

# **LINDA SALAZAR**

**SEMI-ANNUAL  
REPORT  
JANUARY 16, 2024**

# 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

20

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
- LINDA M  
NICKNAME LAST SUFFIX  
SALAZAR

OFFICE USE ONLY

Date Received  
CAMERON COUNTY  
DEPARTMENT OF ELECTIONS &  
VOTER REGISTRATION

JAN 11 2024 1:20pm

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
4434 SAN ANTONIO Rd.  
BROWNSVILLE, TEXAS 78521

Change of Address

RECEIVED  
Date Hand Delivered for Date Posting

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(956) 466-1014

Receipt # Amount \$

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Richard E.  
NICKNAME LAST SUFFIX  
ZAYAS

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
950 E. VAN BUREN ST.  
BROWNSVILLE, TEXAS 78520

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(956) 546-5060

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
07 / 01 / 2023 THROUGH 12 / 31 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
03 / 05 / 24  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  
 SPECIFIC  
COMMITTEE ADDRESS  
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 LINDA M. SALAZAR 16 Filer ID (Ethics Commission Filers) 4943171858

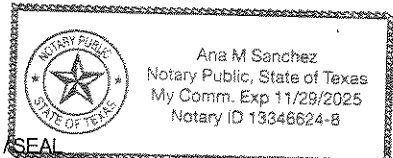
|                         |   |              |
|-------------------------|---|--------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ - 0 -     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 16,570.00 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ - 0 -     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 9,461.47  |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 28,326.83 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 1,000.00  |

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 Salazar*  
Signature of Candidate or Officeholder

**Please complete either option below:**

(1) Affidavit



Sworn to and subscribed before me by Linda Salazar this the 11 day of January, 2024, to certify which, witness my hand and seal of office.  
Ana M. Sanchez Ana M. Sanchez 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)

# 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<br><i>LINDA M. SALAZAR</i>   |   | 3 Filer ID (Ethics Commission Filers)<br><i>4943171858</i>                      |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |   | \$  |  |
| 5 Date<br><i>10-22-23</i>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>ELVIA MALDONADO</i> | 8 Amount of Contribution \$<br><i>\$500.<sup>00</sup></i>                       | 9 In-kind contribution description<br><i>EVENT ON OCTOBER 22, 2023</i> |
| 7 Contributor address; City; State; Zip Code<br><i>169 ALDRIN CT. BROWNSVILLE TEXAS 78521</i> |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)                     |   | 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.

**SUBTOTALS - C/OH**

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

|   |   |   |
|---|---|---|
| 19 FILER NAME<br><i>LINDA M. SALAZAR</i>  |   | 20 Filer ID (Ethics Commission Filers)<br><i>4943171858</i> |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT  |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ <i>16,570.00</i>   |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ <i>500.<sup>00</sup></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>9,461.47</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<br><b>LINDA M. SALAZAR</b>  |   | 3 Filer ID (Ethics Commission Filers)<br><b>4943171858</b>    |
| 4 Date<br><b>07-06-23</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Ticket Sales For</b>            | 7 Amount of contribution (\$)<br><b>\$2,700.<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>Loteria Dated<br/>JULY 07, 2023</b>   |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Loterias For 07-02-23</b>  |   | 9 Employer (See Instructions)                                 |
| Date<br><b>07-06-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>MARIA E. SOLIS</b>                | Amount of contribution (\$)<br><b>\$100.<sup>00</sup></b>     |
| Contributor address; City; State; Zip Code<br><b>1835 DON QUIXOTE<br/>BROWNSVILLE, TEXAS 78521</b>   |   |   |
| Principal occupation / Job title (See Instructions)<br><b>SELF-</b>  |   | Employer (See Instructions)                                   |
| Date<br><b>07-06-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>HAPPY THOMAS</b>                  | Amount of contribution (\$)<br><b>\$25.<sup>00</sup></b>      |
| Contributor address; City; State; Zip Code<br><b>1603 YALE AVE<br/>BROWNSVILLE, TEXAS 78520</b>  |   |   |
| Principal occupation / Job title (See Instructions)<br><b>SELF</b>   |   | Employer (See Instructions)                                   |
| Date<br><b>07-06-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>MR. &amp; MRS. NOE NILO ORTIZ</b> | Amount of contribution (\$)<br><b>\$1,000.<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>657 SPRINGMART BLVD.<br/>BROWNSVILLE, TEXAS 78526</b>   |   |   |
| Principal occupation / Job title (See Instructions)<br><b>SELF-</b>  |   | Employer (See Instructions)                                   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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<br><b>LINDA M. SALAZAR</b>  |   | 3 Filer ID (Ethics Commission Filers)<br><b>4943171858</b>  |
| 4 Date<br><b>07-06-23</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>DIANNE + KEVIN ISBELL</b> | 7 Amount of contribution (\$)<br><b>\$500.<sup>00</sup></b> |
|  | 6 Contributor address; City; State; Zip Code<br><b>1641 ROSACA VILLAGE<br/>BROWNSVILLE, TEXAS 78520</b>           |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>SELF - BUSINESS</b>  |   | 9 Employer (See Instructions)                               |
| Date<br><b>07-06-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>LARRY BRUNCH</b>            | Amount of contribution (\$)<br><b>\$500.<sup>00</sup></b>   |
|  | Contributor address; City; State; Zip Code<br><b>2400 COURAGE BLVD.<br/>BROWNSVILLE, TEXAS 78521</b>              |   |
| Principal occupation / Job title (See Instructions)<br><b>Business - Self</b>  |   | Employer (See Instructions)                                 |
| Date<br><b>07-14-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>BUENA VISTA PARK</b>        | Amount of contribution (\$)<br><b>\$700.<sup>00</sup></b>   |
|  | Contributor address; City; State; Zip Code<br><b>5 McDevitt Blvd.<br/>BROWNSVILLE, TEXAS 78521</b>                |   |
| Principal occupation / Job title (See Instructions)<br><b>Business - Self</b>  |   | Employer (See Instructions)                                 |
| Date<br><b>08-01-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>JESUS + DINORA GUERRERO</b> | Amount of contribution (\$)<br><b>\$150.<sup>00</sup></b>   |
|  | Contributor address; City; State; Zip Code<br><b>1163 QUAIL HOLLOW DR.<br/>BROWNSVILLE, TEXAS 78520</b>           |   |
| Principal occupation / Job title (See Instructions)<br><b>SELF - Friends</b>   |   | Employer (See Instructions)                                 |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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<br><b>LINDA M. SALAZAR</b>  |   | 3 Filer ID (Ethics Commission Filers)<br><b>4943171858</b>  |
| 4 Date<br><b>08-23-23</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>EM2 Enterprises LLC</b>     | 7 Amount of contribution (\$)<br><b>\$150.<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>4204 Southmost Rd.<br/>BROWNSVILLE, TEXAS 78521</b>   |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Self-Employed</b>  |   | 9 Employer (See Instructions)                               |
| Date<br><b>09-28-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>ARTHURO + SANDRA McDONALD</b> | Amount of contribution (\$)<br><b>\$100.<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>76 Shoreline Dr.<br/>BROWNSVILLE, TEXAS 78521</b>   |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Friend</b>   |   | Employer (See Instructions)                                 |
| Date<br><b>09-28-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>SALVADOR GARCIA</b>           | Amount of contribution (\$)<br><b>\$700.<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>914 VAN BUREN ST.<br/>BROWNSVILLE, TEXAS</b>  |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Attg.</b>  |   | Employer (See Instructions)                                 |
| Date<br><b>09-28-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>MICHAEL P. TREJO</b>          | Amount of contribution (\$)<br><b>\$250.<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>1192 E. 9th Street<br/>BROWNSVILLE, TEXAS 78520</b>   |   |   |
| Principal occupation / Job title (See Instructions)<br><b>ATTORNEY</b>   |   | Employer (See Instructions)                                 |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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<br><b>LINDA M. SALAZAR</b>   |   | 3 Filer ID (Ethics Commission Filers)<br><b>4943171858</b>  |
| 4 Date<br><b>09-28-23</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>DIANNE &amp; KEVIN ISBELL</b> | 7 Amount of contribution (\$)<br><b>\$500.<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>1641 RESACA VILLAGE<br/>BROWNSVILLE, TEXAS 78526</b> |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Self</b>                                    |   | 9 Employer (See Instructions)                               |
