

**LINDA**  
**SALAZAR**

ORIGINAL

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2514602215

2 Total pages filed:

13

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

LINDA

M.

NICKNAME

LAST

SUFFIX

SALAZAR

OFFICE USE ONLY

Date Received

CAMERON COUNTY  
DEPARTMENT OF ELECTIONS &  
VOTER REGISTRATION

9:12am JUL 14 2020

RECEIVED

Date Hand-delivered or Date Postmarked

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

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

4434 SAN ANTONIO RD.  
BROWNSVILLE, TEXAS 78521

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 466-1014

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

RICHARD E.

NICKNAME

LAST

SUFFIX

ZAYAS

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

950 E. VAN BUREN STREET  
BROWNSVILLE, TEXAS 78520

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 546-5060

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign  
treasurer appointment  
(Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year

02 / 23 / 20

THROUGH

Month Day Year

06 / 30 / 20

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.

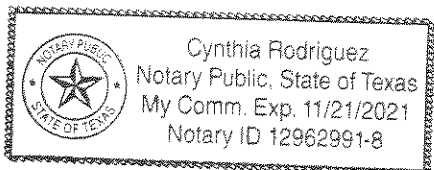
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 450. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,626.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,236.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,000. <sup>00</sup>

**18 AFFIDAVIT**

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



*Linda Salazar*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Linda Salazar, this the 13<sup>th</sup> day of July, 20 20, to certify which, witness my hand and seal of office.

*Cynthia Rodriguez*      Cynthia Rodriguez      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <span style="font-size: 1.2em; font-family: cursive;">LINDA M. SALAZAR</span>	<b>20 Filer ID (Ethics Commission Filers)</b> <span style="font-size: 1.2em; font-family: cursive;">2514602215</span>
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	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 450. <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200. <sup>00</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3,000. <sup>00</sup>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,626.70
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

04-09-20

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

Claudia B. Leal

7 Amount of contribution (\$)

5450.<sup>00</sup>

6 Contributor address; City; State; Zip Code  
7750 PADRE ISLAND HIGHWAY  
BROWNSVILLE, TEXAS 78521

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# 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

02-26-20

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

RICK MASSO

8 Amount of Contribution \$

\$200.<sup>00</sup>  
Drinks + Food

9 In-kind contribution description

EVENT ON 02-26-20

7 Contributor address; City; State; Zip Code

3000 PABLO KISEL BROWNSVILLE, TEXAS 77820

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)

12 Contributor's principal occupation (FOR JUDICIAL)

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

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

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

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

Date

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

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

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

2514602215

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

03/04/20

7 Name of lender

LINDA SALAZAR

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

9 Loan Amount (\$)

\$3,000.<sup>00</sup>

6 Is lender a financial institution?  
Y N

8 Lender address; City; State; Zip Code

4434 SAN ANTONIO Rd.  
BROWNSVILLE, TEXAS 78521

10 Interest rate

0

11 Maturity date

2 yrs.

12 Principal occupation / Job title (See Instructions)

Justice of the Peace

13 Employer (See Instructions)

Cameron County

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

SELF

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

4 Date **02-24-20** 5 Payee name **UNlimited Printing**

6 Amount (\$) **\$ 84.87** 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** (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 **03-03-20** Payee name **CRicket Wireless**

Amount (\$) **\$ 125.<sup>00</sup>** 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) **FEE'S FOR POLITICAL PHONES** 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 **02-13-20** Payee name **BBVA COMPASS BANK**

Amount (\$) **\$ 3.<sup>00</sup>** Payee address City: State: Zip Code  
**P.O. BOX 10566  
BIRMINGHAM, AL 35296**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **BANK FEES** 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>LINDA M. SALAZAR</b>	3 Filer ID (Ethics Commission Filers) <b>2514602215</b>
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4 Date <b>02-19-20</b>	5 Payee name <b>FACE BOOK - CORPORATE OFFICE</b>
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6 Amount (\$) <b>\$250.<sup>00</sup></b>	7 Payee address City: State Zip Code <b>1601 WILLOW RD. MENLO PARK, CALIFORNIA 94025</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Media</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>MARKETING</b>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02-20-20</b>	Payee name <b>FACE BOOK - CORPORATE OFFICE</b>
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Amount (\$) <b>\$400.<sup>00</sup></b>	Payee address: City: State: Zip Code <b>1601 WILLOW RD. MENLO PARK, CALIFORNIA 94025</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Media</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>MARKETING</b>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02-24-20</b>	Payee name <b>FACE BOOK - CORPORATE OFFICE</b>
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Amount (\$) <b>\$600.<sup>00</sup></b>	Payee address: City: State: Zip Code <b>1601 WILLOW RD. MENLO PARK, CALIFORNIA 94025</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Media</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>MARKETING</b>	

