LINDA SALAZAR

SEMI-ANNUAL REPORT JULY 15, 2023

		ICEHOLDER CE REPORT	1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a		FORM C/C	
The C/OH Instruction (Guide explains hov	w to complete this form.	1 Filer ID (Ethi	ics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY	****
NAME	NICKNAME	LINDA SALAZ	AR	SUFFIX	Date RANNERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 443 G	SALAZ. X: APT/SUITE#; 4 SAN AN	CITY: STATE UTONIO EXAL O	re; zip code	JUL 13 2023	
Change of Address			- 100 /	83 01	AECEIVED :50	an
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	PHONE NUMBER 466 - 10		ENSION	Date Hand-delivered or Date Postmark	keď
6 CAMPAIGN TREASURER NAME	NICKNAME	FIRST	? ž	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged	
		(NO PO BOX PLEASE); APT / S			-	
7 CAMPAIGN TREASURER ADDRESS	950	E. VAN	BUREN	St.	STATE; ZIP CODE	
(Residence or Business)	BROW	INSUILLE	, TEXA	N 185	520	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 546-5	EXTE	ENSION		
9 REPORT TYPE	January 15	30th day before e		Runoff	15th day after campaign treasurer appointment (Officeholder Only)	Market
1	July 15	8th day before ele	0011041	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR))
10 PERIOD COVERED	Month 0/	Day Year / 01 / 23	THROUGH	Month /	Day Year / 30 / 23	
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	03/05	24 General	Special	Description		
12 OFFICE	OFFICE HELD (If any,)	13 OFFIC	CE SOUGHT (if known)	THE PEACE Pet.	2-1
14 NOTICE FROM POLITICAL COMMITTEE(S)	I THE CANDIDATE / OFFI	ICEHOLDER, <i>THESE EXPENDITURES</i>	ACCEPTED OR POLITIC S MAY HAVE BEEN MAI	CAL EXPENDITURES MA	ADE BY POLITICAL COMMITTEES TO SUPP IDATE'S OR OFFICEHOLDER'S KNOWLEDGE HEY RECEIVE NOTICE OF SUCH EXPENDITUR	PORT
COMMITTEL(G)	COMMITTEE TYPE	COMMITTEE NAME	***************************************			
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	;		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME LiND	A M. SALAZAR	16 Filer ID (Ethics Commission 49 43 / 7 / 8	on Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH) PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -O	-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ /3,22	5.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE,	\$ -0	
, , , , ,	4. TOTAL POLITICAL EXPENDITURES	\$ 3,69	4,07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	*31,418	7.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	of the \$ 1,000	.00
	swear, or affirm, under penalty of perjury, that the accompanying report is to	rue and correct and includes al	l information
re	quired to be reported by me under Title 15, Election Code.	01	
	Tendo s	Saldran	/
	Signature of C	Candidate or Office tolder	
			,
	Please complete either option belo	w:	
(1) Affidavit	Ana M Sanchez Notary Public, State of Texas My Comm. Exp 11/29/2025 Notary ID 13/346624-8		
NOTARY STAMP/SEA	Linda Galazar	12	1
2	before me by NIIOO SWICEV this th	e 10 day of 00	ur.
Ina U.	Which, witness my hand and seal of office. Dawley Hna M. Sanchez	Notai	ru
Signature of officer administe		Title of officer admini	stering oath
(0) 11	OR		
(2) Unsworn Declarati	on		
My name is	, and my date of birth	is	·····
My address is	, , , , , , , , , , , , , , , , , , ,		·
_ , , ,	(street) (city)	(state) (zip code) (cou	ntry)
Executed in	County, State of, on the day of (mon	nth) (year)	
	Signature of Can	didate/Officeholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	ommission Filers)
	LINDA M. SALAZAR 494317	1858
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$13,225.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 400.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$3,694.07
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.

	ned information is not applicable, bo not include this page in the	T T T T T T T T T T T T T T T T T T T
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) 4943171858
Date	5 Full name of contributor out-of-state PAC (ID#:) TUAN H. ANDRAGE TR.	7 Amount of contribution (\$)
•	6 Contributor address; City; State; Zip Code 1127 ROYAL OAK BROWNSVILE, TEXAS 7852/ pation / Job title (See Instructions) 9 Employer (See Instructions)	\$200.00
_	Bond - 9 Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
5/12/23	LAW ÖFFICE OF PHILLIPPE Contributor address; City; State; Zip Code 847 E. HARRISON BROWNSVILLE, TEXAS 18528	550.00
	Atlan / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) PIANNE & KEVIN TSBeLL Contributor address; City; State; Zip Code	Amount of contribution (\$)
5/12/23	Contributor address; City; State; Zip Code 1641 Resaca VILLAGE BROWNSVILLE, TEXAS 78520	5500
Principal occupa	ation / Job title (See Instructions) Employer (See Instruc	otions)
Date	Full name of contributor	Amount of contribution (\$)
05/12/23	Contributor address: 2406 THOR'S HAMMER BLVd. BROWNSUILLE, TEXAS 78526 ation / Joh title (See Instructions)	\$500,00
Timolpar occupa	HORNEY Employer (See Instructions)	tions)
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····	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	(FEDEN

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 form.	1 Total pages Schedule A1:
LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 4943171858
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) \$\\ \\$300_{-}\end{align*}
8 Principal occupation / Job title (See instructions) Business (Friend) 9 Employer (See Instructions)	ctions)
Date Full name of contributor Os/23/23 Contributor address; P.O. BOX 2025 Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) After Ney	stions)
Principal occupation / Job title (See Instructions) City; State; Zip Code Rate; Zip Code State; Zip Code Principal State; Zip Code Employer (See Instructions)	Amount of contribution (\$) \$\frac{00}{200}\$
Dete	Amount of contribution (\$)
Sergio SANTIASO Contributor address; City; State; Zip Code 123 Old Port ISABel Rd. STE A- BROWNSVILLE TEXAS 18521	. 2 20
Principal occupation / Job title (See Instructions) Employer (See Instructions) Button: Constructions	tions)
ATTACH ADDITIONAL CODIES OF THE COLUMN TACA	
Date Full name of contributor DAVID GARZA Contributor address; Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: Date Full name of contributor City: State: City: State: City: State: City: State: Date Full name of contributor Date Full name of contributor City: Date Full name of contributor Date	Amount of contribution (\$) \$\frac{1}{200}.^{\text{color}}\$ Amount of contribution (\$) \$\frac{1}{200}.^{\text{color}}\$ Amount of contribution (\$) Amount of contribution (\$) # \$\frac{1}{300}.^{\text{color}}\$ tions)

SCHEDULE A1

The Instruction Guide explains how to complete this form. 2 FILER NAME LINDA M. SALAZAR 4 Date 5 Full name of contributor out-of-state PAC (ID#:	1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 4943/1/858 7 Amount of contribution (\$)
LINDA M. SALAZAR 4 Date 5 Full name of contributor	4943171858
out-or-state PAC (ID#:)	7 Amount of contribution (\$)
I	
KidBridge Academy 6 Contributor address; City; State; Zip Code 800 W. Jefferson St. Ste 180 Brownsuille, Texas 78520	\$ 500.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code P.O. BOX 17428 Austin, TEXAS 78760 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$500.00
Principal occupation / Job title (See Instructions) Employer (See Instruct Afforneya	ions)
Date Full name of contributor OS/23/23 Contributor address; Principal occupation / Job title (See Instructions) Contributor address; City: State: Zip Code P. O. BOX 53 43 29 HARLINGEN, TEXAS 78553 Employer (See Instructions)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct Aff ORNEYA	ions)
Date Full name of contributorout-of-state_PAC (ID#:)	Amount of contribution (\$)
05/23/23 William Hudson Contributor address; City; State; Zip Code 2600 OLD ALICE RolSuiteD BROWNSUILLE, TEXAS 18521	\$100,00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI	EEDED

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) 4943/7/858
4 Date 06/05/23	10 BOXWOOD COURT BROWNSUILLE TEXAS 18521	7 Amount of contribution (\$)
	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
	BROWNS VILLE, TEXAS 18520	Amount of contribution (\$)
	eation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date 06/05/23	Full name of contributor out-of-state PAC (ID#:) Tesus R. Canales Contributor address; City; State; Zip Code 845 E. HARRISON St. BROWNSUILLE, TEXAS 1852	Amount of contribution (\$)
	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 06/05/23	Full name of contributor Out-of-state PAC (ID#:) Mester R. Gonzalez Contributor address; City; State; Zip Code 117 E. PRICE R. BROWNSVILLE, TEXAS 7852 ation / Job title (See Instructions) Employer (See Instruc	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions) Employer (See Instruc	otions)
	ATTACH ADDITIONAL CODIFE OF THE COLUMN TO A	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

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;
LINDAM. SALAZAR	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 0 Octor	tions)
Date Full name of contributor	Amount of contribution (\$)
06/05/23 MENTON & LORI MURRAY Contributor address: 2726 POINCIANA ST. WARLINGEN TEXAS 20550	\$200.00
Principal occupation / Job title (See Instructions) Refined Tudge & Friend Employer (See Instructions) Refined Tudge & Friend	ions)
Date Full name of contributor out-of-state PAC (ID#:) Loni Troda is sn Contributor address; City; State; Zip Code 6550 Fm 803 Brown Suille TEXAS 78526	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor Oc/05/23 Begum Law Group Contributor address; 240/ Wild Flowers BROWNSUILLE, TEXAS 78526	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Afforweg	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains h	now to complete this form.	1 Total pages Schedule A1:
FILER NAME		SALAZAR	3 Filer ID (Ethics Commission Filers) 4943/11/858
Date	5 Full name of contributor	out-of-state PAC (ID#:	7 Amount of contribution (\$)
6/05/23	THE GNEE, 6 Contributor address; 34 S. CO BROWNSVILL	N LAW FIRM City; State; Zip RIA St. E, TEXAS 785 ns) 9 Employer	, 000,
	pation / Job title (See Instruction ###################################	ns) 9 Employer	(See Instructions)
Date	Full name of contributor	Out-of-state PAC (ID#:	Amount of contribution (\$)
:/05/23	LAW OFFices Contributor address; 2401 Wild I BROWN SVILL	City; State; Zip FLOWER PR. Suit LE TEXAS 789	Code A 5700.00
	pation / Job title (See Instruction FFORNEY	LE, TEXAS 783 Employer ((See Instructions)
Date 6/01/23	Contributor address; 800 E.ALT	City: State; Zip	Amount of contribution (\$) Code S26
^	pation / Job title (See Instruction		(See Instructions)
Date 607/23	Contributor address;	Out-of-state PAC (ID#	
	mc GILEN ation / Job title (See Instructions	s) Employer (See Instructions)
4/031	n RAW C E		

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 form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
LIND.	4 M. SALAZAR	4943171858
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	model Laundar	
06/07/23	ModeL LAUNday 6 Contributor address; City; State; Zip Code P. O. BOX 176	,550.00
·		
P Principal contr	LOS INDIOS, 75XAS 78567 pation / Job title (See Instructions) 9 Employer (See Instru	
_	vess - Self	ctions)
750(3/7	-633 247	
Date	Full name of contributor	Amount of contribution (\$)
06/07/23	Hector MATA	
06/07/23		5500 =
	Contributor address; City; State; Zip Code 970 5. Indiana AUE	
Densinal	BROWNSUILLE, TEXAS 1852/ ation / Job title (See Instructions) Employer (See Instruc-	
	ation / Job title (See Instructions) Employer (See Instruc	ctions)
cousin	in and	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
01/02/22	Immo BILIAREE Assets	. ce.
06/01/23	Contributor address: 74 Len State; Zip Code	,200.el
Principal occur	Brownsville, TEXAS 78 520 ation / Job title (See Instructions) Employer (See Instru	
	Ness-SelF	out is,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11262	Antuno MANTINEZ	, ce
06/13/23	Contributor address; Lient City; State; Zip Code Guest CR.	\$400,00
		!
Principal occup	BROWN SUILLE TEXAST 78520 Pation / Job title (See Instructions) Employer (See Instru	
	NESS - SelFI	,
4 -		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the reque	ested information is not applicable, DO NO	T include this page in the r	eport.
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
FILER NAME	OA M. SALA.	2AR	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor ut-of-stat	ie PAC (ID#:)	7 Amount of contribution (\$)
;/23/23	Royston, RAYZOR, Vic 6 Contributor address; City; 55 COVE CIRCLE BROWNSVILLE, T	State; Zip Code	, 5500.00
Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state. Agado Bail	1	Amount of contribution (\$)
6/23/23	Contributor address; P.O. BOX 3235	State; Zip Code	\$ 125.00
	pation / Job title (See Instructions) SINESS - Self	EXAS /855-/ Employer (See Instruction	ons)
Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NE	EDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