| Date<br><b>09-28-23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>BEN R. NEECE</b>                | Amount of contribution (\$)<br><b>\$200.<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>133 SALLY LANE<br/>BROWNSVILLE, TEXAS 78526</b>        |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>                                  |   | Employer (See Instructions)                                 |
| Date<br><b>10-11-23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jesus Contreras</b>             | Amount of contribution (\$)<br><b>\$1000.<sup>00</sup></b>  |
| Contributor address; City; State; Zip Code<br><b>2911 ALLEN DR.<br/>EDINBURG, TEXAS 78539</b>           |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>                                  |   | Employer (See Instructions)                                 |
| Date<br><b>10-11-23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rudy De La Garza</b>            | Amount of contribution (\$)<br><b>\$50.<sup>00</sup></b>    |
| Contributor address; City; State; Zip Code<br><b>634 E FRONTON ST.<br/>BROWNSVILLE, TEXAS 78520</b>     |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>                                  |   | 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<br><b>LINDA M. SALAZAR</b>  |  | 3 Filer ID (Ethics Commission Filers)<br><b>4943171858</b>   |
| 4 Date<br><b>10-06-23</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>KATHELYN + OSCAR BALLI</b> | 7 Amount of contribution (\$)<br><b>\$1500.<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>714 MILITARY HWY<br/>BROWNSVILLE, TEXAS 78521</b>   |  |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Self - Friends</b>   |  | 9 Employer (See Instructions)                                |
| Date<br><b>10-06-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>JESUS CANALES</b>            | Amount of contribution (\$)<br><b>\$250.<sup>00</sup></b>    |
| Contributor address; City; State; Zip Code<br><b>845 E. HARRISON ST.<br/>BROWNSVILLE, TEXAS 78520</b>  |  |  |
| Principal occupation / Job title (See Instructions)<br><b>ATTORNEY</b>   |  | Employer (See Instructions)                                  |
| Date<br><b>10-18-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>JDDIB INVESTMENTS LLC</b>    | Amount of contribution (\$)<br><b>\$500.<sup>00</sup></b>    |
| Contributor address; City; State; Zip Code<br><b>3414 BURTON DRIVE<br/>BROWNSVILLE, TEXAS 78521</b>  |  |  |
| Principal occupation / Job title (See Instructions)<br><b>SELF - DOORS -</b>   |  | Employer (See Instructions)                                  |
| Date<br><b>10-18-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>ZAYAS + ZAMORA</b>           | Amount of contribution (\$)<br><b>\$500.<sup>00</sup></b>    |
| Contributor address; City; State; Zip Code<br><b>950 E. VAN BUREN ST.<br/>BROWNSVILLE, TEXAS 78520</b>   |  |  |
| Principal occupation / Job title (See Instructions)<br><b>ATTORNEY</b>   |  | Employer (See Instructions)                                  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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<br><b>LINDA M. SALAZAR</b>  |  | 3 Filer ID (Ethics Commission Filers)<br><b>4943171858</b>   |
| 4 Date<br><b>10-18-23</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>RENE DE COSS</b>   | 7 Amount of contribution (\$)<br><b>\$ 700.<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>914 E. VAN BUREN ST.<br/>BROWNSVILLE, TEXAS 78521</b> |  |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>ATTORNEY</b>                                 |  | 9 Employer (See Instructions)                                |
| Date<br><b>10-18-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>BEN R. NEECE</b>     | Amount of contribution (\$)<br><b>\$ 200.<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>133 SALLY LANE<br/>BROWNSVILLE, TEXAS 78526</b>         |  |  |
| Principal occupation / Job title (See Instructions)<br><b>ATTORNEY</b>                                   |  | Employer (See Instructions)                                  |
| Date<br><b>10-18-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Fred A. KOWALSKI</b> | Amount of contribution (\$)<br><b>\$ 200.<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>902 E. MADISON ST.<br/>BROWNSVILLE, TEXAS 78521</b>     |  |  |
| Principal occupation / Job title (See Instructions)<br><b>ATTORNEY</b>                                   |  | Employer (See Instructions)                                  |
| Date<br><b>10-24-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>HAPPY THOMAS</b>     | Amount of contribution (\$)<br><b>\$ 25.<sup>00</sup></b>    |
| Contributor address; City; State; Zip Code<br><b>1603 YALE AVE<br/>BROWNSVILLE, TEXAS 78521</b>          |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Self</b>                                       |  | 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<br><b>LINDA M. SALAZAR</b>  |   | 3 Filer ID (Ethics Commission Filers)<br><b>4943171858</b>  |
| 4 Date<br><b>10-24-23</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Hector MATA</b>       | 7 Amount of contribution (\$)<br><b>\$500.<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>970 S. INDIANA AVE<br/>BRONNSVILLE, TEXAS 78521</b>     |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Business - SELF</b>                            |   | 9 Employer (See Instructions)                               |
| Date<br><b>10-24-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Amador Law</b>          | Amount of contribution (\$)<br><b>\$250.<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>2406 THOR'S HAMMER BLVD.<br/>BRONNSVILLE, TEXAS 78526</b> |   |   |
| Principal occupation / Job title (See Instructions)<br><b>ATTORNEY</b>                                     |   | Employer (See Instructions)                                 |
| Date<br><b>10-24-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>URQUIETA Auto Sales</b> | Amount of contribution (\$)<br><b>\$250.<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>1738 Southmost Rd.<br/>BRONNSVILLE, TEXAS 78521</b>       |   |   |
| Principal occupation / Job title (See Instructions)<br><b>SELF</b>   |   | Employer (See Instructions)                                 |
| Date<br><b>10-25-23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Ticket Sales FOR</b>    | Amount of contribution (\$)<br><b>\$1,970.<sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br><b>Loteria Ticket sale ON<br/>10-22-23</b>                   |   |   |
| 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.

