

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: <i>24</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX	RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	APR 27 2018	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Receipt #	Amount \$
	NICKNAME LAST SUFFIX	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
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)		
10 PERIOD COVERED	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any)	OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Norberto Salinas

15 Filer ID (Ethics Commission Filers)

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

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 65,350.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 48,072.89

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

17,277.11

OUTSTANDING
LOAN TOTALS

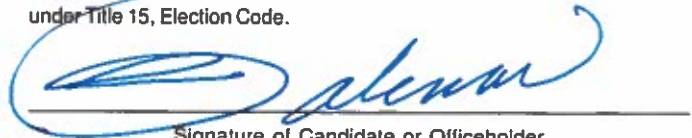
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

29,000.00

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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Norberto Salinas, this the 27th day of April, 2018, to certify which, witness my hand and seal of office.

Anna Carrillo

Signature of officer administering oath

Anna Carrillo

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 48,072.89
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	\$ 29,000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 65,350.00
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

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 03/20/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE M. FLORES 6 Contributor address; City; State; Zip Code P.O.BOX 310 MISSION TEXAS 78572	7 Amount of contribution (\$) \$ 10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWRENCE A. FAIR Contributor address; City; State; Zip Code 122 RIO GRANDE DR, MISSION, TEXAS 78572	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN DAVID & ELIZABETH V. SANTOS Contributor address; City; State; Zip Code 2200 N CONWAY MISSION TEXAS 78572	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD W. CARROLL W. RUPPERT Contributor address; City; State; Zip Code 3803 HOBBS DRIVE EDINBURG, TEXAS 78539	Amount of contribution (\$) \$ 1,000.00
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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2

2 FILER NAME
Norberto Salinas

3 Filer ID (Ethics Commission Filers)

4 Date
04/04/2018

5 Full name of contributor out-of-state PAC (ID#: _____)
RUFINO GARZA

7 Amount of contribution (\$)
\$ 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)

Date
04/06/2018

Full name of contributor out-of-state PAC (ID#: _____)
JOSE LUIS ANQUIANO BALBUENA

Amount of contribution (\$)
\$ 500.00

Contributor address; City; State; Zip Code
1910 EL MILENO PALMHURST TEXAS 78573

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/06/2018

Full name of contributor out-of-state PAC (ID#: _____)
RICARDO ROSALES LAM

Amount of contribution (\$)
\$ 200.00

Contributor address; City; State; Zip Code
2508 WERNECKE AVE MISSION TEXAS 78574

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/06/2018

Full name of contributor out-of-state PAC (ID#: _____)
PABLO D. GARCIA FERNANDEZ - & SUSANA M MARROQUIN

Amount of contribution (\$)
\$ 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:
3

2 FILER NAME
Norberto Salinas 3 Filer ID (Ethics Commission Filers)

4 Date 04/06/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EXCELLENT PEST CONTROL	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 701 S 15TH ST MCALLEN , TEXAS 78501		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 04/06/218	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSCAR L. CARDENAS	Amount of contribution (\$) \$ 300.00
Contributor address; City; State; Zip Code 1205 TRAVIS ST MISSION, TEXAS 78572		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 04/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARIS BAKERY	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 302 W. GRIFFIN PARKWAY MISSION, TEXAS 78572		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 04/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUAN J. GONZALEZ	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 2308 E 20TH ST MISSION, TEXAS 78572		

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4

2 FILER NAME
Norberto Salinas

3 Filer ID (Ethics Commission Filers)

4 Date
04/06/2018

5 Full name of contributor out-of-state PAC (ID#: _____)
ARQCARPA DESIGN & CONSTRUCTION

7 Amount of contribution (\$)
\$ 200.00

6 Contributor address; City; State; Zip Code
214 N 16TH STE 101 MCALLEN, TEXAS 78501

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/06/2018

Full name of contributor out-of-state PAC (ID#: _____)
BUILMART, LLC

Amount of contribution (\$)
\$ 200.00

Contributor address; City; State; Zip Code
2243 PECAN BLVD MCALLEN, TEXAS 78501

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/06/2018

Full name of contributor out-of-state PAC (ID#: _____)
BENISSION LOGISTICS LLC

Amount of contribution (\$)
\$ 400.00

Contributor address; City; State; Zip Code
2501 W. MILITARY HWY MCALLEN, TEXAS 78503

