LINDA SALAZAR

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 25/4602218 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY LINDA **OFFICEHOLDER** NAME Date Received SALAZAR ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4434 SAN ANTONIO Rd. CAMERON COUNTY DEPARTMENT OF ELECTIONS & **VOTER REGISTRATION** 4 CANDIDATE / OFFICEHOLDER MAILING **ADDRESS** BROWNSVILLE, TEXAS 78521 Change of Address 5 CANDIDATE/ **OFFICEHOLDER** (956) 466-1014 PHONE 6 CAMPAIGN Receipt # Amount \$ RicHARD E. **TREASURER** NAME Date Processed ZAYAS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; Date Imaged 7 CAMPAIGN **TREASURER** 950 E. VAN BUREN STREET **ADDRESS** (Residence or Business) BROWNSVILLE, TEXAS 78520 PHONE NUMBER EXTENDED 1546 - 5060 8 CAMPAIGN AREA CODE **TREASURER** (956)PHONE 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 /23/20 06/30/20 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Description 03/03/20 General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Justice OF THE PEACE

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME /	INDA	M.	SALAZ	AR	15 Filer ID (Ethics Commission Filers) 25-146-022/5
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	IDATE / OFFICEHO INSENT. CANDIDAT	DER. THESE EXPENDITUR	RES MAY HAVE BEEN MADE	DITURES MADE BY POLITICAL COMMITTEES TO WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S HIS INFORMATION ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE	COMMITTEE N	ME		
	GENERAL				
	SPECIFIC	COMMITTEE AD	DRESS		
Additional Pages		COMMITTEE CA	MPAIGN TREASURER N.	AME	
Additional Pages		0010077777			
		COMMITTEE C	AMPAIGN TREASURER A	ADDRESS	
17 CONTRIBUTION TOTALS				OR LESS (OTHER THO	
			ONTRIBUTIONS S, LOANS, OR GUAR	ANTEES OF LOANS)	\$ 450.00
EXPENDITURE TOTALS		OLITICAL EXP ITEMIZED	ENDITURES OF \$100	OR LESS,	\$ -0 -
	4. TOTAL I	POLITICAL EX	PENDITURES		\$ 7,626.70
CONTRIBUTION BALANCE		OLITICAL CON DRTING PERIO		INED AS OF THE LAS	\$ 7,626.70 \$ 4,236.95 THE \$ 3,000.00
OUTSTANDING LOAN TOTALS			UNT OF ALL OUTSTA ORTING PERIOD	NDING LOANS AS OF	THE \$ 3,000.00
18 AFFIDAVIT					
Special Control of the Control of th	Cynthia Rodri	13	true and cor		perjury, that the accompanying report is formation required to be reported by me
THE RESERVE OF THE PARTY OF THE	Notary Public, Stat My Comm. Exp. 11 Notary ID 1296	e of Texas /21/2021	His	Signature of Car	didate or Office older
AFFIX NOTARY STAME	P/SEALABOVE				
Sworn to and subscri	i $n \cap$		inda S	algrar	, this the 13 th
day of July	1.20 LU, to	certify whic	h, witness my hand	d and seal of office	> Notari
Signature of officer ac	iministering oath	Printed	ame of officer admir	nistering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	ommission Filers)
	LINDA M. SALAZAR 25/46	12215
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 450.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200,00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 3,000.
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,000. \$ 7,626.70
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONE.	TARY POLITICAL CONTRI	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	NDA M. SALAZ	AR	3 Filer ID (Ethics Commission Filers) 25/46 022/5
	5 Full name of contributor out-of-state PAC CLANDIA B. 6 Contributor address; City: State 7750 PADRE TSLA BROWNSUILLE, TEXA	LeaL	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ians)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	e; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor 🔲 out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
		-	
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see instr		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Т	The Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM	LINDA M. SALAZ	AR	3 Filer ID (Ethics Commission Filers) 25-14602215
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#: Rick MASSO 7 Contributor address; City; State; Zip Coo BROWNSVILLE, TEXAS	78520	8 Amount of 9 In-kind contribution description 5 200. EVENTON 02-26-20 Check if travel outside of Texas. Complete Schedule T
Busi	iness - Self	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State; Zip Coo	de	Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	cor'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)		1
lf a	ATTACH ADDITIONAL COPIES OF THE		

LOANS			SCHEDULE E
The	Instruction Guide explains how to c	complete this form.	1 Total pages Schedule E:
2 FILER NAME	4 M. SAL	LAZAR	3 Filer ID (Ethics Commission Filers) 2 5/46022/5
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 03/04/20	7 Name of lender out-of	-state PAC (ID#:) A LA ZAR	9 Loan Amount (\$) \$3,000.
6 Is lender a financial Institution?	T	State; Zip Code ANTONIO Rd.	10 Interest rate 11 Maturity date
ΥN	BROWNSVILL	E, TEXAS 18521	2 grs.
	on / Job title (See Instructions) F THE PLACE	13 Employer (See Instructions) Cameron Con	inty
14 Description of Col	ateral	15 Check if personal funds were account (See Instructions)	e deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable 20 Principal Occupat	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender □ out-of	f-state PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If I		L COPIES OF THIS SCHEDULE AS N	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