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**

4 Date: **02-25-20** 5 Payee name: **FACEBOOK - CORPORATE OFFICE**

6 Amount (\$): **\$900.<sup>00</sup>** 7 Payee address: City: State: Zip Code  
**1601 WILLOW RD.  
MENLO PARK, CALIFORNIA 94025**

8 PURPOSE OF EXPENDITURE: **MEDIA MARKETING**  
(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: **02-28-20** Payee name: **FACEBOOK - CORPORATE OFFICE**

Amount (\$): **\$900.<sup>00</sup>** Payee address: City: State: Zip Code  
**1601 WILLOW RD.  
MENLO PARK, CALIFORNIA 94025**

PURPOSE OF EXPENDITURE: **MEDIA MARKETING**  
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: **03-2-20** Payee name: **FACEBOOK - CORPORATE OFFICE**

Amount (\$): **\$900.<sup>00</sup>** Payee address: City: State: Zip Code  
**1601 WILLOW RD.  
MENLO PARK, CALIFORNIA 94025**

PURPOSE OF EXPENDITURE: **MEDIA MARKETING**  
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 <b>LINDA M. SALAZAR</b>	3 Filer ID (Ethics Commission Filers) <b>2514602215</b>
4 Date <b>03-02-20</b>	5 Payee name <b>FACE BOOK - CORPORATE OFFICE</b>	
6 Amount (\$) <b>\$ 900.<sup>00</sup></b>	7 Payee address: City: State: Zip Code <b>1601 WILLOW RD. MENLO PARK, CALIFORNIA 94025</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>MEDIA MARKETING</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03-04-20</b>	Payee name <b>FACE BOOK - CORPORATE OFFICE</b>		
Amount (\$) <b>\$ 900.<sup>00</sup></b>	Payee address: City: State: Zip Code <b>1601 WILLOW RD. MENLO PARK, CALIFORNIA 94025</b>		

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>MEDIA MARKETING</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03-04-20</b>	Payee name <b>FACE BOOK - CORPORATE OFFICE</b>		
Amount (\$) <b>\$ 900.<sup>00</sup></b>	Payee address: City: State: Zip Code <b>1601 WILLOW RD. MENLO PARK, CALIFORNIA 94025</b>		

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>MEDIA MARKETING</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

4 Date **03-09-20** 5 Payee name **FACEBOOK - CORPORATE OFFICE**

6 Amount (\$) **\$206.83** 7 Payee address: City: State: Zip Code  
**1601 WILLOW RD.  
MENLO PARK, CALIFORNIA 94025**

8 PURPOSE OF EXPENDITURE: **MEDIA MARKETING**  
(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 **03-13-20** Payee name **BBVA Compass BANK**

Amount (\$) **\$3.00** Payee address: City: State: Zip Code  
**P.O. BOX 10566  
BIRMINGHAM, AL. 35296**

PURPOSE OF EXPENDITURE: **BANK FEES**  
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 **04-03-20** Payee name **CRICKET WIRELESS**

Amount (\$) **\$125.00** Payee address: City: State: Zip Code  
**2200 BOCA CHICA Blvd.  
BROWNSVILLE, TEXAS 78521**

PURPOSE OF EXPENDITURE: **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

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 **04-13-20** 5 Payee name **BBVA COMPASS BANK**

6 Amount (\$) **\$3.00** 7 Payee address: City: State: Zip Code  
**P.O. BOX 10566  
BIRMINGHAM, AL. 35296**

8 PURPOSE OF EXPENDITURE **BANK FEES**  
(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 **05/13/20** Payee name **BBVA COMPASS BANK**

Amount (\$) **\$3.00** Payee address: City: State: Zip Code  
**P.O. BOX 10566  
BIRMINGHAM, AL. 35296**

PURPOSE OF EXPENDITURE **BANK FEES**  
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 **05/26/20** Payee name **ZONTA CLUB**

Amount (\$) **\$123.00** Payee address: City: State: Zip Code  
**P.O. BOX 147  
BROWNSVILLE, TEXAS 78575**

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

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 **06-22-20** 5 Payee name **VETERANS OF FOREIGN WARS**

6 Amount (\$) **\$300.<sup>00</sup>** 7 Payee address: City: State: Zip Code **1801 VETERANS BLVD. BRONNSVILLE, 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 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 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  
 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