# LINDA SALAZAR

SEMI-ANNUAL REPORT JANUARY 17, 2023



#### 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. 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** LINDA NAME Pate Receive TOF ELECTIONS & SUFFIX SALAZAR SAN ANTONIO Rd. YOTER REGISTRATION 4 CANDIDATE/ OFFICEHOLDER 4434 JAN 13 2023 **MAILING** BROWNSVILLE, TEXAS 18521 **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 466-1019 (956)PHONE RicHard E. Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STREET Date Imaged 7 CAMPAIGN ZIP CODE **TREASURER ADDRESS** BROWNSVILLE, TEXAS 18520 (Residence or Business) AREA CODE 8 CAMPAIGN **TREASURER** (956) 546-5060 PHONE 9 REPORT TYPE January 15 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED /01/22 12/31/22 THROUGH ELECTION DATE 11 ELECTION Primary Runoff Other Description Special 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) Justice OF THE PEACE Pct. 2-1 14 NOTICE FROM 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 OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	NDA M. S	ALAZAR	16 Filer 1	D (Ethics Co 43/7	mmission Filers)
17 CONTRIBUTION TOTALS		TICAL CONTRIBUTIONS (OTHER I JARANTEES OF LOANS, OR LECTRONICALLY)	THAN	\$ <b>-</b> (	o —
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES, I	TRIBUTIONS LOANS, OR GUARANTEES OF LO	ANS)	\$ 13,	125.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	FICAL EXPENDITURE.		\$ -	0 -
	4. TOTAL POLITICAL EXPE	ENDITURES		\$ 2,	018.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF TH	E LAST DAY	\$ 12,	437.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	T OF ALL OUTSTANDING LOANS A	AS OF THE	\$ 1,0	00.00
	swear, or affirm, under penalty of perjuit quired to be reported by me under Title 1		s true and con	rect and inclu	udes all information
				11	
		King y	m _	1 das	- 11
		/ Janua 1	//. <del>X</del>	racus	
	· · · · · · · · · · · · · · · · · · ·	Signature of	of Candidate o	r Officeholds	er)
	-			C	
	Please cor	nplete either option be	elow:		
	STRY PURE Cynthia Rodriguez				
(1) Affidavit	Notary Public, State of Texas My Comm. Exp 11/29/2025	,			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Notary ID 12962991-8	·			
NOTARY STAMP/SEA	L , , , , , ,		. i	4	
Sworn to and subscribed	before me by Linda M		the <u>13</u>	day of	anuary
20, to certify	which, witness my hand and seal of office	e. ,		1 1	
1 monthio Ko	odvigues ("unto	nia Rodriauez	7	NO+c	aru
Signature of officer administr	ering oath Printed name o	f officer administering oath	Section 1	Title of officer	administering oath
		OR	1885 (1981 <b>8</b> -1881)	HANDAMA MA	
			, e deze Mille Barelli de		A PARAMETER TO SEE
(2) Unsworn Declarati	on				
My name is		, and my date of bi	rth is	·	
My address is		1	_11	1	·
	(street)	(city)		zip code)	(country)
Executed in	County, State of	, on the day of		_, 20	
	• •		nonth)	_, 20 (year)	
				1-1 75 ·	
		Signature of C	andidate/Office	nolder (Decl	arant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	LINDA M. SALAZAR 494317.	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13, 125,00 \$ 700.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 700.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 2,018.21
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	\$

#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

4 Date  5 Full name of contributor    Out-of-state PAC (IDN:   7 Amount of contribution (\$)    Jonge R. Kowalski   7 Amount of contribution (\$)    G. Contributor address;   City: State: Zip Code   550.     Brownsuille (See Instructions)   9 Employer (See Instructions)     Date	The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
4 Date  5 Full name of contributor   out-of-state PAC (IDF:   7 Amount of contribution (8)  10-19-22   6 Contributor address;   City;   State: Zip Code   SSO   SSO   BRUNNSUILLE, TEXAS   78520   SSO   SSO			3 Filer ID (Ethics Commission Filers) 4943/7/858
Date  Full name of contributor  Sergio Santiaso  JO-19-22 Contributor address: J23 OCA PORT IS a Bellad. STEAT  BROWN SUILLE, TEXAS 18520  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Date  Full name of contributor  Contributor address: City: State: Zip Code S350.  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Fincipal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address: City: State: Zip Code S250.  Employer (See Instructions)  Employer (See Instructions)  Contributor address: City: State: Zip Code S250.  Amount of contribution (\$)  Amount of contribution (\$)  Contributor address: City: State: Zip Code S100.  S1019-22  Contributor address: City: State: Zip Code S100.  S1019-23  Contributor address: City: State: Zip Code S100.  S100.  S1019-23  Contributor address: City: State: Zip Code S100.  S100.  S100.  Full name of contributor Contributor Contributor address: S100.  S1019-23  Contributor address: S100.  S100.  S100.  Employer (See Instructions)  Employer (See Instructions)	10-19-22	Jonge R. Kowalski  6 Contributor address; City; State; Zip Code  902 E. madison St. A  Brownsville, TEXAS 18520	7 Amount of contribution (\$)
Sergio Sawtiaso  Contributor address: City: State: Zip Code  BROWNSVILLE, TEXAS 18530  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address: City: State: Zip Code  Full name of contributor  Contributor address: City: State: Zip Code  1738 Southmost Rd.  BROWNSVILLE, TEXAS 18530  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Contributor address: City: State: Zip Code  1738 Southmost Rd.  1738 Southmost Rd.  1738 Southmost Rd.  1744 FEXAS 1852  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (S)  Contributor address: City: State: Zip Code  5/00.  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	Ba; C	Bonds - 9 Employer (See Instructions)	otions)
Principal occupation / Job title (See Instructions)  Business - Continuction  Date  Full name of contributor    Out-of-state PAC (ID#:		Sergio SANTIASO	. 00
Date  Full name of contributor    out-of-state PAC (ID#:	Principal occup	BROWNSVILLE, TEXAS 18520 pation / Job title (See Instructions) Employer (See Instruc	•
Veronica Inquieta Contributor address; City; State; Zip Code  1738 Southmost Rd. Brown suille, Texas 7852/  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:  Contributor address; City; State; Zip Code  5/00.  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	Busin	ess - Construction	
Date  Full name of contributor  Out-of-state PAC (ID#:)  Amount of contribution (\$)  Out-of-state PAC (ID#:)  Amount of contribution (\$)  Contributor address;  City; State; Zip Code  SOFF, FRANCIS  BROWNSUILLE, TEXAS 28520  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	10-19-22	Veronica Urguieta Contributor address; City; State; Zip Code	5250.00
Contribution (\$)  Contribution address; City; State; Zip Code  SO 4 E. St. FRANCIS  BROWNSUICLE, TEXAS 28520  Principal occupation / Job title (See Instructions)  Amount of contribution (\$)	Auto	ination / Job title (See Instructions)  Employer (See Instructions)	tions)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	10-19-22	Contributor address; City; State; Zip Code  504 E. St. FRANCIS  BROWNSUILLE, TEXAS 78520	1 1
•		pation / Job title (See Instructions) Employer (See Instruct	tions)

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	NDA M. SALA	2AR	3 Filer ID (Ethics Commission Filers) 4943/7/858
4 Date	5 Full name of contributor out-of-state PAC (IE	O#:)	7 Amount of contribution (\$)
10-19.22	ERIN E. Game 6 Contributor address; City; 455 S. SAN MARCEL BROWNSUILLE, TEXAS	State; Zip Code  O BLVd.	\$ 500. E
	pation / Job title (See Instructions)		ions)
Date	Full name of contributor	)#)	Amount of contribution (\$)
10-19-22	ROBERT GARZA  Contributor address: 1200 E, HARRISON ST  BROWNSVILLE, TEXAS	State; Zip Code	\$250. co
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor 🔲 out-of-state PAC (ID	)#:)	Amount of contribution (\$)
10-19-02	DYANNE OR KEVIN - Contributor address: City; 1641 RESACA VILLE BROWNSVILLE, TEXA	State; Zip Code	5500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	#:)	Amount of contribution (\$)
10-19-22	Contributor address; City;  3840 N. Expnesswag  BROWNSUILLE TEXAS  ation / Job title (See Instructions)	State; Zip Code	5500.
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
·			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 4943/17/1858
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
10-19-22	6 Contributor address; City; State; Zip Code  55 COVE CIRCLE  BROWNSVILLE, TEXAS 7852/	\$500.
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	stions)
Date	Full name of contributor out-of-state PAC (ID#:)  FRED A. Kowalski	Amount of contribution (\$)
10-19-22	Contributor address; City; State; Zip Code  902 E. MALISON ST.  BROWNSVILLE, TEXAS 78520	\$ 300 <u>.</u>
	ation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
10-19-22	THE GREN Law FIRM (JURGE)  Contributor address; City; State; Zip Code  34 S. CORIA St.  BROWN: CHILLE TEXAS 28520	5500.00
	BROWN SVILLE, TEXAS 18520  ation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	ج Amount of contribution (\$)
10-19-22	Valley Doctors CLinic of Bro, Contributor address; City; State; Zip Code 0.0, BOX 3190	,5° 250,00
Principal occupa	BROWNSVILLE, TEXAS 78523 ation ( Job title (See Instructions)  Employer (See Instructions)	ions)
	ctoria	
	•	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see Instruction guide for additional re	

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	DA M. SALAZAR	3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$)
Principal occu Busu	pation / Job title (See Instructions)  9 Employer (See Instru	actions)
Date	Full name of contributor out-of-state PAC (1D#:	Amount of contribution (\$)
10-26-22	Contributor address; City; State; Zip Code 800 E, ALTON GLOOR BROWNSVILLE, TEXAS 18526	\$200.
Principal occup	ation / Job title (See Instructions) Employer (See Instru	Ictions)
Date	Full name of contributor out-of-state PAC (ID#:)  Katherine S. Conly	Amount of contribution (\$)
10-26-22	Contributor address; PAPAYA Circle  5331 PAPAYA Circle  HARLINGEN, TEXAS 78552	,350. <u>co</u>
	ation / Job title (See Instructions)  Employer (See Instru  Les S	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)  MANUEL D. PAREdes	Amount of contribution (\$)
10-26-22	Contributor address: City: State; Zip Code 3065 BOCA CHICA BLUG. BROWNSUILLE, TEXAS 18521	\$ 500.
	ation / Job title (See Instructions) Employer (See Instructions)	ctions)

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	тотталот и пос цррке	,	1 0	I'
The I	Instruction Guide explains ho	w to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	NPA M.	SALAZA	R	3 Filer ID (Ethics Commission Filers) 4943171858
4 Date	5 Full name of contributor  ALMA A,  6 Contributor address;  10 BOX WOO  BROWNSVILL  ation / Job title (See Instruction	od Court	; Zjp Code	7 Amount of contribution (\$)
Principal occup	eation / Job title (See Instruction	Employed 9 Em	nployer (See Instruct	tions)
0-20 22	Contributor address; 5145 546 BROWNSVI		zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions		nployer (See Instruct	tions)
Date 10-26-22	Full name of contributor  TSA Be L  Contributor address:  1554 504  BRONNSV: L		; Zip Code	Amount of contribution (\$)
	ation / Job title (See Instructions	) / Em	nployer (See Instruct	tions)
Date	* * * * * * * * * * * * * * * * * * * *	Out-of-state PAC (ID#:		Amount of contribution (\$)
10-26-22	BROWNSUI		5 18521	, 500.
	ation / Job title (See Instructions	) ' Em	ployer (See Instruct	ions)

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#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Total pages Schedule A1:  Filer ID (Ethics Commission Filers)  F943/7/858  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)
#943/7/858 Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)
si 500. eess)  Amount of contribution (\$)  \$\frac{1}{5}\$ 500. eess
Amount of contribution (\$)  \$\frac{5}{5}00.00
Amount of contribution (\$)  \$\frac{5}{5}00.00
\$500.00
5)
Amount of contribution (\$)
\$ 100.00
5)
Amount of contribution (\$)
\$ 500,00
)

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	INDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 4943171858
	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)  \$\frac{9}{350}\$
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date 10-26-22	Full name of contributor out-of-state PAC (ID#:  Sergio SANTIA SO  Contributor address; City: State; Zip Code P.O.BOX 3383  BROWNSUILLE, TEXAS 18523	Amount of contribution (\$)
Principal occup  Busine	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 10-26-22	Full name of contributor  Rosie  Paredes  Contributor address;  City;  State; Zip Code  SOO E. Morrison Ste A  Brownswille (Soo Instructions)	Amount of contribution (\$) \$\frac{CO}{5}COO.
$\sim$	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date 10-26-22	Full name of contributor   out-of-state PAC (ID#:)  Hecton   MATA  Contributor address; City; State; Zip Code  910 5, Indiana AUE  BROWN SVILLE, Texas 18521	Amount of contribution (\$)
Principal occupa	etion / Job title (See Instructions)  Employer (See Instruct  C S S	ions)
	. ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EEDED .

