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. 2514602215 MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** LINDA M. NIGKNAME LAST SUFFIX NAME Date Received SALAZAR ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4434 SAN ANTONIO Rd. CAMERON COUNTY DEPARTMENT OF ELECTIONS & 4 CANDIDATE/ **YOTER REGISTRATION OFFICEHOLDER** MAILING **ADDRESS** BROWNSVILLE, TEXAS 78521 3.22001 3.22001 Change of Address AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** Date Hand-delivered (956) 466 - 1014 **PHONE** CAMPAIGN RICHARD E. NICKNAME LAST SUFFIX **TREASURER** NAME Date Processed ZAYAS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; Date Imaged 7 CAMPAIGN TREASURER E. VAN BUREN STREET **ADDRESS** (Residence or Business) BROWNSVILLE, TEXAS 78520 8 CAMPAIGN AREA CODE EXTENSION **TREASURER** (956)546-5060 PHONE 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) Juiγ 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR) 10 PERIOD COVERED 07 /01/20 12/31/20 THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Primary Runoff Other Vear Description 03/03/20 General Special 13 OFFICE SOUGHT (If known) Tustice OF THE PEACE 12 OFFICE OFFICE HELD (if any) **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME					
	INPA	M. SALAZAR 2	Filer ID (Ethics Commission Filers) 5/46022/5		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE REEN MADE WITHOUT THE CANDIDATE'S OR				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 271.62		
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 402.00		
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 486.62		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	i		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 3,000,00		
18 AFFIDAVIT					
Nota My	Cynthia Rodriguez try Public, State of Comm. Exp. 11/21/ lotary ID. 12962991	true and correct and includes all informa fexas under Title 15, Election Code. 2021	tion required to be reported by me		
AFFIX NOTARY STAMP	/SEALABOVE				
Sworn to and subscri	vi al		, this the		
day of JUNIOU	920 21, to	o certify which, witness my hand and seal of office.			
Signature of officer ad	ministering oath	Printed name of officer administering oath	NUTOLVU		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		RNAME	20 Filer ID (Ethics Co	ommission Filers)
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12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI RETURNED TO FILER	IONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) LINDA M. SALAZAR 25 14602215 5 Full name of contributor | out-of-state PAC (ID#: 7 A FACE BOOK - COR PORATE OFFICE 6 Contributor address; City; State; Zip Code 601 Willow Rd. MENLO PARK, CALIFORNIAGUAS pation / Job title (See Instructions) ARKETING CREATE Adj. FOR 9 Employer (See Instructions) MARKETING CREATE CLAIM 7 Amount of contribution (\$) 5271.62 Full name of contributor Date 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 ut-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.

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Transportation Equipment & Related Expense Travel In District

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Forme provided by Tayes Ell

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

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

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

Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1. 2 FILER NAME 5 Payee name

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7 Payee address: City: State: Zip Code

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED