

# 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:

24

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS ☒ MR

FIRST

MI

Norberto

NICKNAME

LAST

SUFFIX

"Beto"

Salinas

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

500 E. 9th St.

Mission Texas

78572

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956)

240-5656

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS ☒ MR

FIRST

MI

JUAN ELISEO

NICKNAME

LAST

SUFFIX

GONZALEZ JR.

OFFICE USE ONLY

Date Received

APR - 8 2022

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

500 E. 9th St.

Mission Texas

78572

(Residence or Business)

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

01 / 01 / 2022

THROUGH

03 / 31 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 07 / 2022

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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

Norberto "Beto" Salinas

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)

\$ 34,100.<sup>00</sup>

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 87,979.<sup>62</sup>

CONTRIBUTION  
BALANCE

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

\$ 46,120.<sup>38</sup>

OUTSTANDING  
LOAN TOTALS

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

\$ 100,000.<sup>00</sup>

18 SIGNATURE

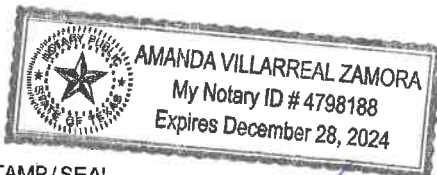
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information  
required to be reported by me under Title 15, Election Code.

*[Signature]*

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 7<sup>th</sup> day of April,

20 22, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

AMANDA V. ZAMORA  
Printed name of officer administering oath

Notary  
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

Norberto "Beto" Salinas

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 34,100. <sup>00</sup>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 100,000. <sup>00</sup>
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 87,979. <sup>62</sup>
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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: <b>4</b>
2 FILER NAME <b>NORBERTO SALINAS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-26-2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANICETO PAZ YZAGUIRRE</b> 6 Contributor address; City; State; Zip Code <b>500 SOLAR DR. MISSION TX 78574</b>	7 Amount of contribution (\$) <b>\$5,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2-23-2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>OSCAR CANTU</b> Contributor address; City; State; Zip Code <b>2307 NICOLE MISSION TEXAS 78574</b>	Amount of contribution (\$) <b>\$2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-23-2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARIBEL SALINAS</b> Contributor address; City; State; Zip Code <b>220 WHITewing DR. LAJOYA TEXAS 78560</b>	Amount of contribution (\$) <b>\$2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-24-2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>OMAR RAMON</b> Contributor address; City; State; Zip Code <b>1309 EMERALD LN. MISSION TEXAS 78572</b>	Amount of contribution (\$) <b>\$1,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <b>Norberto Salinas</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-2-2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Robert Ramos</b> 6 Contributor address; City; State; Zip Code <b>511 E. Loop 374 Palmview Tx 78572</b>	7 Amount of contribution (\$) <b>200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-15-2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Julio Cesar Cerda</b> Contributor address; City; State; Zip Code <b>2800 N. Stewart Rd. Mission Tx 78572</b>	Amount of contribution (\$) <b>5,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-21-2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Miguel Rodgers</b> Contributor address; City; State; Zip Code <b>P.O. Box 1077 Edinburg Tx 78540</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-21-2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DAVID RODGERS</b> Contributor address; City; State; Zip Code <b>P.O. Box 1077 Edinburg Tx 78540</b>	Amount of contribution (\$) <b>10,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <b>Norberto Salinas</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-25-2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Neyda Bonilla</b> 6 Contributor address; City; State; Zip Code <b>2505 LILAC AVE MISSION TX 78574</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-25-2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ABRAM SALES LTD</b> Contributor address; City; State; Zip Code <b>PO Box 727 MISSION TX 78573</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-25-2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Abiel Flores</b> Contributor address; City; State; Zip Code <b>2304 Silverado MISSION TX 78572</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-30-2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>EUNICE Sanchez</b> Contributor address; City; State; Zip Code <b>701 LAGO CT. MISSION TX 78572</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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

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 <b>NORBERTO SALINAS</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-30-2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LINDA CASTAÑEDA</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>1021 ANN MARIE MISSION TX 78572</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-30-2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LUCILLE CAVAZOS</b>	Amount of contribution (\$) <b>2,000.00</b>
Contributor address; City; State; Zip Code <b>BUNGALOWS-WATERFORD GARDENS 1522 E. GRIFFIN PARKWAY MISSION TX 78572</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-30-2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SUNIL B. WADHWANI</b>	Amount of contribution (\$) <b>2,500.00</b>
Contributor address; City; State; Zip Code <b>4614 So. Bus. Hwy 281 Edinburg Tx 78539</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# LOANS

## SCHEDULE E

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 E: <div style="text-align: right; font-size: 1.5em;">2</div>	
2 FILER NAME <div style="font-size: 1.2em;">Norberto "Beto" Salinas</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ 100,000.00	
5 Date of loan 3-9-2022	7 Name of lender EL TORO BUILDERS INC. (SHILOH + 2)	9 Loan Amount (\$) \$ 20,000.00	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 500 E. 9th. St. Mission Texas 78572	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor Norberto Salinas	19 Amount Guaranteed (\$)	
	18 Guarantor address; City; State; Zip Code 500 E 9th. St. Mission TEXA 78572		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan 3-17-2022	Name of lender TEXAS NATIONAL BANK	Loan Amount (\$) \$ 55,000.00
Is lender a financial institution? <input checked="" type="radio"/> Y <input type="radio"/> N	Lender address; City; State; Zip Code 4908 So. JACKSON Rd. Edinburg, Texas 78539	Interest rate 6.9%
		Maturity date 3-17-2023
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



**LOANS****SCHEDULE E**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 E:
2 FILER NAME <i>Norberto Salinas</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>3-3-2022</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: ) <i>PLAT STAR PROPERTIES</i>	9 Loan Amount (\$) <i>5,000.00</i>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>500 E. 9th St. Mission Tx 78572</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>3-9-2022</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: ) <i>EL SALINAS RANCH</i>	Loan Amount (\$) <i>20,000.00</i>
Is lender a financial institution?  Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <i>500 E 9th St. Mission Tx 78572</i>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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  
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: <b>15</b>		2 FILER NAME <b>NORBERTO SALINAS</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1-12-2022</b>		5 Payee name <b>JUAN ELISEO GONZALEZ JR.</b>			
6 Amount (\$) <b>2,000.00</b>		7 Payee address; City; State; Zip Code <b>500 E. 9th St. Mission Tx 78572</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>		(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 <b>NORBERTO SALINAS</b> Office sought <b>MAYOR</b> Office held			
Date <b>1-12-2022</b>		Payee name <b>JUAN ELISEO GONZALEZ JR.</b>			
Amount (\$) <b>250.00</b>		Payee address; City; State; Zip Code <b>500 E. 9th St. Mission Tx 78572</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>		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 <b>NORBERTO SALINAS</b> Office sought <b>MAYOR</b> Office held			
Date <b>1-13-2022</b>		Payee name <b>PROGRESS TIMES</b>			
Amount (\$) <b>1,200.00</b>		Payee address; City; State; Zip Code <b>1217 N. CONWAY AVE. Mission Tx 78572</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		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 <b>NORBERTO SALINAS</b> Office sought <b>MAYOR</b> Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 <b>NORBERTO SALINAS</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1-26-2022</b>		5 Payee name <b>JUAN ELISEO GONZALEZ JR.</b>			
6 Amount (\$) <b>6,300.00</b>		7 Payee address; <b>500 E. 9th St.</b>		City; <b>MISSION TX</b>	State; <b>TX</b>
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <b>SIGNS</b>	
		(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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	
Date <b>2-1-2022</b>		Payee name <b>I-DECAL SIGN CO.</b>			
Amount (\$) <b>309.60</b>		Payee address; <b>600 N. CONWAY AVE.</b>		City; <b>MISSION TX</b>	State; <b>TX</b>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description <b>POST CARDS</b>	
		<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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	
Date <b>2-16-2022</b>		Payee name <b>PROGRESS TIMES</b>			
Amount (\$) <b>1,320.00</b>		Payee address; <b>1217 N. CONWAY AVE</b>		City; <b>MISSION TX</b>	State; <b>TX</b>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>AD</b>	
		<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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	

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 <b>Norberto Salinas</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2-18-2022</b>		5 Payee name <b>LAMAR Outdoor Advertising</b>			
6 Amount (\$) <b>12,727.05</b>		7 Payee address: <b>BROWNSVILLE/RIOGRANDE VALLEY</b> <b>2001 INDUSTRIAL WAY</b>		City; <b>SAN BENITO TX</b>	State; Zip Code <b>78586</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Billboards</b>		
	(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 <b>Norberto Salinas</b>		Office sought <b>MAYOR</b>	
Date <b>2-18-2022</b>		Payee name <b>NORMA GARZA</b>			
Amount (\$) <b>1,000.00</b>		Payee address; <b>1812 So. Abram Rd.</b>		City; <b>Palmview Tx</b>	State; Zip Code <b>78572</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting</b>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Norberto Salinas</b>		Office sought <b>MAYOR</b>	
Date <b>2-16-2022</b>		Payee name <b>JUAN ELISEO GONZALEZ JR.</b>			
Amount (\$) <b>1,000.00</b>		Payee address; <b>500 E. 9th St.</b>		City; <b>Mission Tx</b>	State; Zip Code <b>78572</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting</b>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	

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# 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 <b>Norberto Salinas</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2-17-2022</b>		5 Payee name <b>Luis Vidaurri</b>			
6 Amount (\$) <b>2,250.00</b>		7 Payee address; <b>908 E. 2nd St.</b>		City; <b>Mission Tx</b>	State; <b>78572</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Labor</b>		(b) Description <b>4x8 Signs</b>		
	<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 <b>Norberto Salinas</b>		Office sought <b>MAYOR</b>	Office held
Date <b>2-22-2022</b>		Payee name <b>Ken Jones</b>			
Amount (\$) <b>600.00</b>		Payee address; <b>913 E. 11th St.</b>		City; <b>Mission Tx</b>	State; <b>78572</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Signs</b>		
	<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 <b>Norberto Salinas</b>		Office sought <b>MAYOR</b>	Office held
Date <b>2-22-2022</b>		Payee name <b>Raul Cruz</b>			
Amount (\$) <b>500.00</b>		Payee address; <b>10700 N. Mayberry Rd</b>		City; <b>Mission Tx</b>	State; <b>78572</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		Description <b>Signs Installation</b>		
	<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 <b>Norberto Salinas</b>		Office sought <b>MAYOR</b>	Office held

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# 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 <b>NORBERTO SALINAS</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2-23-2022</b>		5 Payee name <b>I-DECAL SIGN CO.</b>			
6 Amount (\$) <b>43.30</b>		7 Payee address; City; State; Zip Code <b>600 N. CONWAY AVE. MISSION TX 78572</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		(b) Description <b>DECALS</b>		
	(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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	
Date <b>2-28-2022</b>		Payee name <b>I-DECAL SIGN CO.</b>			
Amount (\$) <b>3,000.00</b>		Payee address; City; State; Zip Code <b>600 N. CONWAY AVE. MISSION TX 78572</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description <b>4x8 SIGNS</b>		
	<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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	
Date <b>2-28-2022</b>		Payee name <b>PROGRESS TIMES</b>			
Amount (\$) <b>840.00</b>		Payee address; City; State; Zip Code <b>1217 N. CONWAY AVE. MISSION TX 78572</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description <b>ADS</b>		
	<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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	

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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 <b>NORBERTO SALINAS</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3-1-2022</b>		5 Payee name <b>I-DeCal sign Co.</b>			
6 Amount (\$) <b>389.70</b>		7 Payee address: <b>600 N. Conway Ave</b>		City; <b>Mission Texas</b>	State; <b>78572</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		(b) Description <b>Decals</b>		
	(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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	Office held
Date <b>3-3-2022</b>		Payee name <b>LAMAR Outdoor Advertising</b>			
Amount (\$) <b>4500.00</b>		Payee address: <b>BROWNSVILLE / RIO GRANDE VALLEY 2001 INDUSTRIAL WAY SAN BENITO, TEXAS</b>		City; <b>78586</b>	State; <b>78586</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Billboards</b>		
	<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 <b>3-4-2022</b>		Payee name <b>Progress Times</b>			
Amount (\$) <b>2140.00</b>		Payee address: <b>1217 N. Conway Ave</b>		City; <b>Mission TX</b>	State; <b>78572</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Ads</b>		
	<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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# 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 <b>NORBERTO SALINAS</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3-8-2022</b>		5 Payee name <b>MARIBEL PAGEANT PRODUCTIONS</b>			
6 Amount (\$) <b>300.00</b>		7 Payee address; <b>220 Whitewing Dr.</b>		City; <b>LAJOTA TEXAS</b>	State; <b>78560</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>DONATION by CANDIDATE</b>		(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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	Office held
Date <b>3-8-2022</b>		Payee name <b>I-DECALS Sign Co.</b>			
Amount (\$) <b>2,466.63</b>		Payee address; <b>600 N. CONWAY AVE</b>		City; <b>MISSION TX</b>	State; <b>78572</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description <b>SIGNS</b>		
	<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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	Office held
Date <b>3-11-2022</b>		Payee name <b>MARIBEL SALINAS</b>			
Amount (\$) <b>2,000.00</b>		Payee address; <b>220 Whitewing Dr.</b>		City; <b>LAJOTA TX</b>	State; <b>78560</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</b>		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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	Office held

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# 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 <b>NORBERTO SALINAS</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3-14-2022</b>		5 Payee name <b>RAUL CRUZ</b>			
6 Amount (\$) <b>1,000.00</b>		7 Payee address; City; State; Zip Code <b>10700 N. MAYBERRY Rd. Mission Tx 78573</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</b>		(b) Description <b>SIGNS INSTALLATION</b>		
	<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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	
Date <b>3-15-2022</b>		Payee name <b>MARTHA HINOJOSA</b>			
Amount (\$) <b>1,500.00</b>		Payee address; City; State; Zip Code <b>613 AVOCET McAllen Tx 78504</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>		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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	
Date <b>3-15-2022</b>		Payee name <b>AMANDA ZAMORA</b>			
Amount (\$) <b>2,000.00</b>		Payee address; City; State; Zip Code <b>1206 LUCKSINGER Mission Tx 78572</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>		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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	

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# 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 <b>NORBERTO SALINAS</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3-15-2022</b>	5 Payee name <b>I-DECALS Sign Co.</b>
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6 Amount (\$) <b>1,515.50</b>	7 Payee address; City; State; Zip Code <b>600 N. CONWAY AVE. MISSION TX 78572</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>4x8 Signs</b>
	(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 <b>NORBERTO SALINAS</b>	Office sought <b>MAYOR</b>	Office held
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Date <b>3-15-2022</b>	Payee name <b>NORBERTO SALINAS</b>
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Amount (\$) <b>2,000.00</b>	Payee address; City; State; Zip Code <b>500 E. 9th St. MISSION TX 78572</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	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 <b>NORBERTO SALINAS</b>	Office sought <b>MAYOR</b>	Office held
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Date <b>3-16-2022</b>	Payee name <b>JUAN ELISEO GONZALEZ</b>
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Amount (\$) <b>1,000.00</b>	Payee address; City; State; Zip Code <b>500 E. 9th St. MISSION TX 78572</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>NORBERTO SALINAS</b>	Office sought <b>MAYOR</b>	Office held
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# 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 <b>NORBERTO SALINAS</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3-17-2022</b>	5 Payee name <b>GUADALUPE RAMIREZ</b>
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6 Amount (\$) <b>5,000.00</b>	7 Payee address; <b>418 ST. MARIE ST.</b> City; <b>MISSION TX</b> State; Zip Code <b>78572</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting</b>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>NORBERTO SALINAS</b>	Office sought <b>MAYOR</b>	Office held
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Date <b>3-18-2022</b>	Payee name <b>RAUL CRUZ</b>
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Amount (\$) <b>2,000.00</b>	Payee address; <b>10700 N. MAYBERRY RD.</b> City; <b>MISSION TX</b> State; Zip Code <b>78572</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>	Description <b>Installation of Signs</b>
	<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 <b>NORBERTO SALINAS</b>	Office sought <b>MAYOR</b>	Office held
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Date <b>3-22-2022</b>	Payee name <b>NORBERTO SALINAS</b>
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Amount (\$) <b>5,000.00</b>	Payee address; <b>500 E. 9th St.</b> City; <b>MISSION TX</b> State; Zip Code <b>78572</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>LOAN REPAYMENT</b>	Description <b>REIMBURSEMENT</b>
	<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 <b>NORBERTO SALINAS</b>	Office sought <b>MAYOR</b>	Office held
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# 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 <b>NORBERTO SALINAS</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3-23-2022</b>		5 Payee name <b>RAUL CRUZ</b>			
6 Amount (\$) <b>1,000.00</b>		7 Payee address; City; State; Zip Code <b>10700 N. MAYBERRY RD. MISSION TX 78573</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>LABOR</b>		(b) Description <b>SIGN INSTALLATION</b>		
	(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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b> Office held	
Date <b>3-23-2022</b>		Payee name <b>PROGRESS TIMES</b>			
Amount (\$) <b>2,140.00</b>		Payee address; City; State; Zip Code <b>1217 N. CONWAY AVE. MISSION TX 78572</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>Ad</b>		
	<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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b> Office held	
Date <b>3-23-2022</b>		Payee name <b>CITY FLOWER SHOP</b>			
Amount (\$) <b>1,829.48</b>		Payee address; City; State; Zip Code <b>100 S. CONWAY MISSION TX 78572</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>MEMORIALS EXPENSE</b>		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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b> 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  
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 <b>NORBERTO SALINAS</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3-24-2022</b>		5 Payee name <b>JUAN ELISEO GONZALEZ JR.</b>			
6 Amount (\$) <b>1,000.00</b>		7 Payee address; City; State; Zip Code <b>500 E. 9th St. Mission Tx 78572</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>		(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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	
Date <b>3-25-2022</b>	Payee name <b>RAUL CRUZ</b>				
Amount (\$) <b>1,200.00</b>	Payee address; City; State; Zip Code <b>10700 N. MAYBERRY Rd. Mission Tx 78573</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>LABOR</b>		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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	
Date <b>3-25-2022</b>	Payee name <b>AMP</b>				
Amount (\$) <b>1,500.00</b>	Payee address; City; State; Zip Code <b>711 W. NOLANA McALLEN Tx 78504</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>RADIO ADS</b>		
	<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 <b>NORBERTO SALINAS</b>		Office sought <b>MAYOR</b>	

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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 <b>NORBERTO SALINAS</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3-29-2022</b>	5 Payee name <b>I-DECALS SIGN CO.</b>	
6 Amount (\$) <b>211.09</b>	7 Payee address; City; State; Zip Code <b>600 N. CONWAY AVE. MISSION TX 78572</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>Post CARDS</b>
	(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 Office sought Office held <b>NORBERTO SALINAS MAYOR</b>	
Date <b>3-29-2022</b>	Payee name <b>I-DECALS SIGN CO.</b>	
Amount (\$) <b>3,680.00</b>	Payee address; City; State; Zip Code <b>600 N. CONWAY AVE. MISSION TX 78572</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>Signs</b>
	<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 Office sought Office held <b>NORBERTO SALINAS MAYOR</b>	
Date <b>3-29-2022</b>	Payee name <b>I-DECALS SIGN CO.</b>	
Amount (\$) <b>721.67</b>	Payee address; City; State; Zip Code <b>600 N. CONWAY AVE. MISSION TX 78572</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>Post CARDS</b>
	<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 Office sought Office held <b>NORBERTO SALINAS MAYOR</b>	

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# 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 <b>NORBERTO SALINAS</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3-31-2022</b>	5 Payee name <b>PROGRESS TIMES</b>
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6 Amount (\$) <b>2,820.00</b>	7 Payee address; City; State; Zip Code <b>1217 N. CONWAY AVE MISSION TX 78572</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>Ad</b>
	(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 <b>NORBERTO SALINAS</b>	Office sought <b>MAYOR</b>	Office held
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Date <b>3-31-2022</b>	Payee name <b>THE MONITOR</b>
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Amount (\$) <b>3,039.60</b>	Payee address; City; State; Zip Code <b>1400 E. NOLANA McALLEN TX 78504</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>Ad</b>
	<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 <b>NORBERTO SALINAS</b>	Office sought <b>MAYOR</b>	Office held
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Date <b>3-31-2022</b>	Payee name <b>I-DECALS SIGN CO.</b>
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Amount (\$) <b>811.00</b>	Payee address; City; State; Zip Code <b>600 N. CONWAY AVE. MISSION TX 78572</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>BUMPER STICKERS</b>
	<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 <b>NORBERTO SALINAS</b>	Office sought <b>MAYOR</b>	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/Bookkeeping  
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 <b>NORBERTO SALINAS</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3-31-2022</b>		5 Payee name <b>TEXAS BORDER BUSINESS</b>			
6 Amount (\$) <b>1,875.00</b>		7 Payee address; City; State; Zip Code <b>614 So. 12th St. McAllen Tx 78501</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Ad</b>	
		(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 Office sought Office held			
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		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			
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		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			
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		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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