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 NICKNAME LAST Beto Salinas	MI	OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CIT 500 E 9th St. Mission AREA CODE PHONE NUMBER	тх 7 857 2	APR - 5 2018 A. Carrello		
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) 240-5656	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mrs. Amanda NICKNAME LAST Zamora	MISUFFIX	Receipt # Amount \$ Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT 1206 Lucksinger Rd. Miss		78572		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 607-6090	EXTENSION			
9 REPORT TYPE	July 15 30th day before election Bth day before election		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 01 ∕ 01 ∕ 18	THROUGH 3	Day Year 26 / 18		
11 ELECTION	Month Day Year Primary 05 / 05 / 18 General	Runoff Other Description			
12 OFFICE	OFFICE HELD (if any) Mayor	13 OFFICE SOUGHT (if known) Mayor			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Fifer ID (Ethics Commission Filers)		
Norberto Salinas					
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			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,841.25		
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$70,208.86		
CONTRIBUTION BALANCE	5. TOTAL P	DAY \$ 6, 899. 24 HE \$ 4,000. 92.			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 4,000.				
18 AFFIDAVIT					
AFFIX NOTARY STAMP	A CARALLE OF THE PUBLIC SE	I swear, or affirm, under penalty of per true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is matten required to be reported by me		
AFFIX NOTARY STANCE	PART AROVE	Signature of Cand	lidate or Officeholder		
The state of		y the said Norberto Salinas	, this the _54h		
day of Moric	, 20 <u>,</u> to	certify which, witness my hand and seal of office.			
_ annach	Carrill	Anna B. Carrillo	Notory Public		
Signature of officer ad	ministering 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 C	commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,841.25
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 4,0000
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,000° \$ 70,208.86
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

The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Norberto Salina	s				
4 Date	5 Full name of contributor out-of-state PAC (ID#	E)	7 Amount of contribution (\$)		
1/22/2018	KEM TEXAS LTD		\$ 541.25		
	6 Contributor address; City; State;	Zip Code			
	(D) 4 - Dung d				
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)		
Date	Full name of contributorout-of-state_PAC (ID#		Amount of contribution (\$)		
1/25/2018	Julio Cesar Cerda				
	Contributor address; City; State;		\$ 10,000.00		
	1602 SOLAR DRIVE MISSION TEX	KAS 78572			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	dana'		
· 1111-4-14-11-1-1-1-1-1-1-1-1-1-1-1-1-1-	and the least th	Employer (Gee mande.	ions)		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)		
1/25/2018	Alberto Pedraza Rodriguez & Maria Del L Moreno De Pedraza				
1	Contributor address; City; State; 2		\$ 250.00		
	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i></i>			
	802 Trinity St. Ste 103 Mission Texas	5 /85/2			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ilons)		
Date	Full name of contributorout-of-state_PAC (ID#		Amount of contribution (\$)		
1/25/2018	Luis C. Escobar & Joaquin M. Spamer	wa mara maran mw	\$ 5,000.00		
}	Contributor address; City; State; Z				
	809 Rio Grande Drive Mission, Texas 785	572			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
<u> </u>					
	ATTACH ADDITIONAL CODIEC OF THE		·		
	ATTACH ADDITIONAL COPIES OF TH If contributor is out-of-state PAC, please see instruction				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

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#: 2/08/2018 \$ 750.00 Homer Scott 6 Contributor address; City, State; Zip Code 1008 Doherty 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 (\$) 2/26/2018 Clark Spikes \$ 100.00 Contributor address; City; State; Zip Code 1708 Doherty **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 (\$) 03/07/2018 Richard Shumack \$ 500.00 Contributor address; City; State; Zip Code 2421 Mimosa St. 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 (\$) JD Hay Company, LLC 03/09/2018 \$ 200.00 Contributor address: City; State; Zip Code 1713 Doherty Ave 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	s form.	1 Total pages Schedule A1:	
2 FILER NAME Norberto Salina	as		3 Filer ID (Ethics Commission Filers)	
4 Date 03/19/2018	Fred Kruth 6 Contributor address; City; State	address; City; State; Zip Code		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	etions)	
Date 03/22/2018	Full name of contributor out-of-state PAG John & Jeannette Womack Contributor address; City; State 3009 Viola MISSION TEXAS 78	·	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out of state PAC Contributor address; City, State	ukowowane wakazi wakazi wa wakazi	Amount of contribution (\$)	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	lions)	
Date	· · · · · · · · · · · · · · · · · · ·	(ID#:)	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

LOANS			SCHEDULE E	
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF U	NITEMIZED LOANS	\$		
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City; 5	State; Złp Code	10 Interest rate	
Y N			11 Maturity date	
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col	lateral	15 Check if personal funds were account (See Instructions)	deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	50	State; Zip Code		
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	<u> </u>	
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 occupati	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 (\$)	
_		State: Zip Code		
not applicable				
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.				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Cradi 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/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	· ·	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Norberto Salinas	3 Filer ID (I	Ethics Commission Filers)
4 Date 01/03/2018	5 Payee name Kem Texas LDT	1.	
6 Amount (\$)	7 Payee address, City; State; Zip Code		
541.25	P.O.BOX 46/406 San	Antonio De 7824	6-1406.
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Check if travel outside of Texas. Comp Check if Austin, TX, officeholder	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Norberto Salinas	Office sought Mayor	Office held Mayor
Date	Рауее пате		
01/04/2018	Norberto Salinas		
Amount (\$)	Payee address; City; State; Zip Code		
3,000.00	500 E 9th St. Mission, Texas 78572	?	
PURPOSE OF EXPENDITURE	Calegory (See Categories listed at the top of this schedule) Loan Repayment	Description Check if travel outside of Texas. Compl Check If Austin, TX, officeholder li	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Norbeto Salinas	Mayor	Мауог
Date	Payee name		
/ 1/05/2018	Eagle Creek Enterprises		
Amount (\$)	Payee address; City; State; Zip Code		
3,310.05	891 Rd 4990 Bloom Fild	New Mexico 8746	<i>'3</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising (Calendars)	Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder fit	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		g Expense s/Wages/Contract Labor o complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: page 2	2 FILER NAME Norberto Salinas		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2018	5 Payee name Savy Publishing,LLC		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1,000.00	1217 N. Conway Miss	200 1 JX 788	572
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		utside of Texas. Complete Schedule T.
9 Complete ONLY il direct expenditure to benefit C/OF	Candidate / Officeholder name H Norberto Salinas	Office sought Mayor	Office held Mayor
Date	Payee name		
1/18/2018	Boy's & Girls Club of Mission		
Amount (\$)	Payee address; City; State; Zip Code		
500.00	209 Clio Dusa Misseria	124 7857	2
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Check if travel outs	iside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Norberto Salinas	Мауог	Mayor
Date	Payee name		
1/25/2018	Norberto Salinas		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 5,000.00	500 E 9th St Mission, Texas 78572	2	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment		side 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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By

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

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

Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norberto Salinas 4 Date 5 Payee name 1/25/2018 Henry Rodriquez Campaign 6 Amount (\$) 7 Payee address; City; State; Zip Code IDII Ursula #B Missuin, DY 78572 \$ 500.00 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 campaign Donation EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Norberto Salinas Mayor Mayor Payee name Date 2/07/2018 Juan Diego Academy Amount (\$) Payee address; City; State; Zip Code \$ 2,500.00 P.O.BOX 3888 Missix 12x 78573 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check If Austin, TX, officeholder living expense **EXPENDITURE** Donation -Event Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Norberto Salinas Mayor Mayor Date Payee name Run With Luck 2/07/2018 Amount (\$) Payee address; City; State; Zip Code \$ 500.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Donation OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Norberto Salinas Mayor Mayor

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/Donations Made By Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Norberto Salinas 4 Date 5 Payee name 2/08/2018 I- Decal Signs 6 Amount (\$) 7 Payee address; City; State; Zip Code \$3,000.00 600 N Conway Mission, Texas 785872 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Signs Check If Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Norberto Salinas Mayor Mayor Payee name Date 2/08/2018 I-Decal Signs Amount (\$) Payee address; City; State; Zip Code \$ 1,458.33 600 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** Check if Austin, TX, officeholder living expense EXPENDITURE Signs Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Norberto Salinas Mayor Mayor Date Рауее пате Ramirez Rodgers Campaign Fund 02//08/2018 Payee address; City; State; 1020 Curell On. Amount (\$) City: State: Zip Code \$ 400.00 Mission 12 78572 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Donation OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Norberto Salinas Мауог 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 Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor

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

Candidate/Officeholder/Politic		emonals Expense	Printing Expense Salaries/Wages/Contract La	Travel Out Of E abor Other (enter a c	District category not listed above)	
Credit Card Payment	The Instruc	ction Gulde explains	how to complete this fo	orm.		
1 Total pages Schedule F1:	_ · · · · · · · · · · · · · · · · · · ·			3 Filer ID (E	Ethics Commission Filers)	
5	Norberto Salinas				20 1/2001	
4 Date	5 Payee name			-		
2/09/2018	McCoys					
6 Amount (\$)	7 Payee address;	City; State; Zip	Code			
\$ 1,385.16 	200 W EXP 83	Mission, Texas	785872			
8	(a) Category (See Categories	listed at the top of this sch	edule) (b) Descript	tion		
PURPOSE				k if travel outside of Texas. Comp		
OF EXPENDITURE	Material For signs		Chec	ck II Austin, TX, officeholder I	iving expense	
9 Complete ONLY if direct	Candidate / Officehol	lder name	Office sou	ught	Office held	
expenditure to benefit C/OI	¹ Norberto Salinas		Mayor		Мауог	
Date	Payee name					
2/12/2018	Juan Montelongo					
Amount (\$)	Payee address;	City; State; Zip	Code			
\$ 100.00		Mission Texa	ıs 78572			
	Category (See Categories	listed at the top of this sche	Description Description	on		
PURPOSE OF				Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Contract Labor		Check	k If Austin, TX, officeholder liv	ring expense	
Complete ONLY if direct	Candidate / Officehol	der name	Office sou	uaht	Office held	
expenditure to benefit C/OF						
			Mayo	<u> </u>	Мауог	
Date	Payee name					
2/13/2018	Rodolfo De La Garza	l 				
Amount (\$)	Payee address;	City; State; Zip (Code			
\$100.00		Mission, Texa	s 78572			
	Category (See Categories I	isted at the top of this sche	dule) Description			
PURPOSE OF	Contract Labor		Check i	il travel outside of Texas. Comple	te Schedule T	
EXPENDITURE	CONTRACT LADOI		Check	if Austin, TX, officeholder liv	ing expense	
Complete ONLY if disease	Candidate / Officehol	dar asma	Oli to to to			
Complete ONLY if direct expenditure to benefit C/OH		der name	Office sou		Office held	
	Norberto Salmas		Mayo	or 	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
Credit 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/Fundralsing 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 2/20/2018 Guadalupe Ramirez 6 Amount (\$) 7 Payee address: City; State; Zip Code 418 Saint Marie Missin 12 78512 \$3,300.00 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T **PURPOSE** Contract Labor Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Norberto Salinas Мауог Mayor Payee name Date 2/21/2018 2 Rios Media Group, LLC Amount (\$) Payee address: City; State; Zip Code 16-17 St Sta 105 Mcallen Jx 78501 \$ 1,500.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check If Austin, TX, officeholder living expense EXPENDITURE Marketing Expenses Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Norberto Salinas Mayor Mayor Date Payee name Luis Vidaurri 2/21/2018 Amount (\$) Pavee address: City; State; Zip Code \$280.00 Mission, Texas 78572 1300 7 nangoco Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T.

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Labor

Candidate / Officeholder name

Norberto Salinas

Office held

Mayor

Check if Austin, TX, officeholder living expense

Office sought

Mayor

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
Gilt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a calegory not listed above)

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel Out Of District Travel Out Of District Other (enter a calegory not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2018	5 Payee name Guadalupe Ramirez		
6 Amount (\$)	7 Payee address; City; State; Zip	o Code	
\$ 2,200.00			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contract Labor	Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ^H Norberto Salinas	Office sought Mayor	Office held Mayor
Date	Payee name		
2/26/2018	J J Pena		
Amount (\$)	Payee address; City; State; Zip	Code	
\$ 1,000.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Campaign Contribution	Check if travel outsic	de of Texas. Complete Schedule T.
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Norberto Salinas	Mayor	Mayor
Date	Payee name		
03/02/2018	l Decal Signs		
Amount (\$)	Payee address; City; State; Zip	Code	
\$3,373.76	600 N Conway Mission, To	exas 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Check if travel outsid	de of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Norberto Salinas	Mayor	Mayor
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEED	ED

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

Candidate/Officeholder/Politic		Salaries/Wages/Contract Labor	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		3 Filer ID (Ethics Commission Filers)			
8	Norberto Salinas					
4 Date	5 Payee name					
3/05/2018	Lupita Ramirez (Gudalupe)					
6 Amount (\$)	7 Payee address; City; State; Zip	Code				
\$ 2,700.00	418 Daint Maris	Missin Ix 7	28572			
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description				
PURPOSE		Check if travel ou	tside of Texas. Complete Schedule T.			
OF EXPENDITURE	Contract Labor	Check If Austin	, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	^H Norberto Salinas	Mayor	Mayor			
Date	Payee name					
03/05/2018	Luis Vidaurri					
Amount (\$)	Payee address; City; State; Zip (Code				
\$ 400.00	1300 Ananasa r	Missin Jx 78:	572			
	Category (See Categories listed at the top of this sche	dule) Description	-			
PURPOSE		Check if travel outs	side of Texas. Complete Schedule T.			
OF EXPENDITURE	Labor	Check if Austin,	TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	Norberto Salinas	Mayor	Mayor			
Date	Payee name					
00/40/0040	2 Piec Medie Convert LC					
03/13/2018	2 Rios Media Group LLC					
Amount (\$)	Payee address; City; State; Zip C	Code				
\$ 10,000.00						
	Category (See Categories listed at the top of this sched	dule) Description				
PURPOSE	71.550 13 76. 16-100.15 164		ide of Texas. Complete Schedule T.			
OF EXPENDITURE	Marketing Exp	Check if Austin,	TX, officeholder living expense			
EXPENDITURE						
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OH	Norberto Salinas	Mayor	Mayor			
	ATTAON ADDITIONAL CONTROL					
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wapes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a calegory not listed above)

Candidate/Officeholder/Political Committee Legal Services Salarles/Wages/Contract Labor Other (enter a category not listed above)						
Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Norberto Salinas			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name					
3/13/2018	I Decal Signs					
6 Amount (\$)	7 Payee address;	City; State; Zip Code				
\$ 974.25	600 N Conway	Mission, Texas 78572	2			
8	(a) Category (See Categories	listed at the top of this schedule)	(b) Description			
PURPOSE			Check if travel ou	tside of Texas. Complete Schedule T.		
OF EXPENDITURE	Signs		Check if Austin	, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officehol	der name	Office sought	Office held		
expenditure to benefit C/OF	Norberto Salinas	<u></u>	Mayor	Mayor		
Date	Payee name					
3/13/2018	I Decal Signs					
Amount (\$)	Payee address;	City; State; Zip Code				
\$ 753.58	600 N Conway	Mission, Texas 785	572			
PURPOSE OF EXPENDITURE	Category (See Categories I	isted at the top of this schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officehold	der name	Office sought	Office held		
expenditure to benefit C/OF	Norberto Salinas		Mayor	Mayor		
Date	Payee name					
03/16/2018	Rosy's Restaurant					
Amount (\$)	Payee address;	City; State; Zip Code				
\$ 360.52		Mission, Texas 78572				
	Category (See Categories I	isted at the top of this schedule)	Description			
PURPOSE	Meals Expense		Check if travel out	side of Texas. Complete Schedule T.		
OF EXPENDITURE	Meals Expense		Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officehole	der name	Office sought	Office held		
expenditure to benefit C/OH			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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor 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) Norberto Salinas 4 Date 5 Payee name 3/20/2018 Guadalupe Ramirez 6 Amount (\$) 7 Payee address; City; State; Zip Code \$ 1,200.00 418 Daint Mani Mission . Dx 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** Contract Labor Check if Austin, TX, officeholder living expense **EXPENDITURE**

9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Norberto Salinas	Office sought Mayor	Office held Mayor
Date	Payee name		
3/20/2018	FFF Foundation		
Amount (\$)	Payee address; City; State: Zip Code		
\$ 500.00	Mission, Texas 78572		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsorship	Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name Norberto Salinas	Office sought Mayor	Office held Mayor
Date	Payee name		
3/20/2018	Texas National Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 276.16	Mission, Texas 78572		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Interest due	Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Norberto Salinas	Mayor	Mayor

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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries/	expense Wages/Contract Labor	Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Norberto Salinas		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
3/22/2018	Lamar				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$ 12,095.80	2001 Industrial Way Dan benilo 785.	86			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	100 000 0000 00 00 00 00 00 00 00 00 00	Check if travel outs	ide of Texas. Complete Schedule T		
OF EXPENDITURE	Billboard expenses	Check if Austin,	TX, officeholder living expense		
LAI ENDITORE					
9 Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	H Norberto Salinas	Mayor	Mayor		
Date	Payee name				
3/22/2018	i Decal signs				
Amount (\$)	Payee address; City; State; Zip Code				
\$ 5000.00	Mission, Texas 78572				
		 			
	Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.			
PURPOSE	9				
EXPENDITURE	Signs	Check II Austin, T	X, afficeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH	Norberto Salinas	Мауог			
-		Iviayor	Mayor		
Date	Payee name		· ·		
3/22/2018	Upper Valley Art League				
Amount (\$)	Payee address; City; State; Zip Code				
\$ 1,000.00					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Depation	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
OF EXPENDITURE	Donation				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	Norberto Salinas	Mayor	Mayor		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					