# 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<br><b>LINDA M. SALAZAR</b>   |   | 3 Filer ID (Ethics Commission Filers)<br><b>4943171858</b>   |
| 4 Date<br><b>10-24-23</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Mr. &amp; Mrs. NOE NILO Ortiz</b> | 7 Amount of contribution (\$)<br><b>\$ 500.<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>637 SPINGMART BLVD.<br/>BROWNSVILLE, TEXAS 78526</b>   |   |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>SELF -</b>                                    |   | 9 Employer (See Instructions)                                |
| Date<br><b>11/01/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>OLGA L. REY</b>                     | Amount of contribution (\$)<br><b>\$ 250.<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>683 N. CENTRAL AVE<br/>BROWNSVILLE, TEXAS 78521</b>      |   |  |
| Principal occupation / Job title (See Instructions)<br><b>SELF -</b>                                      |   | Employer (See Instructions)                                  |
| Date<br><b>12-12-23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Gulf Quality Sea Food</b>           | Amount of contribution (\$)<br><b>\$ 50.<sup>00</sup></b>    |
| Contributor address; City; State; Zip Code<br><b>6955 BOCA CHICA BLVD<br/>BROWNSVILLE, TEXAS 78521</b>    |   |  |
| Principal occupation / Job title (See Instructions)<br><b>SELF</b>  |   | Employer (See Instructions)                                  |
| Date<br><b>12-12-23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>CHULA Vista Const. LLC</b>          | Amount of contribution (\$)<br><b>\$ 300.<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>123 Old Port Isabel Rd.<br/>BROWNSVILLE, TEXAS 78521</b> |   |  |
| Principal occupation / Job title (See Instructions)<br><b>SELF</b>  |   | Employer (See Instructions)                                  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES 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<br><b>LINDA M. SALAZAR</b> | 3 Filer ID (Ethics Commission Filers)<br><b>4943171858</b> |
|----------------------------|---|--|

|                                  |  |
|----------------------------------|--|
| 4 Date<br><b>07-02-23</b>        | 5 Payee name<br><b>EMMA RAMOS</b>  |
| 6 Amount (\$)<br><b>\$463.00</b> | 7 Payee address; City; State; Zip Code<br><b>14 OLIVA<br/>BRONNSVILLE, TEXAS 78521</b> |

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>GIFTS FOR Loteria Dated 07-02-23</b> | (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<br><b>07-11-23</b> | Payee name<br><b>LINDA SALAZAR</b> |
|-------------------------|------------------------------------|

|                                |  |
|--------------------------------|--|
| Amount (\$)<br><b>\$479.76</b> | Payee address; City; State; Zip Code<br><b>4434 SAN ANTONIO Rd.<br/>BROWNSVILLE, TEXAS 78521</b> |
|--------------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Reimbursement for - SNAKE, BALLONS, APRONS - TABLES ICE ET</b> | 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<br><b>07-11-23</b> | Payee name<br><b>LINDA SALAZAR</b> |
|-------------------------|------------------------------------|

|                                |  |
|--------------------------------|--|
| Amount (\$)<br><b>\$570.91</b> | Payee address; City; State; Zip Code<br><b>4434 SAN ANTONIO Rd.<br/>BROWNSVILLE, TEXAS 78521</b> |
|--------------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Reimbursement for Campaign T-SHIRTS</b> | 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<br><b>LINDA M. SALAZAR</b> | 3 Filer ID (Ethics Commission Filers)<br><b>4943171858</b> |
|----------------------------|---|--|

|                           |  |
|---------------------------|--|
| 4 Date<br><b>08-23-23</b> | 5 Payee name<br><b>UN Limited Printing</b> |
|---------------------------|--|

|                                     |   |
|-------------------------------------|---|
| 6 Amount (\$)<br><b>\$ 1,238.65</b> | 7 Payee address; City; State; Zip Code<br><b>2685 N. CORIA-A-1<br/>BROWNSVILLE, TEXAS 78520</b> |
|-------------------------------------|---|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Political envelopes, Post cards, Letter Head</b>                                       | (b) Description<br><b>Letterhead for Contingent</b> |
|                                    | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                         |  |
|-------------------------|--|
| Date<br><b>09-01-23</b> | Payee name<br><b>City of Brownsville</b> |
|-------------------------|--|

|                                 |   |
|---------------------------------|---|
| Amount (\$)<br><b>\$ 100.00</b> | Payee address; City; State; Zip Code<br><b>1001 E. ELIZABETH<br/>BROWNSVILLE, TEXAS 78520</b> |
|---------------------------------|---|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Donation</b>   | Description |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>09/02/23</b> | Payee name<br><b>JUAN MONTOYA</b> |
|-------------------------|-----------------------------------|

|                                  |  |
|----------------------------------|--|
| Amount (\$)<br><b>\$ 1500.00</b> | Payee address; City; State; Zip Code<br><b>1501 Old Port Isabel Rd.<br/>Apt. 18 BROWNSVILLE, TEXAS 78521</b> |
|----------------------------------|--|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Advertisement</b>  | Description |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

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<br><b>LINDA M. SALAZAR</b>   | 3 Filer ID (Ethics Commission Filers)<br><b>4943171858</b> |
| 4 Date<br><b>09-14-23</b>                                    | 5 Payee name<br><b>LINDA SALAZAR</b>  |  |
| 6 Amount (\$)<br><b>\$ 177.02</b>                            | 7 Payee address; City; State; Zip Code<br><b>4434 SAN ANTONIO RD.<br/>BROWNSVILLE, TEXAS 78521</b>  |  |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br><b>RE-imburement FOR Gifts - Postage - FOR LATERIA ON - 10-22-23</b>                      | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held                             |
| Date<br><b>09-28-23</b>                                      | Payee name<br><b>TEXAS Democratic Part</b>  |  |
| Amount (\$)<br><b>\$ 965.<sup>00</sup></b>                   | Payee address; City; State; Zip Code<br><b>P.O. BOX 15707<br/>Austin, TEXAS 78761</b>   |  |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>VAN List Political</b>   | Description  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>09-27-23</b>                                      | Payee name<br><b>TEXAS Democratic Part</b>  |  |
| Amount (\$)<br><b>\$ 179.40</b>                              | Payee address; City; State; Zip Code<br><b>P.O. BOX 15707<br/>Austin, TEXAS 78761</b>   |  |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>POLITICAL VAN List</b>   | Description  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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                             |

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<br><i>LINDA M. SALAZAR</i> | 3 Filer ID (Ethics Commission Filers)<br><i>4943171858</i> |
|----------------------------|---|--|

|                           |  |
|---------------------------|--|
| 4 Date<br><i>09-27-23</i> | 5 Payee name<br><i>INTERNATIONAL POS FEE</i> |
|---------------------------|--|

|                                 |   |                       |        |          |
|---------------------------------|---|-----------------------|--------|----------|
| 6 Amount (\$)<br><i>\$ 5.38</i> | 7 Payee address;<br><i>P.O. BOX 15707</i><br><i>Austin, TEXAS</i> | City;<br><i>78761</i> | State; | Zip Code |
|---------------------------------|---|-----------------------|--------|----------|

|                                 |  |   |
|---------------------------------|--|---|
| 8<br><br>PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><i>VAN List - POLITICAL DEBIT FEES</i> | (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<br><i>10-20-23</i> | Payee name<br><i>MARTIN VALONCIA</i> |
|-------------------------|--------------------------------------|

|   |  |       |        |                          |
|---|--|-------|--------|--------------------------|
| Amount (\$)<br><i>\$200.<sup>00</sup></i> | Payee address;<br><i>212 BENSON DR.</i><br><i>BROWNSVILLE, TEXAS</i> | City; | State; | Zip Code<br><i>78521</i> |
|---|--|-------|--------|--------------------------|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Tables FOR Lotenia ON 10-22-23</i> | 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<br><i>10-20-23</i> | Payee name<br><i>Ricardo Longoria</i> |
|-------------------------|---------------------------------------|

|   |  |       |        |                          |
|---|--|-------|--------|--------------------------|
| Amount (\$)<br><i>\$200.<sup>00</sup></i> | Payee address;<br><i>2928 IMPALA DR</i><br><i>BROWNSVILLE, TEXAS</i> | City; | State; | Zip Code<br><i>78521</i> |
|---|--|-------|--------|--------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>D. J. FOR Lotenia ON 10-22-23</i> | 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 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<br><b>LINDA M. SALAZAR</b>   | 3 Filer ID (Ethics Commission Filers)<br><b>4943171858</b> |
| 4 Date<br><b>10-23-23</b>                             | 5 Payee name<br><b>ABE HERNANDEZ</b>  |  |
| 6 Amount (\$)<br><b>\$200.<sup>00</sup></b>           | 7 Payee address; City; State; Zip Code<br><b>1141 CHAMPLAIN DR.<br/>BROWNSVILLE, TEXAS 78526</b>  |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><b>Pictures For Campaign</b>  | (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<br><b>10-22-23</b>                               | Payee name<br><b>VFW</b>  |  |
| Amount (\$)<br><b>\$400.<sup>00</sup></b>             | Payee address; City; State; Zip Code<br><b>1801 VETERNANS<br/>BROWNSVILLE, TEXAS 78520</b>  |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><b>Event PLACE FOR Loteria ON 10-22-23</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 |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held                                  |
| Date<br><b>10-27-23</b>                               | Payee name<br><b>CYNTHIA RODRIGUEZ</b>  |  |
| Amount (\$)<br><b>\$100.<sup>00</sup></b>             | Payee address; City; State; Zip Code<br><b>4038 SOLID DR.<br/>BROWNSVILLE, TEXAS 78520</b>  |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><b>Medical - 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 |  |
| 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<br><b>LINDA M. SALAZAR</b>   | 3 Filer ID (Ethics Commission Filers)<br><b>4943171858</b> |
| 4 Date<br><b>10-27-23</b>     | 5 Payee name<br><b>CITY OF BROWNSVILLE</b>  |  |
| 6 Amount (\$)<br><b>25.00</b> | 7 Payee address; City; State; Zip Code<br><b>2023 SOUTH MOST<br/>BROWNSVILLE, TEXAS</b>   |  |
| 8 PURPOSE OF EXPENDITURE      | (a) Category (See Categories listed at the top of this schedule)<br><b>DONATION</b>   | (b) Description<br><b>VETERANS PARADE</b>                  |
|                               | (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<br><b>10-29-23</b> | Payee name<br><b>STACY ZAVALA</b> |
|-------------------------|-----------------------------------|

|                                 |   |
|---------------------------------|---|
| Amount (\$)<br><b>\$ 180.00</b> | Payee address; City; State; Zip Code<br><b>256 CASA BLANCA<br/>BROWNSVILLE, TEXAS 78521</b> |
|---------------------------------|---|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>DONATION FOR FUNERAL EXPENSE</b>   | 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<br><b>11/01/23</b> | Payee name<br><b>LINDA SALAZAR</b> |
|-------------------------|------------------------------------|

|                                 |  |
|---------------------------------|--|
| Amount (\$)<br><b>\$ 923.43</b> | Payee address; City; State; Zip Code<br><b>4434 SAN ANTONIO Rd.<br/>BROWNSVILLE, TEXAS 78521</b> |
|---------------------------------|--|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>GIFTS, SODA, PLATE TABLES, GAS FOR LORTIERA ON 10/22/23</b>                            | 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<br><i>LINDA M. SALAZAR</i>   | 3 Filer ID (Ethics Commission Filers)<br><i>4943171858</i> |
| 4 Date<br><i>11/01/23</i>        | 5 Payee name<br><i>LINDA SALAZAR</i>  |  |
| 6 Amount (\$)<br><i>\$207.92</i> | 7 Payee address; City; State; Zip Code<br><i>4434 SAN ANTONIO Rd.<br/>BROWNSVILLE, TEXAS 78521</i>  |  |
| 8 PURPOSE OF EXPENDITURE         | (a) Category (See Categories listed at the top of this schedule)<br><i>Reimbursement For Candies, Gifts, Loteria on 10-22-23</i>                              | (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<br><i>11-15-23</i> | Payee name<br><i>Cameroon County Democratic Party</i> |
|-------------------------|---|

|   |  |
|---|--|
| Amount (\$)<br><i>\$1,000.<sup>00</sup></i> | Payee address; City; State; Zip Code<br><i>P.O. BOX 5339090<br/>HARLINGEN, TEXAS 78553</i> |
|---|--|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Democratic</i>   | 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<br><i>11-16-23</i> | Payee name<br><i>DANCE ACADEMY</i> |
|-------------------------|------------------------------------|

|   |  |
|---|--|
| Amount (\$)<br><i>\$100.<sup>00</sup></i> | Payee address; City; State; Zip Code<br><i>1249 W. WASHINGTON St.<br/>BROWNSVILLE, TEXAS 78520</i> |
|---|--|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Donation</i>   | 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<br><b>LINDA M. SALAZAR</b>  |   | 3 Filer ID (Ethics Commission Filers)<br><b>4943171858</b> |  |
| 4 Date<br><b>11-24-23</b>                                    |   | 5 Payee name<br><b>ELVIA MALDONADO</b>   |   |  |  |
| 6 Amount (\$)<br><b>\$ 96.<sup>00</sup></b>                  |   | 7 Payee address; City; State; Zip Code<br><b>169 ALDRIN CT.<br/>BROWNSVILLE, TEXAS 78520</b>               |   |  |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Donation</b>   |  | (b) Description<br><b>Campaign Tamales</b>                                |  |  |
|  | (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 <u>ONLY</u> if direct expenditure to benefit C/OH |   | Candidate / Officeholder name  |   | Office sought  |  |
| Date<br><b>11-28-23</b>                                      |   | Payee name<br><b>Cameron County</b>  |   |  |  |
| Amount (\$)<br><b>\$ 100.<sup>00</sup></b>                   |   | Payee address; City; State; Zip Code<br><b>1100 E. MONROE ST.<br/>Suite 218 - BROWNSVILLE, TEXAS 78521</b> |   |  |  |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>For</b>            |  | Description<br><b>CHRISTMAS DINNER</b>                                    |  |  |
|  | <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.       |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   | Candidate / Officeholder name  |   | Office sought  |  |
| Date<br><b>11-28-23</b>                                      |   | Payee name<br><b>PARADES LINE</b>  |   |  |  |
| Amount (\$)<br><b>\$ 50.<sup>00</sup></b>                    |   | Payee address; City; State; Zip Code<br><b>3700 HERITAGE TRAIL<br/>BROWNSVILLE, TEXAS 78526</b>            |   |  |  |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>Donation Rides</b> |  | Description<br><b>SCHOOL</b>  |  |  |
|  | <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.       |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   | Candidate / Officeholder name  |   | Office sought  |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**