		J	maka jatanin ja da ja
The Instruction Guide explains how to complete this form	n.	1 Total pages Schedu	ıle A2:
LINDA M. SALAZAR	,	3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (ID#: JOSE Ricardo Escam 7 Contributor address; City; State; 30 I W. Madison BROWNSVILLE, TEXAS 7	i L (a Zip Code 85 20		9 In-kind contribution description EVENT ON JUNE OI, 2023 de of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI/	AL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			,
Date Full name of contributor □ out-of-state PAC (ID#: Contributor address; City; State;	Zip Code	Amount of Contribution \$	In-kind contribution description de of Texas, Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	AL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			requirements.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Office Overhead/Rental Expense The Polling Expense The Printing Expense The Salaries/Wages/Contract Labor O	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel In District ravel Out Of District Ither (enter a category not listed above)		
1 Total pages Schedule F1:	LINDA M. SA	ALAZAR 4	Filer ID (Ethics Commission Filers)		
4 Date 01/24/23	5 Payee name Linda Sala	ZAR			
6 Amount (\$) 5 265./5	7 Payee address; 4434 SAN A	ntenio Rd. Bro	State; Zip Code DWNSU'LLE, EXAS 7852/		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Re in abunament For Lontierra Oct. 23, 202 Bas Ket + Food	a i			
	(c) Check if travel outside of Texas. Complete Sch	check if Austin, T	K, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 03-21-23	Payee name ABE HERNAN				
Amount (\$)	Payee address;	City;	State; Zip Code		
÷185.00	Payee address; 1141 CHampLain	DR. BROWN:	AS 18526		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Pictures FOR Campaig N		SVILLE, AS 18526		
PURPOSE OF	Category (See Categories listed at the top of this sch Pic + wes FOR	nedule) Description	SVICLE, AS 18526		
PURPOSE OF	Category (See Categories listed at the top of this sch Pic Funes Fun Campaig N Check if travel outside of Texas. Complete Sch Candidate / Officeholder name	nedule) Description			
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See Categories listed at the top of this sch Pic Funes Fun Campaig N Check if travel outside of Texas. Complete Sch Candidate / Officeholder name	edule T. Check if Austin, TX Office sought	(, officeholder living expense		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Category (See Categories listed at the top of this sch Pic Funes Fune Campaig N Check if travel outside of Texas. Complete Sch Candidate / Officeholder name	eduleT. Check if Austin, TX Office sought	(, officeholder living expense Office held		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 04/10/23	Category (See Categories listed at the top of this sch Pic Funes Fun Campaig N Check if travel outside of Texas. Complete Sch Candidate / Officeholder name Payee name Hig H - Power - N-Hit Payee address;	Description eduleT. Check if Austin, TX Office sought City; Brownsville, edule) Description	(, officeholder living expense Office held		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date O4/10/23 Amount (\$) \$ 75.00 PURPOSE OF	Category (See Categories listed at the top of this sch Pic Funes For Campaig N Check if travel outside of Texas. Complete Sch Candidate / Officeholder name Payee name Hig H-Power - N-Hit Payee address; 1642 E. Price Rd. Category (See Categories listed at the top of this sch SCHOLARS HiP	edule T. Check if Austin, TX Office sought City; Brownsville, edule) Description	(, officeholder living expense Office held		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date O4/10/23 Amount (\$) \$ 75.00 PURPOSE OF	Category (See Categories listed at the top of this schedule of the control of the	edule T. Check if Austin, TX Office sought City; Brownsville, edule) Description	Office held State; Zip Code		

