


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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Noel	MI		OFFICE USE ONLY  <small>Date Received</small>
	NICKNAME	LAST Salinas		SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1904 E Mile 2 Rd Mission, Texas 78574				
	AREA CODE	PHONE NUMBER	EXTENSION		
5 CANDIDATE / OFFICEHOLDER PHONE	(956) 334-4227				<small>Date Hand-Delivered or Date Postmarked</small>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Aaron	MI		Receipt #
	NICKNAME	LAST Olivarez		SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1320 N Saint Marie St. Mission, Texas 78572				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit
				<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
				<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
	04	27	2022		06 / 30 / 2022
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	
	05	07	2022	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) None			13 OFFICE SOUGHT (if known) Mission City Council Place 1	
14 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small>				
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			


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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

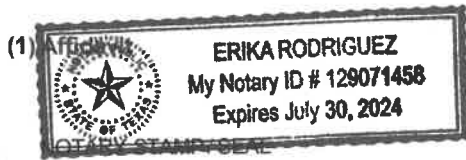
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 900.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8566.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 40,000

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



Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Noel Salinas this the 7th day of July, 2022, to certify which, witness my hand and seal of office.

Erika Rodriguez Signature of officer administering oath Erika Rodriguez Printed name of officer administering oath Notary Public 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)

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: 1
2 FILER NAME Noel Salinas		3 Filer ID (Ethics Commission Filers)
4 Date 6/16/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Cisneros 6 Contributor address; City; State; Zip Code Brownsville, Texas 78520	7 Amount of contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Medical Doctor		9 Employer (See Instructions) N/A
Date 6/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eleuterio Garza III Contributor address; City; State; Zip Code Mission, Texas 78574	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) H.E.B
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 900.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input 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		\$