		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS (MR) NICKNAME BETO	NORBERTO LAST	MI	OFFICEUSE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	9 th. ST.	CITY; STATE; ZIP CODE	APR - 8 2022
Change of Address	MISSIC	IN TEXAS	78572	a. Carrièle
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	240-5656	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS MR	FIRST	MI	Receipt # Amount \$
NAME	NICKNAME	JUAN Elisé	SUFFIX	Date Processed
		GONZALEZ	JR.	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	ITE #; CITY;	STATE; ZIP CODE
(Residence or Business)		A II	CAS	78572
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	802 - 2066 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	tion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 2022	Month THROUGH	Day Year 31 2022
11 ELECTION	Month Day		ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIL	ENULUER. THESE EXPENDITURES (MAY HAVE REEN MANE WITHNITT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
, ,	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	orberto "Beto"	SAlinas	16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		ICAL CONTRIBUTIONS (OTHER THA	۸N	\$
51 161 151 12 122 12	2. TOTAL POLITICAL CONTI	RIBUTIONS DANS, OR GUARANTEES OF LOANS	5)	\$ 34,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.		\$
	4. TOTAL POLITICAL EXPEN	DITURES		\$ 87,979.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE LA	ST DAY	\$ 46,120.38
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS C NG PERIOD)F THE	\$100,000 00
18 SIGNATURE Is	wear, or affirm, under penalty of perjury,	that the accompanying report is tru	e and cor	rect and includes all information
rec	uired to be reported by me under Title 15,	Election Code		
	(/	· · · · ·
		Signature of Ca	andidate o	or Officeholds
				- Omboriojaei
	Places same	ala4a a845		
	riease com	olete either option belov	v:	
Attention				
AN PULL	(ABABIN			
1) Affidavit	AMANDA VILLARREAL ZAMORA			
AF AF	My Notary ID #4798188 Expires December 28, 2024			
NOTARY STAMP/SEAL	26, 2024			
	1/1/	y , .	m +4	1
Sworn to and subscribed b	pefore me by	Dalinas this the		day of April
// // // // // // // // // // // // //	hich, witness my hand and seal of office.	V. Zamura		Mary
ignature of officer administer	g oath Printed name of off	icer administering oath		Fitle of officer administering oath
	WALL TO A TOTAL OF	OR	y Tues	The Canting Call
2) Unsworn Declaration	1			
y name is		, and my date of birth is		
y address is				
	(stroot)		tate) (z	ip code) (country)
ecuted in	County, State of	, on the day of (month)	, 20(year)
		Signature of Candid	ate/Officeh	nolder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERNAME NORberto "Beto" SALINAS 20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$34,100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$100,000 00
4.	SCHEDULE E: LOANS	\$100,000 \$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

in 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 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 500 Solar Dr. Mission Tx 78574	\$5,0000
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; ZIp Code 2307 Nicole Mission Texas 78574	\$2,500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code 220 Whitewing DR. LAJDYA TEXAS 78560	\$ 2,500.°°
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
2-24-2022 (MAR KAMON) Contributor address; City; State; Zip Code	#1,500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
	,
=	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:					
2 FILER NAME NORBERTO SALINAS	3 Filer ID (Ethics Commission Filers)					
4 Date 5 Full name of contributor out-of-state PAC (ID#: 3-2-2022 Robert Ramps 6 Contributor address; City; State; Zip Code 51/ E. Loop374 Ramview Tx 78572 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 200.					
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 5,000.					
	,					
Date Full name of contributor out-of-state PAC (ID#: 3-21-2022 MiguEl RodgeRS Contributor address; City; State; Zip Code P.O. Box 1017 Edinburg Tx 78540	Amount of contribution (\$)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)					
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) 1D, 000.					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED					
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

SCHEDULE A1

The Instruction Guide explains how to con	mplete this form. 1 Total pages Schedule A1:
2 FILER NAME NORBERTO SALINA	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor uou	t-of-state PAC (ID#:
3-25-2022 NEYDA BONILLA	500,00
6 Contributor address; C	ity; State; Zip Code
2505 LILAC AVE.	Missiph Tx 78574
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date Full name of contributor 📗 ou	I-of-state PAC (ID#:) Amount of contribution (\$)
3-25-2022 ADRAM SALES L	1.7
· · · · · · · · · · · · · · · · · · ·	TD ity; State; Zip Code
POBOX 727	Minima To many
Principal occupation / Job title (See Instructions)	ISSION X 78573 Employer (See Instructions)
,	
Date Full name of contributor Out	-of-state PAC (ID#:
NI'-1 Thoras	(v)
	ty; State; Zip Code 500.
	L. Company of the Com
2042/Verado /	Mission Tx 78572
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Data.	
	-of-state PAC (ID#:) Amount of contribution (\$)
	200 00
Contributor address; Cit	2007
	Mission Tx 78572
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
	COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Norberto Salinas		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)
3-30-2022	6 Contributor address; City;	State; Zip Code	200.00
	1021 ANN MARIE MISSI	ON TX 78572	
8 Principal occu	pation / Job title (See Instructions)	20/20/20/20/20/20/20/20/20/20/20/20/20/2	ions)
Date		D#:)	Amount of contribution (\$)
3-30-2027	LUCILE CAVAZOS Contributor address; City; BUNGALOWS-WATERFORD GARDER	State; Zip Code	2,000.00
	1522 E. GRIFFIN PARKWAY MIS		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
3-30-202	Sunil B. Wadhwani Contributor address; City;	State; Zip Code	2,500.
	4614 So. Bus. Hwy281 EdiNb	ura Tx 78539	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	0#:)	Amount of contribution (\$)
	Contributor address; City;	State: Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		

LOANS

SCHEDULE E

if the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:			
2 FILER NAME	Vorberto "Beto" SA	Alinas	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF U	NITEMIZED LOANS		\$ 100,000.00			
5 Date of loan 3-9-2022	7 Name of lender out-of-state F		9 Loan Amount (\$)			
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate			
Y N	Missio		11 Maturity date			
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Coll none	lateral	15 Check if personal functional account (See Instruction	ds were deposited into political ions)			
16 GUARANTOR INFORMATION	17 Name of guarantor Noberto Salivas 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)			
not applicable	10(15510					
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
3-17-2022	TEXAS NATIONAL BAN	/K	\$ 55,000.00			
Is lender a financial Institution?	Lender address; City; 4908 So. JACKs on Rd.	State; Zip Code	Interest rate			
Ý N	Edinburg, TexAs	78539	Maturity date 3-17-2023			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Colla	ateral	Check if personal fund account (See Instruction	ls were deposited into political ons)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupation	on (See Instructions)	Employer (See Instructions)				
If le	ATTACH ADDITIONAL COPII nder is out-of-state PAC, please see Inst	ES OF THIS SCHEDULE AS NEE truction guide for additional rep				

LOANS

SCHEDULE E

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Vorberto Salinas		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 3-3-2022	Plat Star Proporti	PAC (ID#:)	9 Loan Amount (\$) 5,000.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
YN	500 E.9th St. Mis	SION TX 78572	Watting date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City:	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
3-9-2022	El Salinas Ranch		20,000,00
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N	500 E. 9th St. Miss	iON Tx 78592	Maturity date
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE truction guide for additional re	

SCHEDULE F1

		EXPENDITUR	RE CATEGORIES	S FOR BOX 8(a)				
	buriting/Eanking Fees Office sulfing Expense Food/Beverage Expense Polling tributions/Donations Made By ndidate/Officeholder/Political Committee Legal Services Salarie			payment/Reimbursement iverhead/Rental Expense Expense Expense :/Wages/Contract Labor	rhead/Rental Expense Transportation Equipment & Related In District Travel In District Travel Out Of District			
Credit Card Payment		The Instruction Gu	iide explains how to	complete this form.				
1 Total pages Schedule F1	2 FILER N	AME Norbe	Rto Si	AliNAS	3 Filer ID (E	hics Commission Filers)		
4 Date 1-12-2022	5 Payee na	UAN Elise	20 GONZ	4/ez JR.				
6 Amount (\$) 2,000,00	7 Payee ac	il in		City;	State;	Zip Code		
8		y (See Categories listed at	the top of this schedule)	(b) Description	ON TX	78572		
PURPOSE OF		-		, , , - , - , - , - , - , - , - , - , -				
EXPENDITURE	CONS	sulting Ex	(PENSE					
The same of the sa	(c)	Check if travel outside of Texa	as. Complete Schedule T.	Check if Aust	tin, TX, officeholder li	ving expense		
Complete ONLY if direct expenditure to benefit C/O		Norher T	to SALIN	AS Office sought	AYOR	Office held		
Date	Payee na	me						
1-12-2022	J	UAN Elise	20 GONZ	Alez JR				
Amount (\$)	Payee ad			City;	State;	Zip Code		
250.	500	E. 9th. St.		Missi	ON TX	78572		
	Category	(See Categories listed at th	e top of this schedule)	Description		75072		
PURPOSE OF EXPENDITURE	Cons	ulting Ex	DENSE					
		Check if travel outside of Texa		Check if Austi	in, TX, officeholder liv	ring expense		
Complete ONLY if direct		te / Officeholder nam	ne	Office sought		Office held		
expenditure to benefit C/OF	\wedge	orberto	SALINI	15 MA	YOR			
Date	Payee na	me			1			
1-13-2022	PRO	GRESS T	mES					
Amount (\$)	Payee add	tress;		City;	. State;	Zip Code		
1,200.	1217	N. Canua	Aug	Miss	ind Tu	7000		
-	- 1	(See Categories listed at the	top of this schedule)	Description	TOW IX	1812		
PURPOSE								
OF EXPENDITURE	AdvER	tising Exp	ENSE					
	•	check if travel outside of Texas		Check if Austin	n, TX, officeholder livi	ng expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ORBERTO	SALINA	Office sought	YDR	Office held		
	ATT	ACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS NEE	DED			
rms provided by Texas Ethi	cs Commissio	n v	www.ethics.state.tx.	us		Revised 8/17/2020		

SCHEDULE F1

	EX	PENDITURE CATE	GORIES FO	R BOX 8(a)	•	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credi Card Payment	Event Ex Fees Food/Bev Ey Gift/Awar cal Committee Legal Ser	pense verage Expense rds/Memorials Expense	Loan Repaym Office Overhe Polling Exper Printing Exper Salaries/Wag	ent/Reimbursement ad/Rental Expense ise nse es/Contract Labor	Travel In District Travel Out Of Distri	ipment & Related Expense
1 Total pages Schedule F1				prete mis form.	3 Files ID (Ethi:	no Committee to the
4 Date	5 Payee name	Vorberto	SALI	NAS	3 FREE ID (ETRIC	es Commission Filers)
1-26-2022	Turn 1	Elisen Co	ONIZ NIE	12 TO		
6 Amount (\$)	7 Payee address;		DIV CHIC	City;	State;	Zip Code
6,300.00	500 E. 9th	. <+		Micein	u T	Maro.
8		egories listed at the top of this	schedule) (b) Description	IV IX	78572
PURPOSE						
OF EXPENDITURE	Advertisin	ig ExpENSE		Signs		
		el outside of Texas, Complete S	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Office	Rberto S	PALINA	Office sought	YOR	Office held
Date	Payee name			<u></u>		
2-1-2022	I-Dec	Al Sian	Co.			
Amount (\$)	Payee address;	J		City;	State;	Zip Code
309.60	10- N/ O	244.12		11.	1	70
	The second second	ories listed at the top of this se	chedule)	Description	ION IX	18572
PURPOSE				•		
OF EXPENDITURE	PRINTING E	-XDENSC		Post C	ARds	
	Check if trave	el outside of Texas, Complete So	chedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Office	eholder name		Office sought		Office held
expenditure to benefit C/OF	Norbe	erto SA	LINAS	MA	YOR	
Date	Payee name					
2-16-2022	PROG	RESS Ti	MES			
Amount (\$)	Payee address;			City;	State;	Zip Code
1,320.00	1217 N.	CONWAYE	TVE	Missi	ON TX	78522-
	Category (See Catego	ries listed at the top of this so	hedule)	Description		700,70
PURPOSE OF	01			O_{\perp}		
EXPENDITURE	TOVERTISI	NG EXPENSE		Hd		
	Check if travel	outside of Texas, Complete Sch	nedule T.	Check if Austin.	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	eholder name	1.	Office sought		Office held
	IVORD	erto DA	LINAS	IYIA	YOR	
	ATTACH ADI	DITIONAL COPIES (OF THIS SCH	HEDULE AS NEEL	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; BROWNSVILLE / RIO GRANDE VATITY State; Zip Code 2001 INDUSTRIAL WAY 8 (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH City; Payee address; State; Zip Code 1,000. Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Amount (\$) Zip Code 1,000. Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

