		CEHOLDER E REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction C	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 Noel	MI	OFFICE USE ONLY
	NICKNAME	Salinas	SUFFIX	DECEIVE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		APT / SUITE #;	CITY; STATE; ZIP CODE	APR 2 9 2022
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand delivered or Date Protograd
OFFICEHOLDER PHONE	(956)	334-4227		Pate Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS MR	FIRST AAROO	MI	Date Processed
NAME	NICKNAME	LAST	SUFFIX	Date Imaged
		Olivarez		· ·
7 CAMPAIGN TREASURER ADDRESS	1320 No		LITE#; CITY;	STATE; ZIP CODE
(Residence or Business)	Mission	, TEVAS 785	12	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 648 - 2935	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 4	Day Year	Month	Day Year
		4 /2022	THROUGH 4	28 / 2022
11 ELECTION	ELECTION DA Month Day	TE Primary	ELECTION TYPE Runoff Other	
	5/7/	2022 General	Description Special	
12 OFFICE	OFFICE HELD (if any)	J	13 OFFICE SOUGHT (if known	_
	NONe .		Mission CITY	cooncie Pe.1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
(3,	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$		
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO.)	ans) \$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0		
600 · 60 · 90 · • • • 600 · 600 · 60	4. TOTAL POLITICAL EXPENDITURES	\$ 21,462.84		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	AS OF THE \$ 40,000 -		
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officenoider				
Please complete either option below:				
(1) Affidavit NOTARY STAMP/SEAI	KIMBERLY LOREDO Notary Public, State of Texas Comm. Expires 04-06-2025 Notary ID 131078377			
Sworn to and subscribed	before me by NOCI SalinaS this	the 29th day of April .		
20 20, to certify	which, witness my hand and seal of office.			
M	- Kimberly Wredo	Notary Public		
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath		
OR				
(2) Unsworn Declaration	on			
My name is	and my date of bir	rth is		
	, and my date of bir			
, add 000 10		(state) (zip code) (country)		
Executed in	County, State of , on the day of (n			
	Signature of Co	andidate/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

DTAL JNT
06 -
2.84

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

If the requested information to the applicable, be 1101 information page in the reports					
The Instruction Guide explains how to complete this form.				1 Total pages Schedule E:	
2	2 FILER NAME NOCT SALMAS			3 Filer ID (Ethics Commission Filers)	
4	4 TOTAL OF UNITEMIZED LOANS			\$	
5	Date of loan		PAC (ID#:)	9 Loan Amount (\$)	
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code 5. Mill 2 RD.	10 Interest rate	
	Y N	Mission Tx.		11 Maturity date	
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
	BUSINCE	MAME	ssct.		
14	Description of Coll	ateral	Check if personal fundaccount (See Instruction	ls were deposited into political ons)	
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
		18 Guarantor address; City;	State; Zip Code		
	not applicable				
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
	Y N			Maturity date	
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
	Description of Colla	ateral	Check if personal fund	s were deposited into political	
	none		account (See Instructi	ons)	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City;	State; Zip Code		
	not applicable				
	Principal Occupation	on (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

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) NOEL 5 Payee name 4 Date 6 Amount (\$) 7 Payee address; City; State; Zip Code \$135 Mission, TY. (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF DEPOSIT FOR EVENT. EUENT EXPENSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE OF** EXPENDITURE EVENT EXPENSC. FOUD OVINKS FULL EUENT Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name Payee address; City; State; Zip Code Milew Category (See Categofies listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Contributions/Donations Made By Food/Beverage Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) 7 Payee address; City; State: Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE EXPENDITURE SEMBENSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date City; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if avel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside pexas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense 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/Wages/Contract Labor

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

Travel Out Of District Other (enter a category

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	POCT SALWA		3 Filer ID (Ethics Commission Filer	s)
4 Date 4/13	5 Payee name Studios			
6 Amount (\$) \$ 2150	7 Payee address; 809 Cedar Auc	City;	State; Zip Code	
W 2,130	McAllen, Tx.			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	C 11. C			
EXPENDITURE	Consulting Zypens			
	(c) Check if travel outsid of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/15	SMKT			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$2000	Brownsuille, Tx.			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF			1	
EXPENDITURE	CONSULTING EXP.	graphic	design .	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/15	Procress Times			
Amount (\$)	Payee addres;	City;	State; Zip Code	
\$420	Mission Tx			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense.	Ad on	Paner	
	Check if trave tside of Texas, complete Schedule T.	Check if Austin	n, TX, offic holder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense	Frinting Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME NOSL SALINA		3 Filer ID (Ethics Commission Filers)
4 Date			
4 25 2022	Fayee name Home Depot		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 80 89	Missian, Tx.		
8	(a) Category (See Categories listed at the top of this sch	hedule) (b) Description	
PURPOSE			
OF EXPENDITURE	DT442.		
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/25/2022	Brand Buosters		
Amount (\$)	Payee address;	City;	State; Zip Code
\$7.500	300 N. McColl McAllon		
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Printy Exp.	MAILOU7	,
	Check i ravel outside of Texas. Complete Sche	edule T. Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4 25	PRG.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 1178.50	Edinburg Tx.		
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE	LOUGRTISING		
OF EXPENDITURE	TATTIN SYP.	TEXTIN	6
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED