

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 MI Noel			OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Salinas				
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				
	<div style="border: 1px solid black; padding: 2px; text-align: center; color: white; background-color: #4a7ebb; margin-bottom: 5px;"> RECEIVED By acarrillo at 10:13 am, Jan 16, 2024 </div>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 334-4227			Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Aaron			Date Hand-delivered or Date Postmarked	
	NICKNAME LAST SUFFIX Olivarez			Receipt # Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	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 (956) 648-2935				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year 12 / 01 / 2023 THROUGH 01 / 15 / 2024				
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 12 / 09 / 2023 <input type="checkbox"/> General <input checked="" type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) None		13 OFFICE SOUGHT (if known) Mission City Council Place 3		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		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

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 30456.44

CONTRIBUTION
BALANCE

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

\$ 3109.99


OUTSTANDING
LOAN TOTALS

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

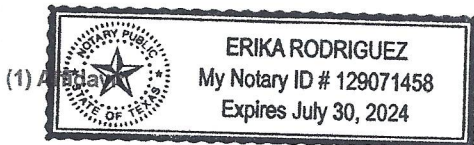
\$ 65,000

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.

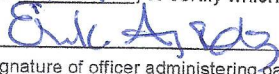

Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Noel Salinas this the 15 day of January,
20 24, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Erika Aguirre Rodriguez
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

Noel Salinas

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 25000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 30456.44
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	\$

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:
1

2 FILER NAME

Noel Salinas

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 25,000.00

5 Date of loan
10/25/2023

7 Name of lender ☐ out-of-state PAC (ID#: _____)
Noel Salinas

9 Loan Amount (\$)
\$15,000.00

6 Is lender
a financial
Institution?
Y N

8 Lender address; City; State; Zip Code
1904 E. Mile 2 Rd Mission TX 78574

10 Interest rate
none

11 Maturity date
n/a

12 Principal occupation / Job title (See Instructions)
Healthcare Administration

13 Employer (See Instructions)
Valley Cancer Associates

14 Description of Collateral
☒ none

15 ☒ Check if personal funds were deposited into political
account (See Instructions)

**16 GUARANTOR
INFORMATION**

17 Name of guarantor
Same as above - Noel Salinas

19 Amount Guaranteed (\$)

☐ not applicable

18 Guarantor address; City; State; Zip Code
Same as above - 1904 E Mile 2 Rd Mission , tx

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan
11/21/2023

Name of lender ☐ out-of-state PAC (ID#: _____)
Noel Salinas

Loan Amount (\$)
\$10,000.00

Is lender
a financial
Institution?
Y N

Lender address; City; State; Zip Code
1904 E. Mile 2 Rd Mission TX 78574

Interest rate
none

Maturity date
n/a

Principal occupation / Job title (See Instructions)
Healthcare Administration

Employer (See Instructions)
Valley Cancer Associates

Description of Collateral
☒ none

☐ Check if personal funds were deposited into political
account (See Instructions)

**GUARANTOR
INFORMATION**

Name of guarantor
Same as above - Noel Salinas

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code
Same as above - 1904 E Mile 2 Rd Mission, TX

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.

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		2 FILER NAME Noel Salinas		3 Filer ID (Ethics Commission Filers)	
4 Date 10/30/2023		5 Payee name Brand Boosters			
6 Amount (\$) 3247.50		7 Payee address; 301 N. McColl McAllen City; Tx State; Zip Code 7850			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense		(b) Description Printing expense		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 10/30/2023		Payee name Postcardmania			
Amount (\$) 2405.50		Payee address; 2145 Sunnydale Blvd. Clearwater, FL City; State; Zip Code 33765			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense		Description Printing Expense		
	<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			
Date 11/01/2023		Payee name Top Builders Supply			
Amount (\$) \$646.79		Payee address; 2617 E. Expressway 83 Donna City; State; Zip Code TX 78537			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sign Building		Description Built sign frames		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought 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 Expenses
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		2 FILER NAME Noel Salinas		3 Filer ID (Ethics Commission Filers)	
4 Date 10/27/2023		5 Payee name The Progress Times			
6 Amount (\$) 750.00		7 Payee address; 1217 N. Conway Ave. City; Mission, State; TX Zip Code 78572			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement		(b) Description Ad on Paper		
	(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					
Date 11/2/2023		Payee name The Progress Times			
Amount (\$) \$2250.00		Payee address; 1217 N. Conway Ave. City; Mission, State; TX Zip Code 78572			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		Description Ad on Paper		
	<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					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought 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 Noel Salinas		3 Filer ID (Ethics Commission Filers)	
4 Date 11/07/2023		5 Payee name Postcardmania			
6 Amount (\$) \$929.97		7 Payee address; 2145 Sunnydale Blvd. City; Clearwater, State; FL Zip Code 33765			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing Expense		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/08/2023		Payee name Postcardmania			
Amount (\$) \$930.36		Payee address; 2145 Sunnydale Blvd. City; Clearwater, State; FL Zip Code 33765			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Postage and Printing expense		
	<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	
Date 11/10/2023		Payee name IDecal Sign Builders			
Amount (\$) \$451.19		Payee address; 600 N Conway Ave City; Mission State; TX Zip Code 78572			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Printing Expense		
	<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	