#### SCHEDULE A1

If the reques	sted information is not applicable,	DO NOT include this page in th	e report.
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) 4943/7/858
4 Date	5 Full name of contributor  Vicente	out-of-state PAC (ID#:	7 Amount of contribution (\$)
10-26-22	6 Contributor address:	City; State; Zip Code  Y St.  TEXAS 78501	\$500.00
8 Principal occu	mc AllEN pation / Job title (See Instructions)	9 Employer (See Instri	uctions)
Date	Full name of contributor	PARRA	Amount of contribution (\$)
10-26-22	Contributor address; 744 E. WASH	City; State; Zip Code  INSTON ST  TEXAS 18520	\$350.00
	ation / Job title (See Instructions)	Employer (See Instru	
Date	_	out-of-state PAC (ID#:	Amount of contribution (\$)
10-26-22	Austin, TE	095 AN, BLAIR, SAN 28 5 XAS 18160	\$ 500.
Principal occup	eation / Job title (See Instructions)	Employer (See Instru	uctions)
Date		out-of-state PAC (ID#:	Amount of contribution (\$)
10-2622	Contributor address; LOFERIA Date	City; State; Zip Code	\$2,000.
Principal occup	October 23, gtion / Job title (See Instructions) Ket Salez - Campa	Employer (See Instru	uctions)

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#### SCHEDULE A1

Th	e Instruction Guide explains h	ow to complete t	his form.	1 Total pages Schedule A1:
FILER NAM	INDA T	M. SA	ALAZAR	3 Filer ID (Ethics Commission Filers 494317185
Date - 14-22	5 Full name of contributor  Rick 6 Contributor address; 845 E. H  Bno. 74.	ana Le	5 Aty	7 Amount of contribution (S)
Principal occ	cupation / Job title (See Instruction	ns)	9 Employer (See Instruc	tions)
Date	Full name of contributor	out-ef-state (	PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	 upation / Job title (See Instruction:	5)	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state ?	PAC (ID#:)	Amount of contribution (S)
	Contributor address;	City;	State; Zip Code	
Principal occu	   upation / Job title (See Instructions	3)	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P	PAC (ID#:)	Amount of contribution (S)
	Contributor address;	City;	State; Zip Code	
Principal occu	j pation / Job title (See Instructions	5)	Employer (See Instruct	tions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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т	he Instruction G	Guide explains	how to comple	ete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAM	IE NDA	M.	SALA.	2 AR		3 Filer ID (Ethics Co	mmission Filers)
	F UNITEMIZ				BUTIONS	<b>\$</b>	
5 Date	MARY 7 Contributor 835 BROW	Ester address: E. Lev	Out-of-state PAGE  GARC  City:  EE SY. 2  CE, TEXA	State;	Zip Code <i>R</i> '\$~20	s 100.	9 In-kind contribution description  Eventor  Cof. 23222  de of Texas. Complete Schedule T.
	cupation / Job title	e (FOR NON-J				er (FOR NON-JUDICIA	AL)(See Instructions)
	s principal occupa		DICIAL)		13 Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law fir	m (FOR JUDIC	CIAL)		15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law fir	m of parent(s)	(if any) (FOR JUI	DICIAL)			
Date	Full name o	of contributor	out-of-state PAC	C (ID#:	)	Amount of Contribution \$	In-kind contribution description
	Contributor	address;	City;	State;	Zip Code	Check if travel outside	l de of Texas, Complete Schedule T.
Principal occ	cupation / Job title	FOR NON-JI	UDICIAL) (See Ir	nstructions)	Employe	r (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupa	tion (FOR JUD	PICIAL)		Contribu	tor's job title (FOR JU	DICIAL)(See Instructions)
Contributor's	employer/law fire	m (FOR JUDIC	IAL)	1	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law fin	m of parent(s)	(if any) (FOR JUI	DICIAL)			
-							
							·
	If contributor is					LE AS NEEDED 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) 4943171858		
	F UNITEMIZED IN-KIND POLITICAL CONTRIE		\$		
5 Date  /0-23-22	SOY E. St. FRANCIS BROWN SUILLE, TEXAS 7	`A ) Zip Code	Contribution \$ 100 = 6; Ft Cands	9 In-kind contribution description EVENT ON Oct. 23, 2022 de of Texas. Complete Schedule T.	
· •	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI)	AL)(See Instructions)	
<del></del>	s principal occupation (FOR JUDICIAL)	13 Contribu	ıtor's job title (FOR JU	JDICIAL)(See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	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	Zìp Code	Amount of Contribution \$	In-kind contribution description	
Principal occ	pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIA	de of Texas, Complete Schedule T.  AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (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)				
ı	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction			g requirements.	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

			<b>,</b>		
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) 4943171858		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	S 500.	9 In-kind contribution description   EUENT ON   Oct. 23, 2022   de of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	AL)(See Instructions)	
5e/F-Employed  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	Zìp Code	Amount of Contribution \$	In-kind contribution   description     	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</del>	de of Texas, Complete Schedule T. AL)(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)					
	1000				
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 MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travei 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) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME LINDA M. SALAZAR 08-12-22 State: Zip Code 5/1900 OLmito, TEXAS 78525 (a) Category (See Categories listed at the top of this schedule) (b) Description Dona fion PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name PNC BANK Payee address; BOX 609 City: State; Zip Code P.O. BOX 609 PittsBungH PA. 152309738 09-01-22 552.82 Category (See Categories listed at the top of this schedule) Description BANK Fees PURPOSE OF EXPENDITURE Check if travel cutside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name U. S. Post OfficE ayee address; City: State; 1905 N. Illinois BROWNSVILLE TEXAS 10-12-22 Amount (S) Category (See Categories listed at the too of this schedule) Description STAMPS FOR Campaign PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	,
1 Total pages Schedule F1	LINDA M. SALA	2AR	3 Filer ID (Ethics Commission Filers) 4943/7/85
4 Date	5 Payee name		E Requisible
10-22-22			g of promiser
6 Amount (S)	7 Payee address;	City;	State; Zip Code
\$100,00	1124 E. MAdison	BROWN	SVILLE TEXAS 18520
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	PONATION		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expanditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10-26-22	VFW		
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51100 00	1801 121 (11103 12		
5400.		BROWNSVI	ILLE, TEXAS 78520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Campaign - Donation	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-08.22	LINDA SALI	AZAR	
Amount (\$)	Payee address;	City;	State; Zip Code
÷361.59	4434 SAN ANTONION	d. BRUNN	SUILLE TEXAS 78521
	Category (See Categories listed at the top of this schedule)  Reim Burstmer For	Description	
PURPOSE OF			
EXPENDITURE	Gibts for Loteriton Oct. 23	2022	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n. 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	SCHEDULF AS NEE	DED

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Mernorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4943/7/85\$ LINDA M. SALAZAR LINDA SALAZAR 7 Payee address; 11-08-22 7 Payee address; City; State; Zip Code 4434 SAN ANTONIO Rd. BROWNSUILLE 7EXAS 1852/ 6 Amount (S) 5308.10 (a) Category (See Categories listed at the top of this schedule) Reim BURSEMENT FOR FOOD, T-SHIRTS - CAROS Campaign - LOTERIA - ON OCT. 23, 2022 (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expanditure to benefit C/OH Payee name LINDA SALAZAR Payee address; City; State; 4434 SAN ANTONIO Rd. BROWNSWILLE TEXAS 11-08-22 Amount (\$) Category (See Categories listed at the top of this schedule) Reim Bursem Ent For Picture on Oct. 23, 2023 Loteria Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name LINDA Agui Car Payae address; City: State; 2 4434 SANANTONIORD. BRONNSVILLE TEXAS 11-08-22 Amount (\$) 5 70.30 Category (See Categories listed at the top of this schedule) Re-im Bursement for Gifts Description **PURPOSE** to Loteria ON OF EXPENDITURE oct. 23, 2022 Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held

expenditure to benefit C/OH

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## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriats 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	LINDA M. SALA	12AR 4	Filer ID (Ethics Commission Filers)
4 Date //-/8-22	5 Payee name UNLimited Prin		
6 Amount (S)	7 Payee address;	City;	State; Zip Code
÷253.03	2685 N. CORIA Ste A-1	. BROWNSUIL	LE TEXAS 18520
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories fisted at the top of this schedule)  Palytical Carda  Fun Lotenia - Campaign	(b) Description	
	(C) 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/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12-21-22	LINDA SALAZ	AR	
Amount (\$)	Payee address;	City;	State; Zip Code
÷93.37	4434 SAN ANTONIE	BROWNSU'	TEXAS 18501
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  RE im BURSE mENT  Ion CHNistmas Br82	Description	
	Check if travel outside of Taxas, Complete Schedule T.	Check if Austin, TX,	officeholder living expense
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
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	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	)