; Zip Code <i>380 BROGDON RD. SUWANEE, GA. 30024</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>POLITICAL HATS</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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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME *LINDA M. SALAZAR* 3 Filer ID (Ethics Commission Filers) *2514602215*

4 Date *11-22-19* 5 Payee name *NEEDEN*

6 Amount (\$) *\$330.63* 7 Payee address: City: State: Zip Code
2915 Ogle town Rd. #3077
NEWARK, DE. 19713

8 PURPOSE OF EXPENDITURE
T-SHIRTS
Political

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

(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 *12-03-19* Payee name *CRICKET WIRELESS*

Amount (\$) *\$100.⁰⁰* Payee address: City: State: Zip Code
2200 BOCA CHICA BLVD.
BROWNSVILLE, TEXAS 78521

PURPOSE OF EXPENDITURE
FEEES FOR
POLITICAL PHONES

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

Date *12-11-19* Payee name *GLONIA GONZALEZ*

Amount (\$) *\$330.00* Payee address: City: State: Zip Code
3552 WARWICK Gonn
BROWNSVILLE, TEXAS

PURPOSE OF EXPENDITURE
Christmas Tandler
Donation

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

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

4 Date **12-17-19** 5 Payee name **J.A. SPORTS**

6 Amount (\$) **\$622.43** 7 Payee address; City; State; Zip Code
**4627 CENTRAL Circle
BROWNSVILLE, TEXAS 78521**

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) T-SHIRT-CAPS POLITICAL T&T	(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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED