

LINDA SALAZAR

**SEMI-ANNUAL
REPORT
JANUARY 17, 2023**

**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)

2 Total pages filed:

4943171858

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

LINDA M.

NICKNAME

LAST

SUFFIX

SALAZAR

OFFICE USE ONLY

DAWSON COUNTY
DEPARTMENT OF ELECTIONS &
VOTER REGISTRATION

11:50 am

19 JAN 13 2023

Pages

RECEIVED

RLC

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

Date Hand-delivered or Date Postmarked

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 Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

07 / 01 / 22

THROUGH

Month

Day

Year

12 / 31 / 22

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

14 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

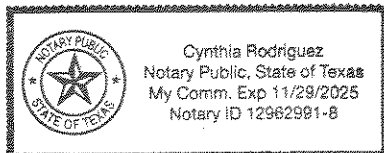
15 C/OH NAME <i>LINDA M. SALAZAR</i>		16 Filer ID (Ethics Commission Filers) <i>4943171858</i>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>- 0 -</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>13,125.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>- 0 -</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,018.21</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>12,437.90</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>1,000.00</i>

18 SIGNATURE 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 M. Salazar
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Linda M. Salazar this the 13th day of January

20 23 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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <i>LINDA M. SALAZAR</i>		20 Filer ID (Ethics Commission Filers) <i>4943171858</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>13,125.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>700.00</i>
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>2,018.21</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

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:

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

4943171858

4 Date

10-19-22

5 Full name of contributor

JORGE R. KOWALSKI

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50.⁰⁰

6 Contributor address; City; State; Zip Code

902 E. Madison St. A
BROWNSVILLE, TEXAS 78520

8 Principal occupation / Job title (See Instructions)

Bail Bonds -

9 Employer (See Instructions)

Date

10-19-22

Full name of contributor

SERGIO SANTIAGO

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$350.⁰⁰

Contributor address; City; State; Zip Code

123 Old Port Isabel Rd. STEA4
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

Business - Construction

Employer (See Instructions)

Date

10-19-22

Full name of contributor

VERONICA URQUIETA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.⁰⁰

Contributor address; City; State; Zip Code

1738 Southmost Rd.
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

Auto Sales

Employer (See Instructions)

Date

10-19-22

Full name of contributor

CYNTHIA HINOJOSA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.⁰⁰

Contributor address; City; State; Zip Code

504 E. St. FRANCIS
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

Friend

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.

MONETARY POLITICAL CONTRIBUTIONS

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:
2 FILER NAME LINDA M. SALAZAR		3 Filer ID (Ethics Commission Filers) 4943171858
4 Date 10-19-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIN E. GAMEZ	7 Amount of contribution (\$) \$ 500.⁰⁰
6 Contributor address; City; State; Zip Code 455 S. SAN MARCELO BLVD. BROWNSVILLE, TEXAS 78526		
8 Principal occupation / Job title (See Instructions) Att'y		9 Employer (See Instructions)
Date 10-19-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT GARZA	Amount of contribution (\$) \$ 250.⁰⁰
Contributor address; City; State; Zip Code 1200 E. HARRISON ST BROWNSVILLE, TEXAS 78520		
Principal occupation / Job title (See Instructions) Att'y		Employer (See Instructions)
Date 10-19-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIANNE OR KEVIN ISBELL	Amount of contribution (\$) \$ 500.⁰⁰
Contributor address; City; State; Zip Code 1641 RESACA VILLAGE BROWNSVILLE, TEXAS 78520		
Principal occupation / Job title (See Instructions) Friend		Employer (See Instructions)
Date 10-19-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM TIPTON	Amount of contribution (\$) \$ 500.⁰⁰
Contributor address; City; State; Zip Code 3840 N. EXPRESSWAY BROWNSVILLE, TEXAS 78523		
Principal occupation / Job title (See Instructions) Auto-Business		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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:

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

4943171858

4 Date

10-19-22

5 Full name of contributor

out-of-state PAC (ID#: _____)

ROYSTON, RAYZOR, VICKORY, WILLIAMS

7 Amount of contribution (\$)

\$ 500.⁰⁰

6 Contributor address;

City;

State;

Zip Code

55 COVE CIRCLE
BROWNSVILLE, TEXAS 78521

8 Principal occupation / Job title (See Instructions)

Atty

9 Employer (See Instructions)

Date

10-19-22

Full name of contributor

out-of-state PAC (ID#: _____)

FRED A. KOWALSKI

Amount of contribution (\$)

\$ 300.⁰⁰

Contributor address;

City;

State;

Zip Code

902 E. MADISON ST.
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

Atty

Employer (See Instructions)

Date

10-19-22

Full name of contributor

out-of-state PAC (ID#: _____)

THE GREEN LAW FIRM (JORGE)

Amount of contribution (\$)

\$ 500.⁰⁰

Contributor address;

City;

State;

Zip Code

34 S. CORIA ST.
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

Atty

Employer (See Instructions)

Date

10-19-22

Full name of contributor

out-of-state PAC (ID#: _____)

Valley Doctors Clinic of Bro.

Amount of contribution (\$)

\$ 250.⁰⁰

Contributor address;

City;

State;

Zip Code

P.O. BOX 3190
BROWNSVILLE, TEXAS 78523

Principal occupation / Job title (See Instructions)

Doctor

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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)

4943171858

4 Date

10-26-22

5 Full name of contributor

Jaimie's TIRE

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 250.⁰⁰

6 Contributor address; City; State; Zip Code

3775 INTERNATIONAL BLVD.
BROWNSVILLE, TEXAS 78521

8 Principal occupation / Job title (See Instructions)

Business

9 Employer (See Instructions)

Date

10-26-22

Full name of contributor

Eder URGENT CARE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 200.⁰⁰

Contributor address; City; State; Zip Code

800 E. ALTON GLOOR
BROWNSVILLE, TEXAS 78526

Principal occupation / Job title (See Instructions)

medical

Employer (See Instructions)

Date

10-26-22

Full name of contributor

KATHERINE S. CONLY

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 350.⁰⁰

Contributor address; City; State; Zip Code

5331 PAPAYA CIRCLE
HARLINGEN, TEXAS 78552

Principal occupation / Job title (See Instructions)

Business

Employer (See Instructions)

Date

10-26-22

Full name of contributor

MANUEL P. PAREDES

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500.⁰⁰

Contributor address; City; State; Zip Code

3065 BOCA CHICA BLVD.
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

Business

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME
LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)
4943171858

4 Date
10-26-22

5 Full name of contributor out-of-state PAC (ID#: _____)
ALMA A. TAYLOR

6 Contributor address; City; State; Zip Code
*10 Boxwood Court
BROWNSVILLE, TEXAS 78521*

7 Amount of contribution (\$)
\$100.⁰⁰

8 Principal occupation / Job title (See Instructions)
Friend - SELF-EMPLOYED

9 Employer (See Instructions)

Date
10-26-22

Full name of contributor out-of-state PAC (ID#: _____)
Eddie TREVINO JR.

Contributor address; City; State; Zip Code
*5145 SUGAR MILL Rd.
BROWNSVILLE, TEXAS 78526*

Amount of contribution (\$)
\$200.⁰⁰

Principal occupation / Job title (See Instructions)
Att'y

Employer (See Instructions)

Date
10-26-22

Full name of contributor out-of-state PAC (ID#: _____)
ISABEL + SANDRA LOPEZ

Contributor address; City; State; Zip Code
*1554 Southmost Rd.
BROWNSVILLE, TEXAS 78521*

Amount of contribution (\$)
\$25.⁰⁰

Principal occupation / Job title (See Instructions)
SELF-EMPLOYED

Employer (See Instructions)

Date
10-26-22

Full name of contributor out-of-state PAC (ID#: _____)
Baldemar Fuentes

Contributor address; City; State; Zip Code
*6265 Southmost Rd.
BROWNSVILLE, TEXAS 78521*

Amount of contribution (\$)
\$500.⁰⁰

Principal occupation / Job title (See Instructions)
Business

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

LINDA M. SALAZAR

3 Filer ID (Ethics Commission Filers)

4943171858

4 Date

10-26-22

5 Full name of contributor

out-of-state PAC (ID#: _____)

RODRIGUEZ, Lucio, LAW

7 Amount of contribution (\$)

\$ 500.⁰⁰

6 Contributor address;

City;

State;

Zip Code

1324 E. Madison
BROWNSVILLE, TEXAS 78520

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

10-26-22

Full name of contributor

out-of-state PAC (ID#: _____)

AMADOR LAW FIRM

Amount of contribution (\$)

\$ 500.⁰⁰

Contributor address;

City;

State;

Zip Code

2406 THOR'S HAMMER BLVD.
BROWNSVILLE, TEXAS 78526

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

10-26-22

Full name of contributor

out-of-state PAC (ID#: _____)

NOE GONZALEZ

Amount of contribution (\$)

\$ 100.⁰⁰

Contributor address;

City;

State;

Zip Code

424 E. JEFFERSON ST.
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

10-26-22

Full name of contributor

out-of-state PAC (ID#: _____)

BACILLO GOMEZ

Amount of contribution (\$)

\$ 500.⁰⁰

Contributor address;

City;

State;

Zip Code

2764 LAKEWAY DR.
BROWNSVILLE, TEXAS 78520

Principal occupation / Job title (See Instructions)

Business

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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)
4943171858

4 Date

10-26-22

5 Full name of contributor

LARRY BAREH

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$350.⁰⁰

6 Contributor address; City; State; Zip Code

2400 COURAGE BLVD. STE 101
BROWNSVILLE, TEXAS 78521

8 Principal occupation / Job title (See Instructions)

Business

9 Employer (See Instructions)

Date

10-26-22

Full name of contributor

Sergio SANTIAGO

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$350.⁰⁰

Contributor address; City; State; Zip Code

P.O. BOX 3383
BROWNSVILLE, TEXAS 78523

Principal occupation / Job title (See Instructions)

Business

Employer (See Instructions)

Date

10-26-22

Full name of contributor

Rosie PAREDES

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.⁰⁰

Contributor address; City; State; Zip Code

500 E. MORRISON ST A
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

Business

Employer (See Instructions)

Date

10-26-22

Full name of contributor

Hector MATA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.⁰⁰

Contributor address; City; State; Zip Code

970 S. INDIANA AVE
BROWNSVILLE, TEXAS 78521

Principal occupation / Job title (See Instructions)

Business

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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) 4943171858
4 Date 10-26-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vicente GONZALEZ	7 Amount of contribution (\$) \$500.⁰⁰
6 Contributor address; City; State; Zip Code 121 N. 10TH ST. MC ALLEN, TEXAS 78501		
8 Principal occupation / Job title (See Instructions) Atty		9 Employer (See Instructions)
Date 10-26-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime PARRA	Amount of contribution (\$) \$350.⁰⁰
Contributor address; City; State; Zip Code 744 E. WASHINGTON ST BROWNSVILLE, TEXAS 78520		
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions)
Date 10-26-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINBARGER, GOSSAN, BLAIR, Sampson	Amount of contribution (\$) \$500.⁰⁰
Contributor address; City; State; Zip Code P.O. BOX 17428 AUSTIN, TEXAS 78760		
Principal occupation / Job title (See Instructions) Atty		Employer (See Instructions)
Date 10-26-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ticket Sales FOR	Amount of contribution (\$) \$2,000.⁰⁰
Contributor address; City; State; Zip Code Loteria Dated October 23, 2022		
Principal occupation / Job title (See Instructions) Ticket Sales Campaign		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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:
2 FILER NAME <i>LINDA M. SALAZAR</i>		3 Filer ID (Ethics Commission Filers) <i>4943171858</i>
4 Date <i>11-14-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rick Canales Atty</i>	7 Amount of contribution (\$) <i>\$300.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>845 E. HARRISON ST. BRO. TX.</i>		
8 Principal occupation / Job title (See Instructions) <i>Atty</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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

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 A2:	
2 FILER NAME <i>LINDA M. SALAZAR</i>		3 Filer ID (Ethics Commission Filers) <i>4943171858</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>10-23-22</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARY ESTER GARCIA</i>	8 Amount of Contribution \$ <i>\$100.00</i>	9 In-kind contribution description <i>Event on GiftCards Oct. 23, 2022</i>
7 Contributor address; City; State; Zip Code <i>835 E. Levee St. 2ND Floor BROWNSVILLE, TEXAS 77820</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Judge - JP.</i>		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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:
2 FILER NAME <i>LINDA M. SALAZAR</i>	3 Filer ID (Ethics Commission Filers) <i>4943171858</i>
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$	

5 Date <i>10-23-22</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CYNTHIA HINOJOSA</i>	8 Amount of Contribution \$ <i>100.00</i>	9 In-kind contribution description <i>EVENT ON Oct. 23, 2022</i>
7 Contributor address; City; State; Zip Code <i>504 E. ST. FRANCIS BRONNSVILLE, TEXAS 78520</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business - Self</i>	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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>LINDA M. SALAZAR</i>		3 Filer ID (Ethics Commission Filers) <i>4943171858</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>10-23-22</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karla Garza</i>	8 Amount of Contribution \$ <i>\$500.00</i> <i>Food</i>	9 In-kind contribution description <i>EVENT ON Oct. 23, 2022</i>
7 Contributor address; City; State; Zip Code <i>1385 Cheers St. BROWNSVILLE, TEXAS 77821</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Self-Employed</i>		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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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.

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/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 |
| Credit Card Payment | 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) 4943171858
4 Date 08-12-22	5 Payee name ZONTA CLUB	
6 Amount (\$) \$119⁰⁰	7 Payee address: P.O. BOX 147	City: State: Zip Code OLMITO, TEXAS 78525
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description
	(c) <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

Date 09-01-22	Payee name PNC BANK		
Amount (\$) \$52.82	Payee address: P.O. BOX 609	City: State: Zip Code Pittsburgh PA. 15230-9738	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANK Fees	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

Date 10-12-22	Payee name U.S. Post OFFICE		
Amount (\$) \$60.⁰⁰	Payee address: 1905 N. ILLINOIS	City: State: Zip Code BROWNSVILLE TEXAS 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) STAMPS For Campaign	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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/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) |
| Credit Card Payment | | | |

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) 4943171858
4 Date 10-22-22	5 Payee name Southernmost Veterans - City of Brownsville	
6 Amount (\$) \$100.⁰⁰	7 Payee address; City; State; Zip Code 1124 E. Madison Brownsville Texas 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description
	(c) <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

Date 10-26-22	Payee name VFW	
Amount (\$) \$400.⁰⁰	Payee address; City; State; Zip Code 1801 Veterans Blvd. Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign - Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 11-08-22	Payee name LINDA SALAZAR	
Amount (\$) \$361.59	Payee address; City; State; Zip Code 4434 San Antonio Rd. Brownsville Texas 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REIMBURSEMENT FOR	Description
	Gifts for Loteria on Oct. 23, 2022	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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/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 |
| Credit Card Payment | 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) 4943171858
4 Date 11-08-22	5 Payee name LINDA SALAZAR	
6 Amount (\$) \$308.10	7 Payee address; City; State; Zip Code 4434 SAN ANTONIO Rd. BROWNSVILLE TEXAS 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement for Food, T-Shirts - Cards Campaign - Loteria on Oct. 23, 2022	(b) Description
	(c) <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 11-08-22	Payee name LINDA SALAZAR		
Amount (\$) \$200.⁰⁰	Payee address; City; State; Zip Code 4434 SAN ANTONIO Rd. BROWNSVILLE TEXAS 78521		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement for Pictures on Oct. 23, 2023 Loteria	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-08-22	Payee name LINDA AguilAR		
Amount (\$) \$70.30	Payee address; City; State; Zip Code 4434 SAN ANTONIO Rd. BROWNSVILLE TEXAS 78521		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Re-imbursment for Gifts for Loteria on Oct. 23, 2022	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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 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/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) |
| Credit Card Payment | | | |

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) 4943171858
4 Date 11-18-22	5 Payee name UNlimited PRINTING	
6 Amount (\$) \$253.03	7 Payee address; City; State; Zip Code 2685 N. CORIA Ste. A-1 BROWNSVILLE TEXAS 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Political Cards For Loteria - Campaign	(b) Description
	(c) <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

Date 12-21-22	Payee name LINDA SALAZAR	
Amount (\$) \$93.37	Payee address; City; State; Zip Code 4434 SAN ANTONIO BROWNSVILLE TEXAS 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REimBURSEMENT For Christmas Begg Campaign	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

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