# 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 FIRST Mr. Norberto	МІ	OFFICE USE ONLY	
	NICKNAME LAST  Beto Salinas	SUFFIX	DECEIVE	
4 CANDIDATE/ OFFICEHOLDER MAILING		CITY; STATE; ZIP CODE	APR 2 7 2018	
ADDRESS Change of Address	Mission	тх <b>78572</b>	a. Carrell 4:07	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956 ) 240-5656	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mrs. Amanda	MI	Receipt # Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed  Date Imaged	
	Zamora			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1206 Lucksinger Rd.  Mis	ssion TX	78572	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956 ) 607-6090	EXTENSION		
9 REPORT TYPE	January 15  30th day before elements and the state of the		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year  03 27 18	Month  THROUGH  04	Day Year  25 / 18	
11 ELECTION	ELECTION DATE  Month Day Year  05 / 05 / 18 General	Runoff Other Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)	
	Mayor	Mayor		
GO TO PAGE 2				

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Norberto Salinas		11	Filer ID (Ethics Commission Filers)
	<u> </u>		
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	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC	WAS-4 2004	
		COMMITTEE-CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI	
TOTALO	PLEDGE	S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	D Ψ
		POLITICAL CONTRIBUTIONS	\$65,350.00
	(OTREK	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	+ 03,330.00
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS,	\$
	4. TOTAL	POLITICAL EXPENDITURES	
			\$ 48,072.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 17,277.11		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY  \$ 17,277.11  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  \$ 29,000		
18 AFFIDAVIT	<del></del>		
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.			
			lena
		Signature of Candi	date or Officeholder
AFFIX NOTARY STAME	P/SEALABOVE		
Sworn to and subscr	ibed before me, b	y the said Norberto Salinas	, this the 27th
day of April		o certify which, witness my hand and seal of office.	
1	1	0 1 11	11/ 11/
Unna	carrell	Amna Carrillo	Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics of	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 48,072.89
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s
4.	SCHEDULE E: LOANS	\$ 29,000 =
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 29,000° \$ 65,350.°
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norberto Salinas 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 03/20/2018 JOSE M. FLORES \$ 10,000.00 6 Contributor address; City; State; Zip Code P.O.BOX 310 MISSION TEXAS 78572 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out of state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) 04/02/218 LAWRENCE A. FAIR \$ 500.00 Contributor address: City; State; Zip Code 122 RIO GRANDE DR, MISSION, TEXAS 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 04/02/2018 JOHN DAVID & ELIZABETH V. SANTOS \$ 500.00 Contributor address; City; State; Zip Code 2200 N CONWAY MISSION TEXAS 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions)

Full name of contributor

Contributor address:

3803 HOBBS DRIVE

Principal occupation / Job title (See Instructions)

RICHARD W. CARROLL W. RUPPERT

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

out-of-state PAC (ID#:

City; State; Zip Code

EDINBURG, TEXAS 78539

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

Date

04/02/2018

Amount of contribution (\$)

\$ 1,000.00

Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule At: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norberto Salinas 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 04/04/2018 **RUFINO GARZA** \$3,000.00 6 Contributor address; City; State; Zip Code 3779 N BENTSEN DRIVE MISSION, TEXAS 78572 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) 04/06/2018 JOSE LUIS ANQUIANO BALBUENA \$ 500.00 Contributor address: City; State; Zip Code 1910 EL MILENO PALMHURST TEXAS 78573 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 04/06/2018 RICARDO ROSALES LAM \$ 200.00 Contributor address; City; State; Zip Code 2508 WERNECKE AVE **MISSION TEXAS 78574** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) PABLO D. GARCIA FERNANDEZ - & SUSANA M MARROQUIN 04/06/2018 \$ 200.00 Contributor address; City; State; Zip Code 4303 N 27TH LANE MCALEN, TEXAS 78504 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.

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Norberto Salina	s		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2018	OUT-OT-State PAC (ID#		7 Amount of contribution (\$) \$ 200.00
8 Principal occur	701 S 15TH ST MCALLEN , TEXA	S 78501  9 Employer (See Instruc	tione
o i incipal occa	salion, see the (see mandelions)	9 Employer (See Instruc	
Date 04/06/218	OSCAR L. CARDENAS  Contributor address; City; State  1205 TRAVIS ST MISSION, TE)	KAS 78572	Amount of contribution (\$) \$ 300.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 04/06/2018	PARIS BAKERY  Contributor address; City; State;	Zip Code EXAS 78572	Amount of contribution (\$) \$ 1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 04/06/2018	JUAN J. GONZALEZ	Zip Code	Amount of contribution (\$) \$ 1,000.00
	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF		

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### SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2 FILER NAME Norberto Salinas			3 Filer ID (Ethics Commission Filers)	
4 Date 04/06/2018	5 Full name of contributorout-of-state_PAC (ID#:) ARQCARPA DESIGN & CONSTRUCTION 6 Contributor address; City; State; Zip Code 214 N 16TH STE 101 MCALLEN, TEXAS 78501		7 Amount of contribution (\$) \$ 200.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date 04/06/2018	BUILMART, LLC	, Zip Code	Amount of contribution (\$) \$ 200.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lions)	
Date 04/06/2018	Full name of contributor Out-of-state PACE  BENISSION LOGISTICS LLC  Contributor address; City; State  2501 W. MILITARY HWY MCALLEN, T	; Zip Code	Amount of contribution (\$) \$ 400.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ilons)	
Date 04/06/2018	Full name of contributor Out-of-state PAC MISSION AUTO & TRUCK SALES, INC Contributor address; City; State	; Zip Code	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
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### SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1; 5
2 FILER NAME Norberto Salina	s		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2018	5 Full name of contributor Out-of-state PAG	C (ID#:)	7 Amount of contribution (\$) \$ 1,500.00
3	6 Contributor address; City; State	e; Zip Code	T TINGETTE
	27740 FM 1017 LINN MISSION, TE		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	Litions)
Date	Full name of contributor out of state PAC	C (ID#:)	Amount of contribution (\$)
04/10/2018	JANN SCHROEDER		\$ 1,000.00
8		e; Zip Code	
	P.O.BOX 909 MISSION, TEX	(AS 78573	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	A section (6)
04/10/2018	DAVID O. RODGERS JR.		Amount of contribution (\$)
<b>V</b>	Contributor address; City; State	THE ROBERT SHARES BY MICH. BOX 14	\$ 5,000.00
	P.O.BOX 1077 EDINBURG, TEXAS 78540	0	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
			To the second se
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/10/2018	JED A BROWN  Contributor address; City; State		\$ 1,000.00
	106 ELKINTON LOOP LAREDO, TE	EXAS 78045	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O		

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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norberto Salinas 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#; 04/10/2018 \$800.00 LOBO MOTORS 6 Contributor address: City; State; Zip Code 524 W. EXPRESSWAY 83 DONNA, TEXAS 78537 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID# Date Amount of contribution (\$) 04/10/2018 QUINTANILLA'S CONSTRUCTION LLC \$ 500.00 City; State; Zip Code Contributor address; 2910 S JACKSON ROAD MCALLEN, TEXAS 78503 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 04/11/2018 SAUL ORTEGA \$ 2,500.00 Contributor address: City; State; Zip Code 3710 KISKADEE TRAIL **EDINBURG, TEXAS 78539** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: DANIEL A. CHAPA 04/11/2018 \$ 1,000.00 Contributor address; City; State; Zip Code 3327 N WARE RS STE MCALLEN, TEXAS 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norberto Salinas 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_ 7 Amount of contribution (\$) 04/16/2018 JOSEPH F. PHILLIP \$ 1,000.00 6 Contributor address; City; State; Zip Code P.O.BOX 1810 MCALLEN, TEXAS 78505 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 04/16/2018 LEO J LEO JR. \$ 500.00 Contributor address; City; State; Zip Code P.O.BOX 1120 MISSION, TEXAS 78573 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 04/17/2018 JORGE KAMEL \$ 1,000.00 Contributor address; City; State; Zip Code 413 EAGLE AVENUE MCALLEN TEXAS 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out of state PAC (ID# Amount of contribution (\$) GABRIEL KAMEL 04/17/2018 \$ 1,000.00 Contributor address; City; State; Zip Code 5608 N 5TH ST MCALLEN, TEXAS 78504 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.

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME Norberto Salina	s		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributorout-of-state_PAC	(ID#:)	7 Amount of contribution (\$)	
04/18/2018	TILLMIN G. WELCH & CARROE BETH WE	LCH	\$ 250.00	
	6 Contributor address; City; State;			
	P.O.BOX 2489 EDINBURG, TEXAS 7	78539		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
			,	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
04/18/2018	OSBELS CONCRETE WORKS, LLC		\$ 500.00	
	Contributor address; City, State,	Zip Code	Ψ 000.00	
	1402 SAMANTHA ST MISSION, TEXAS 785	574		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lions)	
		1		
Date	Full name of contributorout-of-state_PAC	(ID#:)	Amount of contribution (\$)	
04/18/2018	LINCON ALMADA FAMILY LP		\$ 500.00	
	Contributor address, City; State;		\$ 555.55	
	1800 E HIGHWAY 83 MISSION TEXAS 7	<sup>7</sup> 8572		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)	
04/20/2018	JOE DANIEL OLIVARES	-223	\$ 3,000.00	
04/20/2010	Contributor address; City; State;		\$ 3,000.00	
	WESLACO, TEX	(AS 78596		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
	ATTACH ADDITIONAL CODIES OF	THIS SCHEDULE AS ME	EDED	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule At: 9	
2 FILER NAME Norberto Salina	s		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
4/20/2018	ROBERT GARCIA & MARISELA		\$ 3,000.00	
	6 Contributor address; City; State;	, Zip Code		
	419 RIO GRANDE DRIVE MISSION, TE	EXAS 78572		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
4/20/2018	MARIBEL SALINAS		\$ 5,000.00	
	Contributor address; City; State;	, Zip Code	ψ <del>0,000.00</del>	
	220 WHITE LA JOYA , TEXA	AS 78560		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC	(iD#)	Amount of contribution (\$)	
4/20/2018	ILIANA CASTILLO		\$ 5,000.00	
	Contributor address; City; State;		9 0,000.00	
	201 E EMERY MCALLEN	TEXAS 78501		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor oul-of-state PAC (	(ID#	Amount of contribution (\$)	
4/25/2018	HELEN SPIKES	7.00	\$ 100.00	
412012010	Contributor address; City; State;	; Zip Code	\$ 100.00	
	1708 DOHERTY AVE MISSION ,	TEXAS 78572		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	itions)	
	ATTACH ADDITIONAL COPIES OF			
	If contributor is out-of-state PAC, please see instru	Action Bride for socitional	reporting requirements.	

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### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 10	
2 FILER NAME Norberto Salina	s		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID	D#:	7 Amount of contribution (\$)	
4/26/2016	HOMER JASSO JR.		\$ 1,500.00	
	6 Contributor address; City; State;	Zip Code	• 1,555	
	2808 CHATEAU ST EDINBURG, TEXAS	·		
8 Principal occur	pation / Job title (See Instructions) 9	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC (ID	O#)	Amount of contribution (\$)	
4/11/2018	JUAN ELISEO /2 RIOS MEDIA		\$ 10,000.00	
	Contributor address; City; State;		\$ 10,000.00	
	214 N 16TH ST STE 105 MCALLEN , T	ΓEXAS 78501		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	lions)	
	nt for check # 1073 dated 03/13/2018)			
Date	Full name of contributor   out-of-state PAC (ID		7.00	
Date	Full Harrier of Contribution	7#:	Amount of contribution (\$)	
	Chy State		ı	
	Contributor address; City; State;	Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lions)	
Date	Full name of contributor out-of-state PAC (ID	D#:	Amount of contribution (\$)	
	Contributor address; City; State;	Zip Code		
Principal accus	the the Cochemistre	Employer (See Instruc	sia ant	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
			<u> </u>	
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	II CONTROUTOR IS OUT-01-20216 LMC' hisase ase manage	tion and some in some	reporting requirements.	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credi Card Payment

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2018	5 Payee name I DECAL	-	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 2,898.94	600 N CONWAY MISSION, TEXAS 785	572	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. . TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name NORBERTO SALINAS	Office sought Mayor	Office held <b>Mayor</b>
Date	Payee name		
04/25/2018	LUPITA RAMIREZ		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 1,800.00	418 SAINT MARIE MISSION, TEXAS 78	572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  CAMPAIGN CONSULTANT	1 <del> </del> 1	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	NORBETO SALINAS	MAYOR	MAYOR
Date	Payee name		<del></del>
04/24/2018	CARD SERVICE CENTER		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 340.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CALL PHONE EXPENSES	. 📙	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit O/O/	NORBETO SALINAS	MAYOR	MAYOR
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

LOANS			SCHEDULE E
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:
2 FILER NAME	orberto Salinas		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ 30, 100 00
5 Date of loan 3/12/18	7 Name of lender out-of-state of Norbetto Salinas.	PAC (ID#:)	9 Loan Amount (\$)  # 10, 000
6 Is lender a financial Institution?		State; Zip Code	10 Interest rate  11 Maturity date
Y N			
12 Principal occupate	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable		State, Zip Code	
20 Principal Occupat	lion (See Instructions)	21 Employer (See Instructions)	
3/15/18	Name of lender out-of-state of Narharto Saling	PAC (ID#)	Loan Amount (\$)  B 10,000 xx
ls lender a financial Institution?		State; Zip Code  1/55/in TX	Interest rate  Maturity date
YN		78577	,
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colli	ateral	Check if personal funds were of account (See Instructions)	deposited into political
☐ none GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
INFORMATION	14ame or grandmor		Amount Couramodo (e)
	Guarantor address; City; 5	State; Zip Code	
not applicable	<u> </u>		
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

## LOANS

## SCHEDULE E

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME Norhorto Salinus		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 7 Name of lender Out-of-state PAC (ID# )  3/9/9		9 Loan Amount (\$)  ## 10, 000  10 Interest rate	
Institution?	500 & 9M St. M	1551M ITY 78572	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code			
not applicable			
20 Principal Occupat	lion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
is lender a financial Institution?	Lender address; City; 5	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	1971
lf I	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credi Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **NORBERTO SALINAS** 4 Date 5 Payee name 04/23/2018 **GRACIE FARIAS CANTU** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$ 500.00 MISSION, TEXAS 78572 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check If Austin, TX, officeholder living expense OF **DONATION** EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH NORBERTO SALINAS Mayor Mayor Payee name Date 04/23/2018 PROGRESS TIME City; State; Zip Code Amount (\$) Payee address; \$ 1,247.50 1217 N CONWAY MISSION, TEXAS 78572 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** AD Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH **NORBETO SALINAS** MAYOR **MAYOR** Pavee name Date 04/23/2018 SAAVY PUBLISHING -AD Amount (\$) Payee address; City; State; Zip Code 1217 N CONWAY MISSION, TEXAS 78572 \$3,600.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** AD OF Check II Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH NORBETO SALINAS MAYOR MAYOR ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memortals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waoes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to		r (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME NORBERTO SALINAS	3 Fi	ler ID (Ethics Commission Filers)
4 Date 04/23/2018	5 Payee name ORALIA HERRERA	·	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 850.00	MISSION, TEXAS 78572		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  CONSULTING	1 =	Fexas. Complete Schedute T. fficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name NORBERTO SALINAS	Office sought  Mayor	Office held Mayor
Date	Payee name		
04/20/2018	JULIAN GONZALEZ		
Amount (\$)	Payee address; City; State; Zip Code	<del></del>	· ·
\$ 750.00	MISSION, TEXAS 78572		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  AD		exas. Complete Schedule T, iceholder living expense
		I	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	1	Office sought MAYOR	MAYOR
	1	_	MAYOR
expenditure to benefit C/OH	NORBETO SALINAS	_	MAYOR
expenditure to benefit C/OH  Date	NORBETO SALINAS  Payee name	_	MAYOR
Date 04/20/2018	Payee name  R COMMUNICATION-	_	
Date  04/20/2018  Amount (\$) \$ 1,868.30	Payee name  R COMMUNICATION-	Description Check il travel outside of Te	MAYOR
Date  04/20/2018  Amount (\$) \$ 1,868.30  PURPOSE OF EXPENDITURE  Complete QNLY if direct	Payee name R COMMUNICATION- Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  POLITICAL AD KURV  Candidate / Officeholder name	Description Check if travel outside of Te Check if Austin, TX, off	exas. Complete Schedule T iteholder living expense
Date  04/20/2018  Amount (\$) \$ 1,868.30  PURPOSE OF EXPENDITURE	Payee name R COMMUNICATION- Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  POLITICAL AD KURV	Description Check if Austin, TX, off	MAYOR  exas. Complete Schedule T. ideholder living expense