		EXPENDITURE	CATEGOR	RIES FO	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic			Off Pol ense Pri	fice Overhe Iling Exper nting Expe		Transportation F Travel In Distric Travel Out Of D	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide	explains ho	w to con	nplete this form.			
1 Total pages Schedule F1.	2 FILER N	AMENORberto	SALI	NAS	-	3 Filer ID (E	thics Commission Filers)	
4 Date 2-17-2022	5 Payee na	1	AURR					
6 Amount (\$)	7 Payee ad				City;	State	Zip Code	
2,250.00	9081	= 2 Nd-St.			Missi	w Tx	78572	
8	(a) Category	/ (See Categories listed at the t	op of this sched	iule) ((b) Description	17	7 30 7 2	
PURPOSE	1							
OF EXPENDITURE	h	Abor			4x8 Sig	NS		
4		Check if travel outside of Texas, Co	omplete Schedul	le T.	Check if Austi	in, TX, officeholder	living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Norberto SaliNAS				MAYOR		Office held		
Date	Payee na	ne						
2-22-2022		KEN JON	IES					
Amount (\$)	Payee ad	dress;			City;	State;	Zip Code	
600.00	913 E	11th. St.			MISSION	TX	78572	
	Category	(See Categories listed at the to	of this schedul	le)	Description			
PURPOSE OF EXPENDITURE	Ad	VERTISING E	XDENS	É	Sig	NS		
	Check if travel outside of Texas, Complete Schedule T.			≅ T .	-	n, TX, officeholder li	ving expense	
Complete ONLY if direct		te / Officeholder name			Office sought		Office held	
expenditure to benefit C/OH	Norb	exto SAlin	AS		MAYOR			
Date	Payee na	ne						
2-22-2022	12	Aul CRUZ						
Amount (\$) 500.	Payee add	iress;		^	City;	State;	Zip Code	
	10700 Category	See Categories listed at the top	CRRY of this schedule	Rd.	Description	SSION 1	X 78572	
PURPOSE					•			
OF EXPENDITURE	CONTRA	act LAbor			Signs	INSTAllA	-tion	
		heck if travel outside of Texas. Co.	mplete Schedule	Т.	Check if Austin	, TX, officeholder liv	ving expense	
Complete ONLY if direct expenditure to benefit C/OH	Candida	e / Officeholder name			Office sought		Office held	
	Norb	erto SAliN	A5		MAYOR			
orms provided by Toyon Ethio		ACH ADDITIONAL CO	PIES OF T		HEDULE AS NEE	DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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 Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 2-23-2022 6 Amount (\$) 7 Pavee address: City; State: Zip Code 43,30 8 (b) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T Check If Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name 2-28-Payee address; State: Zip Code 3,000.00 PURPOSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

		EXPENDITURE (CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expen Legal Services	Office Ov Polling Ex ase Printing E		Travel In District Travel Out Of Distr	ipment & Related Expense
Credit Card Payment		The Instruction Guide	explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER N	NORDER	to SAI	INAS	3 Filer ID (Ethic	cs Commission Filers)
4 Date 3-1-2022	5 Payee na	I-PeCAL	sign (20.		
6 Amount (\$) 389.70	7 Payee ad	400 N.Con	way Au	city;	State;	Zip Code
8	(a) Categor	y (See Categories listed at the to	p of this schedule)	(b) Description	old lear	3 100/1
PURPOSE OF EXPENDITURE	PRin	uting ExpEN	se	Dec	Als	
The state of the s	(c)	Check if travel outside of Texas. Co.	mplete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name NORbert	o Salin	Office sought	AYOR	Office held
Date 3-3-2022	Payee na	LAMAR Du			1	
Amount (\$)4500.00	20	dress: BROWNSVII DOI INCLUSTRIAL AN BENITO,	WAY	and evalley	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top		Description Billbo	PARds	
		Check if travel outside of Texas. Cor	nplete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	7.37	Office held
Date 3-4-2022	Payee na	PROGRESS	Times			
Amount (\$) 2140.00	Payee ad	dress; 217N-CONW	ay Ave	City;	State;	Zip Code 7 85 72
PURPOSE OF EXPENDITURE	Adve	(See Categories listed at the top of the company of	ASE	Description Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	АТТ	ACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1	2 FILER NAME WORDER to SAI	INAC	3 Filer ID (Ethics Commission Filers)	
4 Date 2-8-2022	5 Payee name	ductions		
6 Amount (\$) 300,00	7 Payee address;	City;	State; Zip Code	
8	220 White wing DR. (a) Category (See Categories listed at the top of this so	hedule) (b) Description	A Texas 78560	
PURPOSE OF EXPENDITURE	Danistian L. Carlint			
	DONATION by Candidate (c) Check if travel outside of Texas. Complete Sch	edule T, Check if Austin	, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name NORDER to SALINAS	Office sought	Office held	
Date 3-8-2022	Payee name			
	I- Decals Sig	in Co.		
Amount (\$) 2,466,63	Payee address;	City;	State; Zip Code	
2,1	600 N. CONWAY AVE	Missio	N TX 78572	
PURPOSE OF	Category (See Categories listed at the top of this school	Description		
EXPENDITURE	PRINTINGEXPENSE	Sig	NS	
	Check if travel outside of Texas, Complete Sche		TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Norberto Saliwas	Office sought MAYDR	Office held	
Date 3-11-2022	Payee name			
-	Maribel Salini	75		
Amount (\$)	Payee address;	City;	State; Zip Code	
2,000.	220 Whitewing DK	LAJOY	1A TX 78560	
PURPOSE	Category (See Categories listed at the top of this sche	dule) Description		
OF EXPENDITURE	Contract Labor			
	Check if travel outside of Texas. Complete Sched	duleT, Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NORDERTO SALINAS	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	PED	

