#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Norberto NAME NICKNAME Beto ZIP CODE ADDRESS / PO BOX: 4 CANDIDATE / **OFFICEHOLDER** 500 E 9th MAILING **ADDRESS** Mission, Texas Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** (956) 240-5656 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN Juan Eliseo TREASURER Date Processed NAME SUFFIX NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: ZIP CODE 7 CAMPAIGN TREASURER 78577 SOO E. 9th ST. Mission, **ADDRESS** (Residence or Business) EXTENSION AREA CODE 8 CAMPAIGN **TREASURER** 584-5555 PHONE (956)9 REPORT TYPE 15th day after campaign Runoff January 15 30th day before election treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Month COVERED THROUGH 2022 ELECTION TYPE ELECTION DATE 11 ELECTION Runoff Day General Special 05/07/2022 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,950.9
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 69,001.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 100,000.9°
	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	e and correct and includes all information
72	Calu	ise
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	r:
(1) Affidavit	KARINA L. TOBIAS My Notary ID # 132352951 Expires February 11, 2024	
NOTARY STAMP/SEA		4
	before me by this the	2 day of JUM,
l 200	which, witness my hand and seal of office.	
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
Signature of officer authoritiste	OR	
(2) Unsworn Declarati		
,		
	and my date of birth is	•
My address is	(street) (city) (street)	state) (zip code) (country)
Executed in	County, State of , on the day of (month	, , , , ,
5	(month	n) (year)
	Signature of Candi	date/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	1,	\$ 22,950.°°
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$100,000.2
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 69,001.35	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	FIONS RETURNED	\$

SCHEDULE E LOANS

If the requested information is not applicable, Do	O NOT include this page in the re	eport.
The Instruction Guide explains how to	complete this form.	1 Total pages Schedule E:
Norberto Salina.	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS	\$	
5 Date of loan 7 Name of lender out-of Out-of Plat Star Plat	of-state PAC (ID#:)	9 Loan Amount (\$) 5,000.2
6 Is lender a financial Institution?  8 Lender address; City	10 Interest rate	
Y N 500 E. 9th St.	Mission TX 78572	11 Maturity date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral  none	Check if personal fur account (See Instruc	ids were deposited into political tions)
16 GUARANTOR INFORMATION 17 Name of guarantor	,	19 Amount Guaranteed (\$)
18 Guarantor address; City	y; State; Zip Code	
not applicable		
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan Name of lender □ out-o	of-state PAC (ID#;)	Loan Amount (\$)
3-9-2022 El Salinas i	Ranch	20,000.00
Is lender Lender address; City a financial		Interest rate
Institution? Y N 500 E. 94h	St. Mission TX	Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral  none	Check if personal fur account (See Instruc	nds were deposited into political tions)
GUARANTOR Name of guarantor INFORMATION	1	Amount Guaranteed (\$)
Guarantor address; City	y; State; Zip Code	*
not applicable		
Principal Occupation (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL  If lender is out-of-state PAC, please s	L COPIES OF THIS SCHEDULE AS NE	

www.ethics.state.tx.us

LOANS SCHEDULE E

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

if the requested information to not applicable, Be the constitute and page in the report.				
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
Norberto "Beto" Salinus			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS			\$ 100,000.00	
5 Date of loan	7 Name of lender  ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
3-9-2022	El Toro Builders Inc (Shilo 1+2)		\$ 20,000.00	
6 Is lender a financial Institution?	8 Lender address; City;	10 Interest rate		
Y N	500 E. 974 ST. M;	ssion, TX 78572	11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Colla	ateral	Check if personal fund account (See Instruction	ls were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor  Norberto Salina  18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)	
not applicable	500 E 9th. St.			
20 Principal Occupat		21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state	PAC (ID#:	Loan Amount (\$)	
3-17-2022	Texas National		\$ 55,000 00	
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate  6 Y.	
Institution?	4908 So. Jackson Edinburg TX 7	2 02	Maturity date 3 - 17 - 7023	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal fund	ds were deposited into political	
none		account (See Instructi	ons)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupation	on (See Instructions)	Employer (See Instructions)		
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE struction guide for additional re		

### MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The In	struction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Norber	to "Beto" Salinas		3 Filer ID (Ethics Commission Filers)
	Full name of contributor out-of-state PAC  El Salinus Ranch -  Contributor address; City;	Norberto Salinas State; Zip Code	7 Amount of contribution (\$)
8 Principal occupa	tion / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PACE / Salmas Ranch - S		Amount of contribution (\$)
5/2/2022	Contributor address; City;	State; Zip Code	3,200.00
Principal occupat	ion / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor   out-of-state PAC    Jose Arnoldo Peña	C (ID#:)	Amount of contribution (\$)
5/2/2022	Contributor address; City;	State; Zip Code	3,000.00
Principal occupat	ion / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:	Amount of contribution (\$)
4/29/2022	Contributor address; City;	State; Zip Code	1,000.00
Principal occupat	ion / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

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 comp	elete this form.	1 Total pages Schedule A1:
2 FILER NAME Noiberto P.	seto" Salings		3 Filer ID (Ethics Commission Filers)
		f-state PAC (ID#:)	7 Amount of contribution (\$)
	chael Proneda outor address; City		750.00
8 Principal occupation / Job	title (See Instructions)	9 Employer (See Instruc	tions)
Date Full na		f-state PAC (ID#:)	Amount of contribution (\$)
1 1	outor address; City		500.99
Principal occupation / Job	itle (See Instructions)	Employer (See Instruc	tions)
Date Full na	an A Cha	f-state PAC (ID#:)	Amount of contribution (\$)
5/7/7022 Contrib	utor address; City	; State; Zip Code	500.00
Principal occupation / Job	title (See Instructions)	Employer (See Instruc	tions)
100	$\sim$ $\overline{}$ .	f-state PAC (ID#:)	Amount of contribution (\$)
1.50.0	outor address; City;	State; Zip Code	500.00
Principal occupation / Job	title (See Instructions)	Employer (See Instruc	itions)
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS N	NEEDED

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

### MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
2	FILER NAME	erto "Beto" Salin	as	3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-		7 Amount of contribution (\$)
5	4/2022	6 Contributor address; City;	State; Zip Code	10,000.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	tions)
				·
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instru	ctions)
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instru	ctions)
		ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS ee Instruction guide for additional	