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (only a patency continued phone)

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Service The Instru			s/Wages/Contract Labor complete this form.	Other (enter a cat	egory not listed above)
1 Total pages Schedule F1:	2 FILER NA		AS			3 Filer ID (Ett	nics Commission Filers)
4 Date 04/19/2018	5 Payee na		IR				
6 Amount (\$) \$ 500.00	7 Payee ad	dress;	City; Stat	e; Zip Code			
8 PURPOSE OF EXPENDITURE			s listed at the top	57		outside of Texas. Complet in, TX, officeholder livi	
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeho ERTO SA			Office sought Mayor		Office held Mayor
Date	Payee nar	me				<u> </u>	
04/19/2018	RICARDO	) RAMOS					
Amount (\$)	Payee add	dress;	City, Stat	e; Zip Code			
\$ 750.00		MIS	SION, TEX	AS 78572			
PURPOSE OF EXPENDITURE	Category	(See Categories	s listed at the top o	of this schedule)	_ <del> </del>	utside of Texas. Complete	
Complete ONLY if direct expenditure to benefit C/OH	ł	ate / Officeho			Office sought MAYOR		Office held MAYOR
							# #
Date 04/18/2018	TEJANO I		ALL OF FAM	ME AWARD	os		
Amount (\$) \$ 1,000.00	Payee add	iress;	City; State	e; Zip Code			
PURPOSE	Category	(See Categories	listed at the top o	f this schedule)	Description Check if travel o	utside of Texas, Complete	Schedule T.
OF EXPENDITURE	SPONSOR	RSHIP			Check If Austin	n, TX, officeholder Evin	g expense
EXPENDITURE  Complete ONLY if direct	Candida	ite / Officeho			Office sought	n, TX, officeholder livin	Office held
EXPENDITURE	Candida					n, TX, officeholder ¶vin	

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c		Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME NORBERTO SALINAS	3	Filer ID (Ethics Commission Filers)
4 Date 04/17/2018	5 Payee name CHARLIE LEAL	<u> </u>	
6 Amount (\$) \$ 500.00	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  PHOTOS		e of Texas. Complete Schedule T. K, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name NORBERTO SALINAS	Office sought Mayor	Office held Mayor
Date 04/16/2018	Payee name IDECAL		
Amount (\$) \$ 2,988.15	Payee address; City; State; Zip Code 600 N CONWAY MISSION,	TEXAS 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  AD	. ⊢	of Texas. Complete Schedule T., officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBETO SALINAS	Office sought	Office held MAYOR
Date 04/18/2018	Payee name  RAUL BENAVIDEZ		
Amount (\$) \$ 5,000.00	Payee address; City; State; Zip Code  MISSION, TEXAS 78572		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  CONSULTING		of Texas. Complete Schedule T. , officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name NORBETO SALINAS	Office sought MAYOR	Office held MAYOR
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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 NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)
4 Date 04/12/2018	5 Payee name MPA DIGITAL		
6 Amount (\$)	7 Payee address; City; State, Zip Code		·
\$ 3,500.00			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  BILLBOARDS		side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name NORBERTO SALINAS	Office sought  Mayor	Office held Mayor
Date	Payee name		
04/11/2018	CHARLIE LEAL		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 500.00			
PURPOSE OF	Category (See Categories listed at the top of this schedule)  PHOTOS	<del> </del>	ide of Texas. Complete Schedule T. TX, officeholder living expense
EXPENDITURE	FIIOTOS		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
	Candidate / Officeholder name	Office sought	MAYOR
Complete ONLY if direct	Candidate / Officeholder name	•	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBETO SALINAS	•	MAYOR
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  NORBETO SALINAS  Payee name	•	MAYOR
Complete ONLY if direct expenditure to benefit C/OH  Date  04/11/2018	Candidate / Officeholder name NORBETO SALINAS Payee name CARD SERVICE CENTER	•	MAYOR
Complete ONLY if direct expenditure to benefit C/OH  Date  04/11/2018  Amount (\$)  \$ 750.00	Candidate / Officeholder name NORBETO SALINAS Payee name CARD SERVICE CENTER	Description Check if travel outsi	MAYOR
Complete ONLY if direct expenditure to benefit C/OH  Date  04/11/2018  Amount (\$)  \$ 750.00  PURPOSE OF EXPENDITURE	Candidate / Officeholder name  NORBETO SALINAS  Payee name  CARD SERVICE CENTER  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  CELL PHONE EXPENSES  Candidate / Officeholder name	Description Check if travel outsi Check if Austin, 1	MAYOR  de of Texas. Complete Schedule T.  TX, officeholder living expense  Office held
Complete ONLY if direct expenditure to benefit C/OH  Date  04/11/2018  Amount (\$)  \$ 750.00  PURPOSE OF EXPENDITURE	Candidate / Officeholder name  NORBETO SALINAS  Payee name  CARD SERVICE CENTER  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  CELL PHONE EXPENSES  Candidate / Officeholder name	Description Check if fraveloutsin Check if Austin, 1	MAYOR  de of Texas. Complete Schedule T.  TX, officeholder living expense

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Openations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Potling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (extenses a selection and listed shows)

Candidate/Officeholder/Politics Credit Card Payment		Salaries/Wages/Contract Labor plains how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	<u> </u>	
04/10/2018	I DECAL		
6 Amount (\$)	7 Payee address; City; State	Zip Code	
\$ 1,500.00	600 N CONWAY MISSIO	N, TEXAS 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of SIGNS	Check if travel o	utside of Texas. Complete Schedule T. n. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name NORBERTO SALINAS	Office sought Mayor	Office held <b>Mayo</b> r
Date	Payee name	<u> </u>	
04/10/2018	GUADALUPE RAMIREZ		
Amount (\$)	Payee address; City; State;	Zip Code	
\$ 200.00	418 SAINT MARIE MISSION, T	EXAS 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of See FUEL EXPENSES	Check if travel ou	atside of Texas. Complete Schedule T.,
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	NORBETO SALINAS	MAYOR	MAYOR
Date	Payee name		
04/10/2018	ORALIA HERRERA		
Amount (\$)	Payee address; City; State;	Zip Code	
\$ 880.00	MISSION,	TEXAS 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the CONSULTING	Check if travel ou	iside of Texas. Complete Schedule T., TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	NORBETO SALINAS	MAYOR	MAYOR
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	DED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (Applied a expense political dispense)