Candidate/Officeholder/Politic	cal Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor Contract Labor Fravel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	The Instruction Guide explains 2 FILER NAME	
4 Date	5 Pavee name	SALAZAR 3 Filer ID (Ethics Commission Filers)
02-24-20 5 Amount (S) 5 84.87	/ Payee address City: State: 7:-	ORIA STREET STE A-1
PURPOSE OF EXPENDITURE	(a) Category See categores isted at the top of this son. Campaign Ticket	edule (b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 13-03-20	Payee name CRicket U	alinelect
Amount (S) 5 /25.	Payee address: City: State: Zip 2200 Boc. BROWNSVI'LL	A CHICA Blud. E, TEXAS 78521
PURPOSE OF EXPENDITURE	Category (See categories :sted at the top of this sche FEES FOR PoLitical PHo.	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX officeholder living expense.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-13-20	Payee name BBVA Co	MPASS BANK
Amount (S)	BIRMING HAM	· 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 <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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gt/Awards/Memodals Expense Leas' Services

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

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

Candidate/Officeholder/Politi	cal Committee Legal Services Sa The Instruction Guide explains ho	initing expense Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FUER NAME	· · · · · · · · · · · · · · · · · · ·
	LINDA M. S	ALAZAR 25/46022/5
4 Date	5 Payee name	25/46022/5
02-19-20	FACE BOOK- CO	orporate Office
6 Amount (\$)	7 Payee address City: State: Zip Ci	•
\$250.00	1601 WILLOW	
5250,	m Cula Pack	ica.
3	(a) Calagan	CALIFORNIA 94025
	(a) Category (See pategories listed at the top of this schedul	(-)
PURPOSE OF	bo a lie	Check if fravel outside of Texas, complete Schedule T
EXPENDITURE	Media	Check if Austin TX, officeholder living expense
	MARKeting	
Complete ONLY if direct	Candidate / Officeholder name	CE
expenditure to benefit C/O	H	Office sought Office held
Date	Payee name	
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	FACE BOOK -Co	or porate OFFICE
Amount (\$)	Payee address: City: State: Zip Co	•
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	MENTO PARK	CALIFORNIA 94025
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Complete ONLY if direct	Candidate / Officeholder name	Office sought Office hold
expenditure to benefit C/OH		Office held
Date		
_	Payee name	
02-24-20	FACE BOOK -	CORPORATE OFFICE
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	INIEN LO PAI	RK, CALIFORNIA 9402
DUDDOG	Category (See categories listed at the top of this schedule)	Description
PURPOSE OF	MEdIA	Check if travel outside of Texas, complete Schedule 7
EXPENDITURE		Check if Austin TX officeholder living expense
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Complete ONLY if direct	Candidate / Officeholder name	
expenditure to benefit C/OH	ymgenolder name	Office sought Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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3 Filer ID (Ethics Commission Filers) 25 146 02215 RAFE OFFICE LIFORNIA 94025 Scription Check if trave outside of Texas complete Schedule T Check if Austin TX officeholder fiving expanse The sought Office held ORAFE OFFICE ORAFE OFFICE
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Lega: Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Saiarles/Wages/Contract Labor Candidate Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SALAZAR 4 Date 03-02-20 OOK - CORPORATE
City: State Zip Code PURPOSE Check if trave' outside of Texas complete Schedule T OF EXPENDITURE Check if Austin TX officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name FACE BOOK - CORPORATE OFFICE 03-04-20 Amount (\$) PURPOSE MEdiA Check if travel outside of Texas, complete Schedule T EXPENDITURE Check if Austin, TX officeholder bying expense MARKetiNa Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held CORPORATE OFFICE 03-04-20 City: State: Zip Code isted at the top of this schedule) Description PURPOSE Check if travel outside of Texas, complete Schedule T OF EXPENDITURE Check if Austin TX officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Trave! Out Of District

Contributions/Donations Made By Travel In District Candidate/Officeholder/Political Committee 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
5 Payee name 3 Filer ID (Ethics Commission Filers) 14 Date

03-09-20

FACEBOOK - CORPORATE OFFICE

6 Amount (S)

7 Payee address: City: State: Zip Code

\$ 206.83

1601 WILLOW Rd.

MENLO PARK, CALIFORNIA 940. PURPOSE Check if travel outside of Fexas, complete Schedule T EXPENDITURE Check if Austin TX, officeholder living expense MARKeting 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held BBVA Compass BANK

Payee address: City. State: Zip Code

D.O. BOX 10566 03-13-20 Amount (S) 53,00 Birming Ham, AL, 35296

ony (See categories isted at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, complete Schedule T OF BANK FEES EXPENDITURE Cneck if Austin TX officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Pavee name Cricket Wireless 04-03-20 Payee address: City: State: Zip Code

2200 BOCA CHICA BIVA.

BROWNS VILLE, TEXAS 185.

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name

Compass BANK

7 Payee address: City: State: Zip Code

P. O. BOX 10 566

Birming Ham, AL, 35296

(a) Category: See tategor as fisted at the top of this schedule. (b) Description 3 Filer ID (Ethics Commission Filers) 4 Date 04-/3-20 6 Amount (S) **PURPOSE** Check if travel cutaide of Texas, complete Schedule T BANK FEES Check if Austin TX officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name BBVA Compass BANK,
Payee address: City. State: Zip Code
P.O. BOX 10566 05/13/20 \$ 3,00 Birnming Ham, AL. 35296
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Description **PURPOSE** Check if travel outside of Texas complete Schedule 7 BANK FEES EXPENDITURE Check if Austin TX officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held 05/26/20 20NFA CLUB Payee address: City: State: Zip Code 5/23.00 ISROWNSUILLE TEXAS 78575
Category (See categories listed at the top of this schedule) Description PURPOSE ___ Check if travel outside of Texas, complete Schedule ? OF Donation EXPENDITURE Check if Austin TX officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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Date Pa	ayee name		Office held
expenditure to benefit C/OH		Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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,000,	Payee name VEFERANS OF Payee address: City: State: Zip VEFERANS O'LLE Category: See Talegory is installable at the local time.	- TEXAS	78520
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