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/06/2018

Full name of contributor out-of-state PAC (ID#: _____)
MISSION AUTO & TRUCK SALES, INC

Amount of contribution (\$)
\$ 500.00

Contributor address; City; State; Zip Code
1513 E EXPRESSWAY MISSION, TEXAS 78572

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Norberto Salinas		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYRA I. WOLOSKI 6 Contributor address; City; State; Zip Code 27740 FM 1017 LINN MISSION, TEXAS 78563	7 Amount of contribution (\$) \$ 1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANN SCHROEDER Contributor address; City; State; Zip Code P.O.BOX 909 MISSION, TEXAS 78573	Amount of contribution (\$) \$ 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID O. RODGERS JR. Contributor address; City; State; Zip Code P.O.BOX 1077 EDINBURG, TEXAS 78540	Amount of contribution (\$) \$ 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JED A BROWN Contributor address; City; State; Zip Code 106 ELKINTON LOOP LAREDO , TEXAS 78045	Amount of contribution (\$) \$ 1,000.00
Principal occupation / Job title (See Instructions)		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Norberto Salinas		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOBO MOTORS 6 Contributor address; City; State; Zip Code 524 W. EXPRESSWAY 83 DONNA, TEXAS 78537	7 Amount of contribution (\$) \$ 800.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUINTANILLA'S CONSTRUCTION LLC Contributor address; City; State; Zip Code 2910 S JACKSON ROAD MCALLEN, TEXAS 78503	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAUL ORTEGA Contributor address; City; State; Zip Code 3710 KISKADEE TRAIL EDINBURG, TEXAS 78539	Amount of contribution (\$) \$ 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL A. CHAPA Contributor address; City; State; Zip Code 3327 N WARE RS STE MCALLEN, TEXAS	Amount of contribution (\$) \$ 1,000.00
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7

2 FILER NAME
Norberto Salinas

3 Filer ID (Ethics Commission Filers)

4 Date
04/16/2018

5 Full name of contributor out-of-state PAC (ID#: _____)
JOSEPH F. PHILLIP

7 Amount of contribution (\$)
\$ 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)

Date
04/16/2018

Full name of contributor out-of-state PAC (ID#: _____)
LEO J LEO JR.

Amount of contribution (\$)
\$ 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
04/17/2018

Full name of contributor out-of-state PAC (ID#: _____)
JORGE KAMEL

Amount of contribution (\$)
\$ 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
04/17/2018

Full name of contributor out-of-state PAC (ID#: _____)
GABRIEL KAMEL

Amount of contribution (\$)
\$ 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8

2 FILER NAME
Norberto Salinas

3 Filer ID (Ethics Commission Filers)

4 Date
04/18/2018

5 Full name of contributor out-of-state PAC (ID#: _____)
TILLMIN G. WELCH & CARROE BETH WELCH
6 Contributor address; City; State; Zip Code
P.O.BOX 2489 EDINBURG, TEXAS 78539

7 Amount of contribution (\$)
\$ 250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/18/2018

Full name of contributor out-of-state PAC (ID#: _____)
OSBELS CONCRETE WORKS, LLC
Contributor address; City; State; Zip Code
1402 SAMANTHA ST MISSION, TEXAS 78574

Amount of contribution (\$)
\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/18/2018

Full name of contributor out-of-state PAC (ID#: _____)
LINCON ALMADA FAMILY LP
Contributor address; City; State; Zip Code
1800 E HIGHWAY 83 MISSION TEXAS 78572

Amount of contribution (\$)
\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/20/2018

Full name of contributor out-of-state PAC (ID#: _____)
JOE DANIEL OLIVARES
Contributor address; City; State; Zip Code
WESLACO, TEXAS 78596

Amount of contribution (\$)
\$ 3,000.00

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Norberto Salinas		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT GARCIA & MARISELA 6 Contributor address; City; State; Zip Code 419 RIO GRANDE DRIVE MISSION, TEXAS 78572	7 Amount of contribution (\$) \$ 3,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIBEL SALINAS Contributor address; City; State; Zip Code 220 WHITE LA JOYA , TEXAS 78560	Amount of contribution (\$) \$ 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ILIANA CASTILLO Contributor address; City; State; Zip Code 201 E EMERY MCALLEN TEXAS 78501	Amount of contribution (\$) \$ 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HELEN SPIKES Contributor address; City; State; Zip Code 1708 DOHERTY AVE MISSION , TEXAS 78572	Amount of contribution (\$) \$ 100.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Norberto Salinas		3 Filer ID (Ethics Commission Filers)
4 Date 4/26/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMER JASSO JR. 6 Contributor address; City; State; Zip Code 2808 CHATEAU ST EDINBURG, TEXAS 78572	7 Amount of contribution (\$) \$ 1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUAN ELISEO /2 RIOS MEDIA Contributor address; City; State; Zip Code 214 N 16TH ST STE 105 MCALLEN , TEXAS 78501	Amount of contribution (\$) \$ 10,000.00
Principal occupation / Job title (See Instructions) (Reimbursement for check # 1073 dated 03/13/2018)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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

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 NORBERTO SALINAS	3 Filer ID (Ethics Commission Filers)	
4 Date 04/25/2018	5 Payee name I DECAL		
6 Amount (\$) \$ 2,898.94	7 Payee address; City; State; Zip Code 600 N CONWAY MISSION, TEXAS 78572		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SIGNS	(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 NORBERTO SALINAS	Office sought Mayor	Office held Mayor
Date 04/25/2018	Payee name LUPITA RAMIREZ		
Amount (\$) \$ 1,800.00	Payee address; City; State; Zip Code 418 SAINT MARIE MISSION, TEXAS 78572		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN CONSULTANT	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 NORBETO SALINAS	Office sought MAYOR	Office held MAYOR
Date 04/24/2018	Payee name CARD SERVICE CENTER		
Amount (\$) \$ 340.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CALL PHONE EXPENSES	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 NORBETO SALINAS	Office sought MAYOR	Office held 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 <i>Norberto Salinas</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>30,100⁰⁰</i>
5 Date of loan <i>3/12/18</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Norberto Salinas</i>	9 Loan Amount (\$) <i>\$ 10,000⁰⁰</i>
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <i>500 E 9th St MISSION, TX 78572</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>3/15/18</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Norberto Salinas</i>	Loan Amount (\$) <i>\$ 10,000⁰⁰</i>
Is lender a financial institution? Y N	Lender address; City; State; Zip Code <i>500 E 9th St. Mission TX 78572</i>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (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 complete this form.		1 Total pages Schedule E: 2
2 FILER NAME <i>Norberto Salinas</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>3/19/18</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Norberto Salinas</i>	9 Loan Amount (\$) <i>\$ 10,000⁰⁰</i>
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code <i>500 E 9th St. Mississimm ITX 78572</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME NORBERTO SALINAS	3 Filer ID (Ethics Commission Filers)
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4 Date 04/23/2018	5 Payee name GRACIE FARIAS CANTU
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6 Amount (\$) \$ 500.00	7 Payee address; City; State; Zip Code MISSION, TEXAS 78572
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION	(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 NORBERTO SALINAS	Office sought Mayor	Office held Mayor
---	---	------------------------	----------------------

Date 04/23/2018	Payee name PROGRESS TIME
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Amount (\$) \$ 1,247.50	Payee address; City; State; Zip Code 1217 N CONWAY MISSION, TEXAS 78572
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AD	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 NORBETO SALINAS	Office sought MAYOR	Office held MAYOR
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Date 04/23/2018	Payee name SAAVY PUBLISHING -AD
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Amount (\$) \$ 3,600.00	Payee address; City; State; Zip Code 1217 N CONWAY MISSION, TEXAS 78572
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AD	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 NORBETO SALINAS	Office sought MAYOR	Office held MAYOR
--	--	------------------------	----------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/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: 3	2 FILER NAME NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2018	5 Payee name ORALIA HERRERA		
6 Amount (\$) \$ 850.00	7 Payee address; City; State; Zip Code MISSION, TEXAS 78572		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING		(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 NORBERTO SALINAS	Office sought Mayor	Office held Mayor
Date 04/20/2018	Payee name JULIAN GONZALEZ		
Amount (\$) \$ 750.00	Payee address; City; State; Zip Code MISSION, TEXAS 78572		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AD		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 NORBETO SALINAS	Office sought MAYOR	Office held MAYOR
Date 04/20/2018	Payee name R COMMUNICATION-		
Amount (\$) \$ 1,868.30	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLITICAL AD KURV		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 NORBETO SALINAS	Office sought MAYOR	Office held MAYOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME NORBERTO SALINAS	3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2018	5 Payee name LAWRENC A-FAIR	
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) CAMPAIGN CONTRIBUTION REIM	(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: NORBERTO SALINAS Office sought: Mayor Office held: Mayor	
Date 04/19/2018	Payee name RICARDO RAMOS	
Amount (\$) \$ 750.00	Payee address; City; State; Zip Code MISSION, TEXAS 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LABOR	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: NORBETO SALINAS Office sought: MAYOR Office held: MAYOR	
Date 04/18/2018	Payee name TEJANO MUSIC HALL OF FAME AWARDS	
Amount (\$) \$ 1,000.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SPONSORSHIP	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: NORBETO SALINAS Office sought: MAYOR Office held: MAYOR	

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POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME NORBERTO SALINAS	3 Filer ID (Ethics Commission Filers)			
4 Date 04/17/2018	5 Payee name CHARLIE LEAL				
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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:35%;">Candidate / Officeholder name NORBERTO SALINAS</td> <td style="width:20%;">Office sought Mayor</td> <td style="width:25%;">Office held Mayor</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBERTO SALINAS	Office sought Mayor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:35%;">Candidate / Officeholder name NORBETO SALINAS</td> <td style="width:20%;">Office sought MAYOR</td> <td style="width:25%;">Office held MAYOR</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBETO SALINAS	Office sought MAYOR
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBETO SALINAS	Office sought MAYOR	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	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:35%;">Candidate / Officeholder name NORBETO SALINAS</td> <td style="width:20%;">Office sought MAYOR</td> <td style="width:25%;">Office held MAYOR</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBETO SALINAS	Office sought MAYOR
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBETO SALINAS	Office sought MAYOR	Office held MAYOR		

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POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME NORBERTO SALINAS	3 Filer ID (Ethics Commission Filers)
4 Date 04/12/2018	5 Payee name MPA DIGITAL	
6 Amount (\$) \$ 3,500.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BILLBOARDS	(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 NORBERTO SALINAS	Office sought Mayor
		Office held Mayor
Date 04/11/2018	Payee name CHARLIE LEAL	
Amount (\$) \$ 500.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PHOTOS	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 NORBETO SALINAS	Office sought MAYOR
		Office held MAYOR
Date 04/11/2018	Payee name CARD SERVICE CENTER	
Amount (\$) \$ 750.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CELL PHONE EXPENSES	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 NORBETO SALINAS	Office sought MAYOR
		Office held MAYOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/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: 7	2 FILER NAME NORBERTO SALINAS	3 Filer ID (Ethics Commission Filers)			
4 Date 04/10/2018	5 Payee name I DECAL				
6 Amount (\$) \$ 1,500.00	7 Payee address; City; State; Zip Code 600 N CONWAY MISSION, TEXAS 78572				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SIGNS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name NORBERTO SALINAS</td> <td style="width:20%;">Office sought Mayor</td> <td style="width:20%;">Office held Mayor</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBERTO SALINAS	Office sought Mayor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBERTO SALINAS	Office sought Mayor	Office held Mayor		
Date 04/10/2018	Payee name GUADALUPE RAMIREZ				
Amount (\$) \$ 200.00	Payee address; City; State; Zip Code 418 SAINT MARIE MISSION, TEXAS 78572				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUEL EXPENSES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name NORBETO SALINAS</td> <td style="width:20%;">Office sought MAYOR</td> <td style="width:20%;">Office held MAYOR</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBETO SALINAS	Office sought MAYOR
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBETO SALINAS	Office sought MAYOR	Office held MAYOR		
Date 04/10/2018	Payee name ORALIA HERRERA				
Amount (\$) \$ 880.00	Payee address; City; State; Zip Code MISSION, TEXAS 78572				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name NORBETO SALINAS</td> <td style="width:20%;">Office sought MAYOR</td> <td style="width:20%;">Office held MAYOR</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBETO SALINAS	Office sought MAYOR
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBETO SALINAS	Office sought MAYOR	Office held MAYOR		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/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: 8	2 FILER NAME NORBERTO SALINAS	3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2018	5 Payee name GUADALUPE RAMIREZ	
6 Amount (\$) \$ 1,900.00	7 Payee address; City; State; Zip Code 418 SAINT MARI MISSION, TEXAS 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING	(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 NORBERTO SALINAS	Office sought Mayor
		Office held Mayor
Date 04/09/2018	Payee name NORBERTO SALINAS	
Amount (\$) \$ 1,000.00	Payee address; City; State; Zip Code 500 E 9TH ST MISSION, TEXAS 78572	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REIMBURSEMENT	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 NORBETO SALINAS	Office sought MAYOR
		Office held MAYOR
Date 04/06/2018	Payee name THE MONITOR	
Amount (\$) \$ 2,750.00	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	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 NORBETO SALINAS	Office sought MAYOR
		Office held MAYOR