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
Noel Salinas 3 Filer ID (Ethics Commission Filers)

4 Date
11/11/2023 5 Payee name
The Home Depot

6 Amount (\$)
\$195.87 7 Payee address;
120 South Shary RD City;
Mission State;
TX Zip Code
78572

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)
Sign Building (b) Description
Sign Frames

(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
11/11/2023 Payee name
Brand Boosters

Amount (\$)
\$1236.76 Payee address;
301 N. McColl City;
McAllen State;
TX Zip Code
78501

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)
Sign printing Description
Sign Printing

☐ 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
11/13/2023 Payee name
Progress Times

Amount (\$)
\$560.00 Payee address;
1217 N. Conway Ave. City;
Mission, State;
TX Zip Code
78572

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)
Advertisement Description
Advertisement

☐ 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 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 Noel Salinas		3 Filer ID (Ethics Commission Filers)	
4 Date 11/17/2023		5 Payee name Radio United LLC			
6 Amount (\$) \$1989.00		7 Payee address; 2520 E U.S. Business 83		City; Mission,	State; TX Zip Code 78572
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Radio Ad		(b) Description Radio Ad		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 11/21/2023		Payee name Progress Times			
Amount (\$) \$3445.00		Payee address; 1217 N. Conway Ave.		City; Mission	State; TX Zip Code 78572
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		Description Advertisement		
	<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				
Date 11/29/2023		Payee name Progress Times			
Amount (\$) \$1200.00		Payee address; 1217 N. Conway Ave.		City; Mission	State; TX Zip Code 78572
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		Description Advertisement		
	<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				
Date 11/29/2023		Payee name Progress Times			
Amount (\$) \$1200.00		Payee address; 1217 N. Conway Ave.		City; Mission	State; TX Zip Code 78572
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		Description Advertisement		
	<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				

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
Noel Salinas 3 Filer ID (Ethics Commission Filers)

4 Date
11/13/2023 5 Payee name
MAP Entertainment Media

6 Amount (\$)
\$1000.00 7 Payee address; City; State; Zip Code
2020 W 42nd St Mission TX 78573

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
Video Ad Video 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
11/16/2023 Payee name
MAP Entertainment Media

Amount (\$)
\$849.00 Payee address; City; State; Zip Code
2020 W 42nd St Mission TX 78573

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Text Service Text Service
☐ 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
11/21/2023 Payee name
Maribel Salinas

Amount (\$)
\$2000.00 Payee address; City; State; Zip Code
220 Whitewing Dr. La Joya Texas 78560

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Consultant Consultant
☐ 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 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 Noel Salinas		3 Filer ID (Ethics Commission Filers)	
4 Date 11/15/2023		5 Payee name Jolly Bull Event Center			
6 Amount (\$) \$400.00		7 Payee address; 2714 N Conway Ave,		City; Mission,	State; TX Zip Code 78574
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event		(b) Description Kick off		
	(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
Date 11/21/2023		Payee name Homero Garza			
Amount (\$) \$898.50		Payee address; 2718 N Conway Ave		City; Mission	State; TX Zip Code 78574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food for event		Description Food for event		
	<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
Date 11/27/2023		Payee name MAP Entertainment Media			
Amount (\$) \$1595.00		Payee address; 2020 W 42nd ST.		City; Mission	State; TX Zip Code 78573
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Texting Service		Description Texting Service		
	<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

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 Expenses
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
Noel Salinas 3 Filer ID (Ethics Commission Filers)

4 Date
11/15/2023 5 Payee name
Bilma Chavez

6 Amount (\$) 7 Payee address; City; State; Zip Code
\$180.00 205 W. Iris McAllen TX 78501

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
Phone calls Phone calls

(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
11/15/2023 Carlos Ramirez

Amount (\$) Payee address; City; State; Zip Code
\$300.00 205 W. Iris McAllen TX 78501

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Phone calls Phone Calls

☐ 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
11/15/2023 Claudia Cuellar

Amount (\$) Payee address; City; State; Zip Code
\$360.00 205 W. Iris McAllen TX 78501

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Data services Data services

☐ 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 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 Noel Salinas		3 Filer ID (Ethics Commission Filers)	
4 Date 11/25/2023		5 Payee name Norma Garza			
6 Amount (\$) \$1000.00		7 Payee address; 1812 So. Abram Rd Palmview TX 78572			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting		(b) Description Consulting		
	(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 11/07/2023		Payee name Norma Garza			
Amount (\$) \$1000.00		Payee address; 1812 So. Abram Rd Palmview TX 78572			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description Consulting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				

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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 Noel Salinas	3 Filer ID (Ethics Commission Filers)
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4 Date 12/2/2023	5 Payee name Carlos Ramirez
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6 Amount (\$) 216.00	7 Payee address; 205 W. Iris	City; McAllen	State; TX	Zip Code 78501
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Phone Calls	(b) Description Phone Calls
	(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
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Date 12/3/2023	Payee name Claudia Cuellar
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Amount (\$) 420.00	Payee address; 205 W. Iris	City; McAllen	State; TX	Zip Code 78501
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Data Services	Description Data Services
	<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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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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