

# **LINDA SALAZAR**

**SEMI-ANNUAL REPORT  
JANUARY 15, 2021**

**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:

7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
LINDA M.  
NICKNAME LAST SUFFIX

JALAZAR

**OFFICE USE ONLY**

Date Received

CAMERON COUNTY  
DEPARTMENT OF ELECTIONS &  
VOTER REGISTRATION

3:22 PM JAN 13 2021

RECEIVED

Date Hand-delivered Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

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

7 CAMPAIGN TREASURER ADDRESS

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

950 E. VAN BUREN STREET  
BROWNSVILLE, TEXAS 78520

(Residence or Business)

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    Month Day Year  
07 / 01 / 20    THROUGH    12 / 31 / 20

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     Other Description  
03 / 03 / 20     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)	\$ 271.62
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 402.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 486.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,616.95
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 12<sup>th</sup> day of January 20 21, 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  
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>271.62</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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>486.62</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

09-25-20

5 Full name of contributor

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

FACEBOOK - CORPORATE OFFICE

7 Amount of contribution (\$)

\$ 271.62

6 Contributor address; City; State; Zip Code

1601 WILLOW RD.  
MENLO PARK, CALIFORNIA 94025

8 Principal occupation / Job title (See Instructions)

media marketing credit Ad; FOR BK CARD Security Dispute CLAIM

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.

# 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>
4 Date <b>07-13-20</b>	5 Payee name <b>BBVA COMPASS BANK</b>	
6 Amount (\$) <b>\$3.00</b>	7 Payee address: City: State: Zip Code <b>P.O. BOX 10566 BIRMINGHAM, AL. 35296</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>BANK FEES</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>08-13-20</b>	Payee name <b>BBVA COMPASS BANK</b>
Amount (\$) <b>\$3.00</b>	Payee address: City: State: Zip Code <b>P.O. BOX 10566 BIRMINGHAM, AL. 35296</b>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>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
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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>08-17-20</b>	Payee name <b>MINERVA PEREZ</b>
Amount (\$) <b>\$200.00</b>	Payee address: City: State: Zip Code <b>147 HIGHLAND BROWNSVILLE, TEXAS 78520</b>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>DONATION FOR FOOD COVID-19</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 **09-08-20** 5 Payee name **FACEBOOK - CORPORATE OFFICE**

6 Amount (\$) **\$271.62** 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 **09-14-20** 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 **10-13-20** 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

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: **11-13-20** 5 Payee name: **BIBVA 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: 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**