

LINDA
SALAZAR

**8 Days Before
Election**

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

14

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY				
	NICKNAME	LAST	SUFFIX					
LINDA M.		SALA 2 AR		Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
4434 SAN ANTONIO RD.		BROWNSVILLE, TEXAS 78521		CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION				
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
(956) 466-1014					RECEIVED OK 10:06 AM			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$			
	NICKNAME	LAST	SUFFIX	Date Processed	Date Imaged			
RICHARD E.		ZAGAS						
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE		
(Residence or Business)	950 E. VAN BUREN ST.		BROWNSVILLE, TEXAS		78520			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
(956) 546-5060								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)							
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year	
	01	26	24		02	24	24	
11 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description		
	03	05	24	<input type="checkbox"/> General	<input type="checkbox"/> 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.							
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS						
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME						
			COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

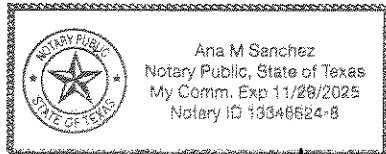
15 C/OH NAME LINDA M. SALAZAR		16 Filer ID (Ethics Commission Filers) 4943171858
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,182.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26,276.54
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



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Linda Salazar this the 26 day of February, 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)

SUBTOTALS - C/OH

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

19 FILER NAME <i>LINDA M. SALAZAR</i>		20 Filer ID (Ethics Commission Filers) <i>4943171858</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>8,050.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>2,000.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3,182.93</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME LINDA M. SALAZAR		3 Filer ID (Ethics Commission Filers) 4943171858
4 Date 02-05-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tipton Serna	7 Amount of contribution (\$) \$1,000.⁰⁰
6 Contributor address; City; State; Zip Code 3840 N. EXPRESSWAY BROWNSVILLE, TEXAS 78523		
8 Principal occupation / Job title (See Instructions) Car Dealer		9 Employer (See Instructions)
Date 02-25-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isabel Martinez	Amount of contribution (\$) \$25.⁰⁰
Contributor address; City; State; Zip Code 405 ALICE RD. BROWNSVILLE, TEXAS 78520		
Principal occupation / Job title (See Instructions) Friend		Employer (See Instructions)
Date 02-09-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Begum LAN	Amount of contribution (\$) \$750.⁰⁰
Contributor address; City; State; Zip Code 2401 Wild Flower Dr. Suite B BROWNSVILLE, TEXAS 78526		
Principal occupation / Job title (See Instructions) AttY		Employer (See Instructions)
Date 02-09-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kid Bridge Academy	Amount of contribution (\$) \$500.⁰⁰
Contributor address; City; State; Zip Code 800 W. Jefferson St. Ste 180 BROWNSVILLE, TEXAS 78526		
Principal occupation / Job title (See Instructions) Business (SELF)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>LINDA M. SALAZAR</i>		3 Filer ID (Ethics Commission Filers) <i>4943171858</i>
4 Date <i>02-09-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID RODRIGUEZ</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>310 HUNTINGTON PL. BRN. TX. 78531</i>		
8 Principal occupation / Job title (See Instructions) <i>FRIEND - SELF</i>		9 Employer (See Instructions)
Date <i>02-09-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICHARD J.W. NUNEZ</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>144 E. PRICE RD. BRONNSVILLE, TEXAS 78528</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>02-09-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINEBARGER, GODGAN BLAIR * SAMPSON</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>P.O. BOX 17428</i>		
Principal occupation / Job title (See Instructions) <i>Attgr</i>		Employer (See Instructions)
Date <i>02-16-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAIME'S TIRE STORE</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>3775 INTL. BLVD. BRUNNSVILLE, TEXAS</i>		
Principal occupation / Job title (See Instructions) <i>Business</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME LINDA M. SALAZAR		3 Filer ID (Ethics Commission Filers) 4943171858
4 Date 02-16-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESUS CANALES	7 Amount of contribution (\$) \$300.⁰⁰
6 Contributor address; City; State; Zip Code 845 E. HARRISON ST. BRONNSVILLE, TEXAS 78520		
8 Principal occupation / Job title (See Instructions) Attg		9 Employer (See Instructions)
Date 02-16-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LALYN BAIL BON	Amount of contribution (\$) \$500.⁰⁰
Contributor address; City; State; Zip Code 844-B MILITARY RD. 281 BRO. TX 78520		
Principal occupation / Job title (See Instructions) Bail Bond		Employer (See Instructions)
Date 02-16-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RE MAX Sun Valley Realtors	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City; State; Zip Code 1681 E. LOS EBANOS BRO. TX. 78520		
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions)
Date 02-16-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIANNE + KEVIN ISBELL	Amount of contribution (\$) \$500.⁰⁰
Contributor address; City; State; Zip Code 1641 RESACA VILLAGE BRO. TX. 78520		
Principal occupation / Job title (See Instructions) Business (Self)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>LINDA M. SALAZAR</i>		3 Filer ID (Ethics Commission Filers) <i>4943171858</i>
4 Date <i>02-16-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jesús CONTRERAS</i>	7 Amount of contribution (\$) <i>\$ 500.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2911 ALLEN DR. EDINBURG, TEXAS 78539</i>		
8 Principal occupation / Job title (See Instructions) <i>Att'y.</i>		9 Employer (See Instructions)
Date <i>02-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arturo MARTINEZ</i>	Amount of contribution (\$) <i>\$ 300.⁰⁰</i>
Contributor address; City; State; Zip Code <i>2500 N. Expressway BRO. TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>Business</i>		Employer (See Instructions)
Date <i>02-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hector MATA</i>	Amount of contribution (\$) <i>\$ 250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>970 S. INDIANA AVE BROWNSVILLE, TEXAS 78526</i>		
Principal occupation / Job title (See Instructions) <i>Business</i>		Employer (See Instructions)
Date <i>02-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MENTON MURRAY</i>	Amount of contribution (\$) <i>\$ 100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>2726 POINCIANA ST. BROWNSVILLE, TEXAS 78580</i>		
Principal occupation / Job title (See Instructions) <i>- Judge</i>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>LINDA M. SALAZAR</i>		3 Filer ID (Ethics Commission Filers) <i>4943171858</i>
4 Date <i>02-23-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>AMADOR LAW</i>	7 Amount of contribution (\$) <i>\$ 500.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2406 THOR'S HAMMER BLVD. BROWNSVILLE, TEXAS 78526</i>		
8 Principal occupation / Job title (See Instructions) <i>Atty</i>		9 Employer (See Instructions)

Date <i>02-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Loteria Ticket</i>	Amount of contribution (\$) <i>\$ 975.⁰⁰</i>
Contributor address; City; State; Zip Code <i>From FEB. 18, 2024</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filer) 4943/7/858
4 Date 01-31-24	5 Payee name PORTER HS CHOIR	
6 Amount (\$) \$100.⁰⁰	7 Payee address; City; State; Zip Code 3500 INT'L BLVD. BROWNSVILLE, TEXAS- 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Category as listed at the top of this schedule) DONATION	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02-24-24	Payee name UNLIMITED PRINTING	
Amount (\$) \$313.93	Payee address; City; State; Zip Code 2685 N. CORIA ST. A-1 BRO. TX. 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Cards FOR LOFENIA	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 02-14-24	Payee name DEMOCRATIC OF SOUTHERN	
Amount (\$) \$40.⁰⁰	Payee address; City; State; Zip Code 975 W. RUBEN TORRES BRO. TX. 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense	
Complete <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 LINDA M. SALAZAR		3 Filer ID (Ethics Commission Filers) 4943/7/858	
4 Date 01-22-24		5 Payee name Go Daddy			
6 Amount (\$) \$56.13		7 Payee address: City: State: Zip Code 2155 E. Godaddy Way Tempe, Arizona 85284			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLITICAL		(b) Description Wed side - Ad		
	(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 01-31-24		Payee name Peerly			
Amount (\$) \$1,957.87		Payee address: City: State: Zip Code 2232 DELL RANGE BLVD. CHEYENNE, WY 82009			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLITICAL		Description Texting - Ad.		
	<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 01-30-24		Payee name VERIFY			
Amount (\$) \$95.⁰⁰		Payee address: City: State: Zip Code 1215 31st NW P.O. BOX 3554 WASHINGTON DC 20007			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLITICAL		Description Ad.		
	<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 LINDA M. SALAZAR	3 Filer ID (Ethics Commission Filers) 4943/7/858
4 Date 01-29-24	5 Payee name FACE BOOK HEADQUARTERS	
6 Amount (\$) \$620.00	7 Payee address: 1 HACKER WY MENLO PARK, CALIFORNIA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): POLITICAL	(b) Description FACEBOOK - Ad
	(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	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule):	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule):	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense	
Complete <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

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 LINDA M. SALAZAR		3 Filer ID (Ethics Commission Filers) 4943171858	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02-18-24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL BELLEVILLE Amigoland Event Center	8 Amount of Contribution \$ \$500.⁰⁰	9 In-kind contribution description EVENT ON FEB. 18, 2024
7 Contributor address; City; State; Zip Code 1010 Mexico Blvd. BROWNSVILLE, TEXAS 77520		<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.

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 LINDA M. SALAZAR		3 Filer ID (Ethics Commission Filers) 4943171858	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02-18-24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ RENE SANCHEZ MR. TACO	8 Amount of Contribution \$ \$ 500.⁰⁰	9 In-kind contribution description EVENT ON FEB. 18, 2024
7 Contributor address: _____ City: _____ State: _____ Zip Code _____ 1034 McDAVITT BLVD. BROWNSVILLE, TEXAS 78521		<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#: _____ Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>LINDA M. SALAZAR</i>		3 Filer ID (Ethics Commission Filers) <i>4943171858</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$			
5 Date <i>02-18-24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARK CORTAZ</i>	8 Amount of Contribution \$ <i>\$1,000.⁰⁰</i>	9 In-kind contribution description <i>EVENT ON FEB. 18, 2024</i>
7 Contributor address; City; State; Zip Code <i>1235 E. Expressway 83 SAN BENITO, TEXAS 78586</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)	
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<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			