

LINDA
SALAZAR

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) 2514602215	2 Total pages filed: 4	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 2:38 PM JAN 16 2018 RECEIVED BY: <i>[Signature]</i>
	NICKNAME		LAST	
		LINDA M		
		SALAZAR		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;		CITY; STATE; ZIP CODE	
	4434 SAN ANTONIO RD. BROWNSVILLE, TEXAS 78521			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(956)	466-1014		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME		LAST SUFFIX	
		RICHARD E. ZAYAS		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
		950 E. VAN BUREN STREET BROWNSVILLE, TEXAS 78520		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(956)	546-5060		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	
	07	01	17	
THROUGH		Month	Day	
THROUGH		12	31	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
		03 / 01 / 16	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <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	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME LINDA M. SALAZAR 15 Filer ID (Ethics Commission Filers) 2514602215

16 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: GENERAL SPECIFIC

COMMITTEE NAME: _____

COMMITTEE ADDRESS: _____

COMMITTEE CAMPAIGN TREASURER NAME: _____

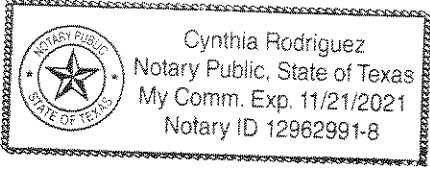
COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,391.32
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,040.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,107.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

18 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LINDA SALAZAR, this the 16th day of JANUARY, 20 18, to certify which, witness my hand and seal of office.

Cynthia Rodriguez Cynthia Rodriguez Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

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) **2514602215**

4 Date **11/21/17** 5 Payee name **SAM'S**

6 Amount (\$) **\$177.73** 7 Payee address; City; State; Zip Code
**3570 W. ALTON GLOOR
BROWNSVILLE, TEXAS 78520**

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **DONATION**
Water, Soda's For Kids' School (b) Description
 Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **12-07-17** Payee name **Cameron County**

Amount (\$) **\$100.⁰⁰** Payee address; City; State; Zip Code
**1100 E. MONROE STREET Suite 218
BROWNSVILLE, TEXAS 78520**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **CHRISTMAS Employee**
Dinner Description
 Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **12-14-17** Payee name **H.E.B.**

Amount (\$) **146.87** Payee address; City; State; Zip Code
**2250 BOCA CHICA Blvd.
BROWNSVILLE, TEXAS 78520**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **CHRISTMAS Employee**
Donation - Plates - Cookies Forks ETC. Description
 Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME LINDA M. SALAZAR		3 Filer ID (Ethics Commission Filers) 2514602215	
4 Date 12-17-17		5 Payee name SAM'S			
6 Amount (\$) \$ 315.69		7 Payee address; City; State; Zip Code 3570 W. ALTON GLOOR BROWNSVILLE, TEXAS 78520			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Christmas Donation Tamales, Soda, Water, Plates, Caps Etc.		(b) Description <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 12-20-17		Payee name Valente CORTAZ			
Amount (\$) \$ 140.⁰⁰		Payee address; City; State; Zip Code 685 LA QUINTA BROWNSVILLE, TEXAS 78520			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Tamales Donation For Christmas Employees		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
Date 12-19-17		Payee name THE BROWNSVILLE HERALD			
Amount (\$) \$ 160.⁰⁰		Payee address; City; State; Zip Code 1135 E. VAN BUREN BROWNSVILLE, TEXAS 78520			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Advertisement		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

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