### SCHEDULE F1

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	pan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense finting Expense alaries/Wages/Contract Labor ow 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, Beto " So	elma ī	3 Filer ID (Ethics Commission Filers)
4 Date 5 - 5 - 7072	5 Payee name The Monitor		
6 Amount (\$) 125. 99	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school  Advertising Expense	The Mo	enitur Mobile APP Prtising (Banners).
	(c) Check if travel outside of Texas. Complete Sched	fule T Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5-5-7072	The Monitor		
Amount (\$)	Payee address;	City;	State; Zip Code
1,316.80			
	Category (See Categories listed at the top of this sche		1 1 .
PURPOSE OF EXPENDITURE	Advertising Expense	Newsp	aper Ads
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5-5-2072	Public Research	Group	
Amount (\$)	Payee address;	City;	State; Zip Code
1,617.24			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Advertising Expense	Tex+ M	<u> </u>
	Check if travel outside of Texas. Complete Scher	dule T. Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Zip Code State; 2,025 00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Newspaper Ads **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name 5-4-7022 State; Zip Code City; Amount (\$) 120 % Description 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 Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5-4-7022 Zip Code Amount (\$) Pavee addrest City; State: Description Category (See Categories listed at the top of this schedule) Newspaper Ads PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Norberto Beto Sali	3 Filer ID (Ethics Commission Filers)	
4 Date 5-2 - 7072	5 Payee name The Monitor		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
1,316.80			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Newspapes Ad	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
5-2-7072	The Monitor		
Amount (\$)	Payee address;	City; State; Zip Code	
1,291.80			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Newspaper Ad	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
5-3-2022	KRGV		
Amount (\$)	Payee address;	City; State; Zip Code	
4,685.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	TV Spots Channel 5	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name Zip Code State: 500 00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Polling Worker **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 5-1-2022 City; State: Zip Code Amount (\$) 3,500.00 Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 5-2-2022 Amount (\$) City; State: Zip Code Payee address; 3,500.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officerolder/Political Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (eriter a catego	ny notaota abovo,	
1 Total pages Schedule F1:	2 FILER NAME No Beto " Sa	linas	3 Filer ID (Ethics	Commission Filers)	
4 Date 4- 77-7072	5 Payee name  KRGV		1		
6 Amount (5) 10,700,00	7 Payee address;	City;	State;	Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Tu	Spots	Channel 5	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
4-23-7022	Design & Print	<i>t</i>			
Amount (\$)	Payee address;	City;	State;	Zip Code	
1,600.53					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Push	Cards		
	Check if traveroutside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
4-29-2022	Amanda Zamor	a			
Amount (\$)	Payee address;	City;	State;	Zip Code	
5,450.00					
	Category (See Categories listed at the top of this schedule)	Description	1.		
PURPOSE OF EXPENDITURE	Consulting Expense	Consul & Ex	ting Sei penditure	rviles r	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	) expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gifl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to com	plete this form.			
1 Total pages Schedule F1:	Noiberto Beto" Salma	as	3 Filer ID (Ethic	s Commission F	ilers)
4 Date 4-77-7072	5 Payee name Juan Eliseo Gronzalez				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1,650.00					
8	(a) Category (See Categories listed at the top of this schedule)	b) Description		. 1	
PURPOSE OF EXPENDITURE	Consulting Expense	Market	ting 3	Bocial	Medi
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
4-72-7022	Telemundo 40				
Amount (\$)	Payee address;	City;	State;	Zip Code	
5,312.50					
	Category (See Categories listed at the top of this schedule)	Description	0 17		
PURPOSE OF EXPENDITURE	Advertising Expense	TV	Ads	· ·	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livir	ng expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
4-22-2022	1- Decal				
Amount (\$)	Payee address;	City;	State;	Zip Code	
649.50					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Yard	Sign	n S	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	ng expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (circulated assets)
1 Total pages Schedule F1:	Norberto "Beto" Salv	ias	3 Filer ID (Ethics Commission Filers)
4 Date	5 Pavee name		
4-25-7022	Lamar Advertising	City;	State; Zip Code
4,253.°	7 Payee address;	City,	State, Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	A.
PURPOSE OF EXPENDITURE	Advertising Expense	Billb	oard
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-25-2022	Radio United		
Amount (\$)	Payee address;	City;	State; Zip Code
2,616.30			
	Category (See Categories listed at the top of this schedule)	Description	. 1
PURPOSE OF EXPENDITURE	Advertising Expense	Rac	lio Ads
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-8-2022	EZesports		
	C -C) POI 12		
Amount (\$)	Payee address;	City;	State; Zip Code
Amount (\$) 531.88		City;	State; Zip Code
		City; Description	State; Zip Code
	Payee address;		
531.88  PURPOSE OF	Payee address;  Category (See Categories listed at the top of this schedule)	Description	
531.88  PURPOSE OF	Payee address;  Category (See Categories listed at the top of this schedule)  Advertising tx pense  Check if travel outside of Texas, Complete Schedule T.  Candidate / Officeholder name	Description	s

## 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/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel In District Travel Out Of Distric	oment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME NOCHECTO "Beto"	sa lmas	3 Filer ID (Ethic	s Commission Filers)
4 Date 4-8-2022	5 Payee name EZSports			
6 Amount (\$) 350.99	7 Payee address;	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description		
PURPOSE OF EXPENDITURE	Advertising Expens	e Shirts	(Golf	Townament
	(c) Check if travel outside of Texas. Complete Scho	edule T. Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4-8-2022	Martha Hinojo	159		
Amount (\$) 605.99	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch  Even+ Expense	Description  Sweets	s /Cake	s/Ballons
	Check if travel outside of Texas. Complete Scho	edule T. Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4-14-7072	Shary Municipal	Golf Cours	e	
Amount (\$)	Payee address;	City;	State;	Zip Code
3,040.00				
_	Category (See Categories listed at the top of this sch			_
PURPOSE OF EXPENDITURE	Event Expense	Golf -	Tourna	menT
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Pollting Expense Printing Expense Salarias/Manas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME NOIDELL Beto & Salinar Salinar			
4 Date	5 Payee name	N		
3-6-2022	Amanda Camo			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
4,625.9				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Election Day Expenditures		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
5-6-2022	Gradalope Ramirez			
Amount (\$)	Payee address;	City; State; Zip Code		
3,500.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Services	Political Consulting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
5-5-7022	EZ Sports			
Amount (\$)	Payee address;	City; State; Zip Code		
495.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Golf Towels		
	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				