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9		2 FILER NAME NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)	
4 Date 04/05/2018		5 Payee name NORBERTO SALINAS			
6 Amount (\$) \$ 1,000.00		7 Payee address; City; State; Zip Code 500 E 9TH ST MISSION, TEXAS 78572			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) LOAN REIMBURSEMENT		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name NORBERTO SALINAS		Office sought Mayor	
Date 04/04/2018		Payee name GUADALUPE RAMIREZ			
Amount (\$) \$ 850.00		Payee address; City; State; Zip Code 416 SAINT MARIE MISSION, TEXAS 78572			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONSULTING		Description <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 NORBETO SALINAS		Office sought MAYOR	
Date 04/03/2018		Payee name GUADALUPE RAMIREZ			
Amount (\$) \$ 800.00		Payee address; City; State; Zip Code 416 SAINT MARIE MISSION, TEXAS 78572			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONSULTING		Description <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 NORBETO SALINAS		Office sought MAYOR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/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: 10	2 FILER NAME NORBERTO SALINAS	3 Filer ID (Ethics Commission Filers)			
4 Date 04/05/2018	5 Payee name NORBERTO SALINAS				
6 Amount (\$) \$ 3,000.00	7 Payee address; City; State; Zip Code 500 E 9TH ST MISSION, TEXAS 78572				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LOAN REIMBURSEMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name NORBERTO SALINAS</td> <td style="width:20%;">Office sought Mayor</td> <td style="width:20%;">Office held Mayor</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBERTO SALINAS	Office sought Mayor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBERTO SALINAS	Office sought Mayor	Office held Mayor		
Date 03/28/2018	Payee name I DECAL				
Amount (\$) \$ 2,500.00	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) CAMPAIGN SIGNS	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name NORBETO SALINAS</td> <td style="width:20%;">Office sought MAYOR</td> <td style="width:20%;">Office held MAYOR</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBETO SALINAS	Office sought MAYOR
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBETO SALINAS	Office sought MAYOR	Office held MAYOR		
Date 03/28/2018	Payee name CITY OF MISSION EVENT CENTER				
Amount (\$) \$ 2,350.00	Payee address; City; State; Zip Code MISSION, TEXAS 78572				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) RENTAL EVENT 4/12/18	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name NORBETO SALINAS</td> <td style="width:20%;">Office sought MAYOR</td> <td style="width:20%;">Office held MAYOR</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBETO SALINAS	Office sought MAYOR
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NORBETO SALINAS	Office sought MAYOR	Office held MAYOR		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED