

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: **26**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

NORBERTO

NICKNAME

LAST

SUFFIX

"Beto"

SALINAS

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

500 E. 9th St.

Mission Tx 78572

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956)

240-5656

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

JUAN ELISEO

NICKNAME

LAST

SUFFIX

GONZALEZ JR.

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

500 E. 9th St.

Mission Tx

78572

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956)

802-2066

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

04/01/2022

THROUGH

04/27/2022

11 ELECTION

ELECTION DATE

Month

Day

Year

05/07/2022

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

City of Mission Election

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City of Mission Mayor

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 55,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 70,403.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 80,000.00

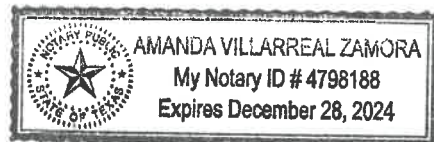
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Norberto Salinas this the 29 day of April, 2022, to certify which, witness my hand and seal of office.

Amanda V. Zamora Amanda V. Zamora
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 55,250. ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,000. ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 70,403. ²⁷
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

NORBERTO SALINAS

3 Filer ID (Ethics Commission Filers)

4 Date

4-1-2022

5 Full name of contributor

☐ out-of-state PAC (ID#:

JORDAN K. GOLDSCHMIDT

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

City;

State;

Zip Code

4500 CARMEN AVE RANCHO VIEJO TX 78575

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-1-2022

Full name of contributor

☐ out-of-state PAC (ID#:

ERNEST ALISELA

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

1519 DUKE AVE. McALLEN TX 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-1-2022

Full name of contributor

☐ out-of-state PAC (ID#:

RAMON I. PECINA JR.

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

2401 DURANGO DR. MISSION TX 78573

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-1-2022

Full name of contributor

☐ out-of-state PAC (ID#:

ROLANDO ALANIZ

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

4415 N. STEWART RD. PALMHURST TX 78573

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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)
4 Date 4-1-2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICARDO SALINAS FLORES LAW OFFICE 6 Contributor address; City; State; Zip Code 2011 N. CONWAY MISSION TX 78572	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-1-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAND TITLE TEXAS Contributor address; City; State; Zip Code 3700 N. 10th ST. SUITE 102 McALLEN TX 78501	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-4-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAUL ORTEGA Contributor address; City; State; Zip Code 3710 KISKADEE TRL. EDINBURG TX 78539	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-7-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTONIO A. JR. + LINDA GUERRA Contributor address; City; State; Zip Code 604 WISTERIA AVE. McALLEN TX 78504	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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

4-8-2022

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

PABLO GARZA JR.

7 Amount of contribution (\$)

4,000.00

6 Contributor address;

City;

State;

Zip Code

9732 N. BENTSEN RD. McALLEN TX 78504

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-8-2022

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ERASMO LOPEZ

Amount of contribution (\$)

4,000.00

Contributor address;

City;

State;

Zip Code

3420 N. BORDER AVE. WESLACO TX 78599

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-8-2022

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JULIO CESAR CERDA

Amount of contribution (\$)

4,000.00

Contributor address;

City;

State;

Zip Code

2800 N. STEWART RD. MISSION TX 78574

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-8-2022

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JOSE D. OLIVAREZ

Amount of contribution (\$)

4,000.00

Contributor address;

City;

State;

Zip Code

Fm 88

P.O. Box 1677 WESLACO TX 78596

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 4-8-2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICARDO GUERRA	7 Amount of contribution (\$) 4,000.00
6 Contributor address; City; State; Zip Code 6700 N. MILE 3 1/2 W. WESTACO TX 78599		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-8-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HORACIO PEÑA JR.	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1926 E GRIFFIN PKWY MISSION TX 78572		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-8-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MED CARE EMERGENCY	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1501 SK ST. MCALLEN TX 78502 P.O. Box 6767		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-8-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE ALBERTO VELA	Amount of contribution (\$) 600.00
Contributor address; City; State; Zip Code 1405 MELINDA DR. MISSION TX 78572		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 4-8-2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAVIER HINDJOSA	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1308 ENCANTO Blvd. Mission Tx 78574		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-8-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BELCON INDUSTRIES	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 109 N. BORDER #12 WESLACO TX 78596		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-8-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSCAR ALVAREZ	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code LAW OFFICE 600 S. 11th St. McAllen Tx 78502		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-8-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH ALFORD	Amount of contribution (\$) 400.00
Contributor address; City; State; Zip Code 804 SHASTA AVE. McAllen Tx 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)
4 Date 4-8-2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adolfo ALVAREZ JR.	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 4409 N. McCall Rd. McAllen Tx 78504		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-8-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justino GARZA	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2223 PRIMROSE AVE McALLEN TX 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-8-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.J. PEÑA	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code P.O. Box 964 MISSION TX 78573		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-18-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICARDO LEE SALINAS	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code 2011 N. CONWAY AVE MISSION TX 78572		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 4-18-2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSCAR LONGORIA 6 Contributor address; City; State; Zip Code PO BOX 4224 MISSION TX 78573	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-18-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MISSION AUTO TRUCK Contributor address; City; State; Zip Code 1513 E. EXPRESSWAY 83 STE. A MISSION TX 78502	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-18-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAIME A. RODRIGUEZ Contributor address; City; State; Zip Code 3506 PLAZA DEL LAGO EDINBURG TX 78539	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-18-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL GUERRA Contributor address; City; State; Zip Code LAW OFFICE (3900 N. 10th St. #850) PO BOX 5371 McALLEN TX 78502	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

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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 4-18-2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSCAR CARDENAS	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1205 TRAVIS ST. MISSION TX 78572		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-18-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEX FLORES JR	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 213 QUAIL COURT McALLEN TX 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-18-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEO J. LEO JR.	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1625 ROQUE SALINAS Rd. P.O. Box 1120 MISSION TX 78573		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-18-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDRA ZAMORA	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 2013 N. CONWAY AVE. MISSION TX 78572		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 4-18-2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENNIS A. LONGORIA	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 1101 Chicago Ave. McAllen Tx 78501		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-18-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH GARCIA	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1100 Palm Parkway Dr. Weslaco Tx 78596		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-18-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CABEFRUIT PRODUCE	Amount of contribution (\$) 2,000.00
Contributor address; City; State; Zip Code 6701 S. 27th St. McAllen Tx 78503		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-18-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLOS GARCIA	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code LAW OFFICE 1305 E. GRIFFIN PKWY MISSION TX 78572		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 4-18-2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BARRERA SANCHEZ	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 10113 N 10th St. Suite A McAllen Tx 78504		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-18-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALFMAN TRUCKING LLC	Amount of contribution (\$) 750.00
Contributor address; City; State; Zip Code 1330 N. TOWER Rd. Alamo Tx 78516		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-20-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KARLA TREVINO M.D.	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1907 Trinity St. Mission Tx 78572		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-27-2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALEJANDRO FERNANDEZ	Amount of contribution (\$) 600.00
Contributor address; City; State; Zip Code 2218 HACKBERRY Mission Tx 78572		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>NORBERTO SALINAS</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	8 Amount of Contribution \$	9 In-kind contribution description
	<u>OMAR RAMON</u>	<u>1,000.00</u>	<u>BILLBOARD</u>
	7 Contributor address; City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<u>4-03-2022</u>	<u>1309 EMERALD LANE MISSION TX 78572</u>	<u>ON TRAILER BOX</u>	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>NORBERTO SALINAS</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4-01-2022</i>		5 Payee name <i>TEXAS DEMOCRATIC PARTY</i>			
6 Amount (\$) <i>360.00</i>		7 Payee address;		City;	State; Zip Code
		<i>P.O. Box 15707 Austin TEXAS</i>		<i>78761</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<i>SUPPLIES</i>		<i>ADVERTISING + SOFTWARE</i>		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>NORBERTO SALINAS</i>		Office sought <i>MAYOR</i>	Office held
Date <i>4-01-2022</i>		Payee name <i>HELLO RGV MAGAZINE</i>			
Amount (\$) <i>250.00</i>		Payee address;		City;	State; Zip Code
		<i>609 US 83 BUS</i>		<i>Mcallen TX</i>	<i>78501</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>ADVERTISING</i>		<i>FB video</i>		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>NORBERTO SALINAS</i>		Office sought <i>MAYOR</i>	Office held
Date <i>4-01-2022</i>		Payee name <i>RAUL CRUZ</i>			
Amount (\$) <i>3450.00</i>		Payee address;		City;	State; Zip Code
		<i>10700 N MAYBERRY Rd.</i>		<i>Mission TX</i>	<i>78573</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>LABOR</i>		<i>Signs</i>		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>NORBERTO SALINAS</i>		Office sought <i>MAYOR</i>	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)	
4 Date 4-04-2022		5 Payee name MARIBEL SALINAS			
6 Amount (\$) 920.00		7 Payee address; City; State; Zip Code 220 Whitewing Dr. LAJOYA TX 78560			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTANT		(b) Description CONSULTING EXPENSE		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 4-04-2022		Candidate / Officeholder name NORBERTO SALINAS Office sought MAYOR Office held			
Amount (\$) 6,000.00		Payee name CASA del TACO			
Payee address; City; State; Zip Code 1800 US-83 MISSION TX 78572					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT		Description MEET + GREET		
	<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					
Date 4-06-2022		Candidate / Officeholder name NORBERTO SALINAS Office sought MAYOR Office held			
Amount (\$) 20,000.00		Payee name TEXAS NATIONAL BANK			
Payee address; City; State; Zip Code 4908 So. JACKSON Rd. Edinburg TX 78539					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT		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					
Date		Candidate / Officeholder name NORBERTO SALINAS Office sought MAYOR Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)	
4 Date 4-05-2022		5 Payee name PROGRESS TIMES			
6 Amount (\$) 1,070.00		7 Payee address; City; State; Zip Code 1217 N. CONWAY AVE MISSION TX 78572			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description Ad		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name NORBERTO SALINAS		Office sought MAYOR	
Date 4-07-2022		Payee name I. DECAL SIGNS			
Amount (\$) 821.56		Payee address; City; State; Zip Code 600 N. CONWAY AVE MISSION TX 78572			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description BANNERS		
	<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 NORBERTO SALINAS		Office sought MAYOR	
Date 4-07-2022		Payee name I. DECAL SIGNS			
Amount (\$) 844.35		Payee address; City; State; Zip Code 600 N. CONWAY AVE MISSION TX 78572			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description FLYERS		
	<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 NORBERTO SALINAS		Office sought MAYOR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:		2 FILER NAME NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)	
4 Date 4-07-2022		5 Payee name I DECA I Signs			
6 Amount (\$) 156.96		7 Payee address: 600 N. CONWAY AVE.		City; MISSION TX	State; 78572
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description EVENT INVITATIONS		
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name NORBERTO SALINAS		Office sought MAYOR	Office held
Date 4-07-2022		Payee name I DECA I Signs			
Amount (\$) 216.50		Payee address: 600 N. CONWAY AVE		City; MISSION TX	State; 78572
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description WIRE FRAMES		
	<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 NORBERTO SALINAS		Office sought MAYOR	Office held
Date 4-08-2022		Payee name EZE Sports			
Amount (\$) 449.00		Payee address: 3662 Alexia Rd.		City; MISSION TX	State; 78574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description CAPS & SHIRTS		
	<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 NORBERTO SALINAS		Office sought MAYOR	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)	
4 Date 4-08-2022		5 Payee name MARLENE ROMELIA SOSA			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code 609 US-83 BUS. McAllen TX 78501			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description FB video		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name NORBERTO SALINAS		Office sought MAYOR	
Date 4-08-2022		Payee name AMANDA ZAMORA			
Amount (\$) 4,800.00		Payee address; City; State; Zip Code 1206 LUCKSINGER MISSION TX 78572			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT CONSULTANTING		Description TOURNAMENT		
	<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 NORBERTO SALINAS		Office sought MAYOR	
Date 4-12-2022		Payee name AMANDA ZAMORA			
Amount (\$) 4,900.00		Payee address; City; State; Zip Code 1206 LUCKSINGER MISSION TX 78572			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description REIMBURSEMENT		
	<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 NORBERTO SALINAS		Office sought MAYOR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:		2 FILER NAME NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)	
4 Date 4-12-2022		5 Payee name RAUL CRUZ			
6 Amount (\$) 500.00		7 Payee address; 10700N. MAYBERRY Rd.		City; MISSION TX	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) LABOR		(b) Description SIGNS	
		(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name NORBERTO SALINAS		Office sought MAYOR	
Date 4-13-2022		Payee name CARLOS LEAL JR			
Amount (\$) 250.00		Payee address; 1810 LAUREN LANE		City; MISSION TX	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING		Description PHOTOS	
		<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 NORBERTO SALINAS		Office sought MAYOR	
Date 4-14-2022		Payee name MARIBEL SALINAS			
Amount (\$) 2700.00		Payee address; 220 WHITewing DR.		City; LAJOMA TX	State; TX
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 NORBERTO SALINAS		Office sought MAYOR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:		2 FILER NAME NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)	
4 Date 4-15-2022		5 Payee name I DECAIS Signs			
6 Amount (\$) 216.50		7 Payee address; City; State; Zip Code 600 N. CONWAY AVE Mission TX 78572			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description WIRE FRAMES		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name NORBERTO SALINAS		Office sought MAYOR	
Date 4-15-2022		Payee name I DECAIS Signs			
Amount (\$) 416.76		Payee address; City; State; Zip Code 600 N. CONWAY AVE Mission TX 78572			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description BUMPER STICKES		
	<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 NORBERTO SALINAS		Office sought MAYOR	
Date 4-15-2022		Payee name I DECAIS Signs			
Amount (\$) 539.09		Payee address; City; State; Zip Code 600 N. CONWAY AVE Mission TX 78572			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description FLAGS		
	<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 NORBERTO SALINAS		Office sought MAYOR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)	
4 Date 4-15-2022		5 Payee name I DECAL SIGNS			
6 Amount (\$) 757.75		7 Payee address; City; State; Zip Code 600 N. CONWAY AVE. Mission Tx 78572			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description 4X8 SIGNS		
	<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	
Date 4-15-2022		Payee name PROGRESS TIMES			
Amount (\$) 1,665.00		Payee address; City; State; Zip Code 1217 N. CONWAY AVE Mission Tx 78572			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description Ads		
	<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 NORBERTO SALINAS		Office sought MAYOR	
Date 4-18-2022		Payee name NORMA GARZA			
Amount (\$) 500.00		Payee address; City; State; Zip Code 1812 So. Abram Rd. Palmview Tx 78572			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTANT		Description Campaign		
	<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 NORBERTO SALINAS		Office sought MAYOR	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:		2 FILER NAME NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)	
4 Date 4-18-2022		5 Payee name GUADALUPE RAMIREZ			
6 Amount (\$) 1,400.00		7 Payee address; 418 ST. MARIE		City; MISSION TX	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name NORBERTO SALINAS		Office sought MAYOR	
Date 4-19-2022		Payee name SUNIL B. WADHAWANI			
Amount (\$) 2,500.00		Payee address; 4614 S. BUSH HWY 281		City; EDINBURG	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) REIMBURSEMENT		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 NORBERTO SALINAS		Office sought MAYOR	
Date 4-19-2022		Payee name CARLOS LEAL JR.			
Amount (\$) 250.00		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description PHOTOS	
		<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 NORBERTO SALINAS		Office sought MAYOR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)	
4 Date 4-20-2022		5 Payee name PROGRESSTIMES			
6 Amount (\$) 2,300.00		7 Payee address, City, State, Zip Code 1217 N. CONWAY AVE MISSION TX 78572			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description Ads		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name NORBERTO SALINAS		Office sought MAYOR	
Date 4-20-2022		Payee name J DECAI SIGNS			
Amount (\$) 594.29		Payee address, City, State, Zip Code 600. N. CONWAY AVE MISSION TX 78572			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description TX7 BANNERS		
	<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 NORBERTO SALINAS		Office sought MAYOR	
Date 4-20-2022		Payee name SHAEPHERD GROUP			
Amount (\$) 1,500.00		Payee address, City, State, Zip Code MC ALLEN TX 78501			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description SOCIAL MEDIA		
	<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 NORBERTO SALINAS		Office sought MAYOR	

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
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:		2 FILER NAME NORBERTO SALINAS		3 Filer ID (Ethics Commission Filers)	
4 Date 4-21-2022		5 Payee name MARLEN ROMELIA SOSA			
6 Amount (\$) 300.00		7 Payee address; 609 US-83 BUS.		City; McALLEN	State; TX
				Zip Code 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description FB Video		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name NORBERTO SALINAS		Office sought MAYOR	Office held
Date 4-22-2022	Payee name RAUL CRUZ				
Amount (\$) 650.00	Payee address; 10700 N. MAYBERRY RD.		City; Mission	State; Tx	Zip Code 78573
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name NORBERTO SALINAS		Office sought MAYOR	Office held
Date 4-25-2022	Payee name AMANDA ZAMORA				
Amount (\$) 3950.00	Payee address; 1206 LUCKSINGER		City; Mission	State; Tx	Zip Code 78572
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTANT		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 NORBERTO SALINAS		Office sought MAYOR	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:		2 FILER NAME <u>NORBERTO SALINAS</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4-26-2022</u>		5 Payee name <u>Design + Print</u>			
6 Amount (\$) <u>3,680.51</u>		7 Payee address; City; State; Zip Code <u>1217 N. CONWAY AVE Mission TX 78572</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		(b) Description <u>Signs + Stakes</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>NORBERTO SALINAS</u>		Office sought <u>MAYOR</u>	Office held
Date <u>4-26-2022</u>		Payee name <u>PROGRESS TIMES</u>			
Amount (\$) <u>1,245.00</u>		Payee address; City; State; Zip Code <u>1217 N. CONWAY AVE Mission TX 78572</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		Description <u>Ads</u>		
	<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		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		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		Office sought	Office held

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