

**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:

5

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

10:40 AM JUL 13 2018

RECEIVED

BY: *Judith*

Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4434 SAN ANTONIO Rd.

BROWNSVILLE, TEXAS 78521

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956)

466-1014

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

RICHARD E. ZAYAS

NICKNAME

LAST

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

950 E. VAN BUREN STREET

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 \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

01 / 01 / 18

THROUGH

Month Day Year

06 / 30 / 18

11 ELECTION

ELECTION DATE

Month Day Year

03 / 01 / 16

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

JUSTICE OF THE PEACE  
Pct. 2-1

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

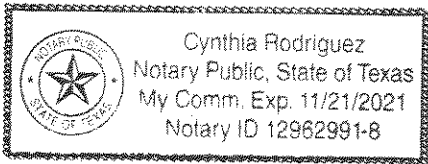
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	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)	\$ 800.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 331.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 596.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,283.71
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 12<sup>TH</sup> day of July, 20 18, to certify which, witness my hand and seal of office.

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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)

2514602215

4 Date

06-08-18

5 Full name of contributor

Laura Mejia

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 300.<sup>00</sup>

6 Contributor address; City; State; Zip Code

P.O. BOX 4269  
BROWNSVILLE, TEXAS

8 Principal occupation / Job title (See Instructions)

Friend

9 Employer (See Instructions)

Date

06-08-18

Full name of contributor

MENTON MURRAY JR

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 500.<sup>00</sup>

Contributor address; City; State; Zip Code

2726 POINCIANA Street  
HARLINGEN, TEXAS 78550

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

!

Date

Full name of contributor

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

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

# 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 <b>LINDA M. SALAZAR</b>	3 Filer ID (Ethics Commission Filers) <b>2514602215</b>
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4 Date <b>01-15-18</b>	5 Payee name <b>MR. Amgios Association</b>
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6 Amount (\$) <b>\$ 125.00</b>	7 Payee address; City; State; Zip Code <b>P.O. BOX 4897 BROWNSVILLE, TEXAS 78521</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Donation</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02-17-18</b>	Payee name <b>SAMIN 3570 W. ALTON GLOOR</b>
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Amount (\$) <b>\$ 170.92</b>	Payee address; City; State; Zip Code <b>BROWNSVILLE, TEXAS 78520</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Soda's, Water, Campaign Workers</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03-05-18</b>	Payee name <b>SAMIN</b>
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Amount (\$) <b>\$ 142.26</b>	Payee address; City; State; Zip Code <b>3570 W. ALTON GLOOR BROWNSVILLE, TEXAS 78520</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Soda's + Water Campaign Workers</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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1 Total pages Schedule F1:	2 FILER NAME <b>LINDA M. SALAZAR</b>	3 Filer ID (Ethics Commission Filers) <b>2514602215</b>
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4 Date <b>05-22-18</b>	5 Payee name <b>SAM'S</b>
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6 Amount (\$) <b>\$157.86</b>	7 Payee address; City; State; Zip Code <b>3570 W. ALTON 6 FLOOR BROWNSVILLE, TEXAS 78520</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Soda's + Water Campaign Workers</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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