

# 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:              |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI<br>Jose A.<br>NICKNAME LAST SUFFIX<br>"JOE" SALAZAR   | <b>OFFICE USE ONLY</b>  |                                   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>159 Turner Raymondville Tx 78580<br><input type="checkbox"/> Change of Address   | Date Received<br><br>WILLACY COUNTY<br>DEPARTMENT OF ELECTIONS<br><br>JAN 12 2024   |                                   |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE PHONE NUMBER EXTENSION<br>(956) 232 7019   | Date Hand-delivered or Date Postmarked<br>RECEIVED BY <i>WJ</i>   |                                   |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI<br>Jesus A.<br>NICKNAME LAST SUFFIX<br>SALAZAR  | Receipt # Amount  | Date Processed<br><br>Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS                                   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>(Residence or Business) 646 W. Riggs Raymondville TX 78580  |   |                                   |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION<br>(956) 822-0757   |   |                                   |
| 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)<br><input type="checkbox"/> July 15 <input 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<br>07 / 16 / 2023    THROUGH    01 / 15 / 2024   |   |                                   |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>/ /   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                   |
| 12 OFFICE  | OFFICE HELD (if any)<br>Sheriff  | 13 OFFICE SOUGHT (if known)   |                                   |
| 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<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS  |                                   |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

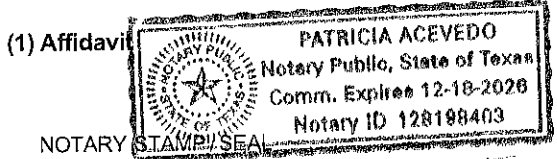
FORM C/OH  
COVER SHEET PG 2

|  |   |  |
|--|---|--|
| 15 C/OH NAME<br><u>Jose A. Salazar</u> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS                 | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>2500</u>                         |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>2500</u>                         |
| EXPENDITURE TOTALS                     | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>4425</u>                         |
| CONTRIBUTION BALANCE                   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>1685</u>                         |
| OUTSTANDING LOAN TOTALS                | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$                                     |

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.

*Jose A. Salazar*  
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Jose A. Salazar this the 12th day of January.

20 Patricia Acevedo, to certify which, witness my hand and seal of office.  
Patricia Acevedo Printed name of officer administering oath  
Patricia Acevedo Notary Public 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                             |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 2,500.00                            |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 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   | \$ 4,425                               |
| 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  |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Gilbert Gonzalez</i> | 7 Amount of contribution (\$)         |
| <i>12/13/23</i>   | 6 Contributor address; City; State; Zip Code<br><i>120 TWIN LEAF SPRING LANE SAN ANTONIO TX 78213</i>        | <i>\$2,500.00</i>                     |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 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) |

|   |   |                             |
|---|---|-----------------------------|
| 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) |

|  |  |
|--|--|
|  |  |
|--|--|

**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><i>Jose A. Salazar</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--|---------------------------------------|

|                           |   |
|---------------------------|---|
| 4 Date<br><i>08072023</i> | 5 Payee name<br><i>Raymondville Golf Course</i> |
|---------------------------|---|

|                                 |  |                                 |        |                          |
|---------------------------------|--|---------------------------------|--------|--------------------------|
| 6 Amount (\$)<br><i>\$2,212</i> | 7 Payee address;<br><i>13839 Emma Ross Rd.</i> | City;<br><i>Raymondville TX</i> | State; | Zip Code<br><i>78580</i> |
|---------------------------------|--|---------------------------------|--------|--------------------------|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i> | (b) Description<br><i>Fees &amp; Pay Out</i>                              |
|                                    | (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>08042023</i> | Payee name<br><i>Ultra Print LLC</i> |
|-------------------------|--------------------------------------|

|                                |                                       |                            |        |                          |
|--------------------------------|---------------------------------------|----------------------------|--------|--------------------------|
| Amount (\$)<br><i>\$265.00</i> | Payee address;<br><i>2116 Olancho</i> | City;<br><i>Mission TX</i> | State; | Zip Code<br><i>78573</i> |
|--------------------------------|---------------------------------------|----------------------------|--------|--------------------------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i> | Description<br><i>Sponsor/Event Signs</i>                                 |
|                               | <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>12282023</i> | Payee name<br><i>Ultra Print LLC</i> |
|-------------------------|--------------------------------------|

|                               |                                       |                            |        |                          |
|-------------------------------|---------------------------------------|----------------------------|--------|--------------------------|
| Amount (\$)<br><i>\$1,948</i> | Payee address;<br><i>2116 Olancho</i> | City;<br><i>Mission TX</i> | State; | Zip Code<br><i>78573</i> |
|-------------------------------|---------------------------------------|----------------------------|--------|--------------------------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i> | Description<br><i>Signs</i>   |
|                               | <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