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 Giff/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:	LINDA M. SALA		cs Commission Filers)	
4 Date 04/13/23				
6 Amount (\$)	5 Payee name BROWNSVILLE Muse 7 Payee address; 660 E. Ringsold	St. BROWNSVILL	Zip Code E, TEXAS 18520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Dong fion for Event on 06/01/23	(b) Description		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
04/27/23	Vista PRINT			
Amount (\$) 167.29	Payee address; /// AVE "H" EAS ARLING FON, TEX Category (See Categories listed at the top of this schedule)		Zip Code	
PURPOSE OF EXPENDITURE	Odli + i cal Pus H Card	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05/09/23	U.P.S. mail			
Amount (\$) 5 229.80	Payee address; 1905 N. ILLINOIS		Zip Code 7 TEXAS 7852 O	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Leffers (Sfamps)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Travel In District Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form, 1 Total pages Schedule F1: 2 FJLER NAME Filer ID (Ethics Commission Filers) LINDA 4 Date 5 Payee name 6 Amount (\$) City; State; Zip Code

:415.69	HRLINGTON. TEXA	75 260	//
PURPOSE OF EXPENDITURE	ARLINGTON, TEXA (a) Category (See Categories listed at the top of this schedule) Polifical Push Cands	(b) Description	
	(c) 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 05/15/23	Payee name Zonta		
Amount (\$) 35.00	Payee address: P.O. BOX 147	City;	State; Zip Code
	OLmito, TEXAS Category (See Categories listed at the top of this schedule)	7852/ Description	
PURPOSE OF EXPENDITURE	Ponation	Возоприон	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 15/23/23	Payee name ROLANdo Gutis Payee address: Los Alam	errez Ja	۷.
Amount (\$)	A		
. 00	HarLingEN, TE. Category (See Categories listed at the top of this schedule) Polifical		
PURPOSE OF	HarLingEN, TE. Category (See Categories listed at the top of this schedule)	XAS 785 Description	

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)

	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1	LINDA M. SALAZ	ZAR	3 Filer ID (Ethics Commission Filers)
4 Date 05/30/23	5 Payee name ZONFA		
6 Amount (\$)	P.O. BOX 147	City;	State; Zip Code
, //9,	OLMITO, TEXAS	78521	
8	(a) Category (See Categories listed at the lop 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 expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
05/31/23	5AM's		
Amount (\$)	Payee address; 3570 W. ALTON G	City; R/	State; Zip Code
5211.00	BROWNSVILLE, T		
	Category (See Categories listed at the top of this schedule)	Description	7800
PURPOSE OF	Waters, Cupa, Food		
EXPENDITURE	Category (See Categories listed at the top of this schedule) Waters, Cups. Food For Political Event up 06	101/23	
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
05/31/23	SAMS		
Amount (\$)	Payee address; 3570 W. ALton	GOOR	State; Zip Code
5,341.16		TEXAS	78520
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	WINE & Beer	11.1/22	
EXPENDITURE	For Political Eventon	06/01/23	
	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/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NEI	-nen

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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) INPA F Payee name ABE HERNANDEZ 7 Payee address; City; State; Zip Code 1141 CHamplain BROWNSVILLE, TEXAS (a) Category (See Categories listed at the top of this schedule) (b) Description Pictures FOR PURPOSE Campaign **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 J. A. SPOR +5 Payee address; City; State; Zip Code 4627 CENTRAL CIRCLE BROWNS VILLE, TEXAS 78521 Category (See Categories listed at the top of this schedule) PURPOSE T- SHINTS OF Campaign 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 Date Pavee name Amount (\$) Pavee address: City; Zip Code State: Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** 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

Office sought

Candidate / Officeholder name

Office held