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 Consulting Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City: State: Zip Code 1,000. 8 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense. Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH City; State: Zip Code 1,500. Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 3-15-2002 Amount (\$) Payee address; City; State: Zip Code 2,000.00 Category (See Categories listed at the top of this schedule' Description PURPOSE OF **EXPENDITURE**

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

		EXPENDITURE CATEGO	RIESFO	OR BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees O Food/Beverage Expense P By Gift/Awards/Memorials Expense P	Office Overho Colling Expen Printing Expe		Travel In District Travel Out Of Dis	quipment & Related Expense
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	4 Date 3-15-2025	5 Payee name	N C	Λ		
ı	6 Amount (\$)	7 Payee address;	v C	City;	State;	Zip Code
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	OF EXPENDITURE	PRINTING EXPENSE		4x8 Si	gNS	
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:	9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name NORBERTO SALINAS	6	Office sought MAYDR).	Office held
	Date	Payee name		120		
	3-15-2022	Norberto Salin	AS			
	Amount (\$)	Payee address;		City;	State;	Zip Code
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	PURPOSE OF EXPENDITURE	EVENT EXDENSE				
		Check if travel outside of Texas, Complete Schedu	ale T.	Check if Austin,	TX, officeholder liv	ing expense
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_		NURDERTO SALINAS		MAYDA	2	
		ATTACH ADDITIONAL COPIES OF		HEDULE AS NEED	ED	
o	rms provided by Texas Ethi	cs Commission www.ethics.sta:	te ty ue			Desired 6/43/2000

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
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3-22-2022	NORBERTO SALINAS		
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	500 K.911. St.	Mission	V 1X 78572
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SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
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expenditure to benefit C/OH	NORBERTO SALINAS	MAYOR	
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 3-24-202 6 Amount (\$) 7 Payee address; State: Zip Code 1,000.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office heid expenditure to benefit C/OH OR Payee name Date City; State; Zip Code 1,200.00 Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code 1,500.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder tiving expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

		EXPENDITURE CAT	EGORIES	OR BOX 8(a)			
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4 Date	5 Payee na	ime		13			
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	(c)	Check if travel outside of Texas, Complete	Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name	In course	Office sought		Office held	
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SCHEDULE F1

		EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
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8	(a) Categor	ry (See Categories listed at the t	op of this schedule)	(b) Description		
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9 Complete ONLY if direct	Candid	late / Officeholder name		Office sought,		Office held
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PURPOSE						
OF EXPENDITURE	AdVE	etising Exp	ENCE	Ad		
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Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
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Date	Payee na	ime				
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	ATT	ACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NEE	DED	

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 Cift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
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Credit Card Payment	The Instruction Guide explains how to	complete this form.	Orner (enter a category not listed above)
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3-31-2022	5 Payee name TEXAS BORDER BUS	SINESS	-
6 Amount (\$)	7 Payee address:	City;	State; Zip Code
1,875.00	614 So. 12th. St.	MCALLER	V Tx 78501
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	2301
PURPOSE OF EXPENDITURE	Advertising Expense	Ad	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payée name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Page 1			
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	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEL	DED