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services	Salarles/W	Vages/Contract Labor	Other (enter a categ	ory not listed above)
Credit Card Faying it		The Instruction Guide exp	lains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NA NORBER	AME TO SALINAS			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
04/10/2018	GUADAI	LUPE RAMIREZ				
6 Amount (\$)	7 Payee ad	ddress; City; State,	Zip Code			
\$ 1,900.00	418 SAI	INT MARI MISSION, TE	EXAS 7857:	2		
8	(a) Category	/ (See Calegories listed at the top of the	his schedule)	(b) Description		
PURPOSE				Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	CONSUL	TING		Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct		late / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	NORB	BERTO SALINAS		Mayor		Mayor
Date	Payee na	ime				
04/09/2018	NORBER	RTO SALINAS				
Amount (\$)	Payee ad	ddress; City; State;	Zip Code			
\$ 1,000.00	500 E 9TI	H ST MISSION, TEXA	AS 78572			
				V		
	Category	(See Categories sted at the top of the	nis schedule)	Description		
PURPOSE OF					tside of Texas. Complete Se	
EXPENDITURE	LOAN RE	IMBURSEMENT		Check if Austin,	, TX, officeholder living	expense
Complete ONLY if direct	Candida	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	NORBE	TO SALINAS	N	MAYOR		MAYOR _
Date	Payee na	ama				+
04/06/2018	THE MON	VITOR				
Amount (\$)	Payee ad	idress; City; State;	Zip Code			
\$ 2,750.00						
	Category	(See Categories listed at the top of th	nis schedule)	Description		
PURPOSE OF	ADVERTIS	SING			tside of Texas. Complete So	33
EXPENDITURE	//572	51110		Check if Austin,	, TX, officeholder living	expense
Complete ONLY if direct	Candida	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	NOR	BETO SALINAS		MAYOR		MAYOR
	ATT	TACH ADDITIONAL COPIE	ES OF THIS S	3CHEDULE AS NEE	DED	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By **Event Expense** Food/Beverage Expense Gilt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) 9 NORBERTO SALINAS 5 Payee name 4 Date 04/05/2018 NORBERTO SALINAS 6 Amount (\$) 7 Payee address; City; State; Zip Code \$ 1,000.00 500 E 9TH ST MISSION, TEXAS 78572 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense LOAN REIMBURSEMENT **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expanditure to benefit C/OH NORBERTO SALINAS Mayor Mayor Date Payee name 04/04/2018 **GUADALUPE RAMIREZ** Amount (\$) Payee address; City; State; Zip Code \$850.00 416 SAINT MARIE MISSION, TEXAS 78572 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** CONSULTING Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH NORBETO SALINAS **MAYOR MAYOR** Payee name Date 04/03/2018 GUADALUPE RAMIREZ Amount (\$) Payee address: City; State; Zip Code 416 SAINT MARIE MISSION, TEXAS 78572 \$800.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** CONSULTING Check if Austin, TX, afficeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH NORBETO SALINAS **MAYOR** MAYOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Sarvices Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	Committee Legal Services		:Wages/Contract Labor	Other (enter a category not lis	sted above)
Credit Card Payment	The Instruction	on Guide explains how to	complete this form.		
1 Total pages Schedule F1: 10	2 FILER NAME NORBERTO SALINAS			3 Filer ID (Ethics Comm	ission Filers)
4 Date	5 Payee name				
04/05/2018	NORBERTO SALIN	IAS			<u></u>
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
\$ 3,000.00	500 E 9TH ST MISSIC	ON, TEXAS 78572			
8	(a) Category (See Categories lis	ted at the top of this schedule)	(b) Description		
PURPOSE			Check il travel or	outside of Texas. Complete Schedule T.	
OF EXPENDITURE	LOAN REIMBURSEMI	ENT	Check if Austin	in, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholde	er name	Office sought	Office	held
expenditure to benefit C/OI	NORBERTO SALIN	VAS	Mayor		Mayor
Date	Payee name				
03/28/2018	I DECAL				
Amount (\$)	Payee address;	City; State; Zip Code			
\$ 2,500.00	600 N CONWAY MI	SSION, TEXAS 785	72		
	Category (See Categories list	ed at the top of this schedule)	Description		
PURPOSE OF			1 <del></del>	utside of Texas. Complete Schedule T.	3
EXPENDITURE	CAMPAIGN SIGNS		Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholde	rname	Office sought	Office I	held
expenditure to benefit C/OF	NORBETO SALINAS	3	MAYOR	MAYO	R _
Date	Payee name			<u></u>	<u>+1</u>
	-	ENT CENTED			
03/28/2018	CITY OF MISSION EV	ENI CENIER			
Amount (\$)	Payee address; (	City; State; Zip Code			
\$ 2,350.00		MISSION, TEXAS	78572		
	Category (See Categories list	ed at the top of this schedule)	Description		
PURPOSE OF	RENTAL EVENT 4/12/	18	33	utside of Texas. Complete Schedule T.	
EXPENDITURE			Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholde	er name	Office sought	Office	held
expenditure to benefit C/OF	NORBETO SALIN	AS	MAYOR	MAYO	OR .
	ATTACH ADDITIC	NAL COPIES OF THIS	SCHEDULE AS NEE	EDED	