## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	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			
	NICKNAME LAST Salinas	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; OIT 1904 E Mile 2 Rd Mission, Texas 78574	TY; STATE; ZIP CODE	<b>RECEIVED</b> By acarrillo at 10:13 am, Jan 16, 2024			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 956 ) 334-4227	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Aaron NICKNAME LAST Olivarez	MI SUFFIX	Receipt #     Amount \$       Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT 1320 N Saint Marie St. Mission, Texas 78572	TE #; CITY;	STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 956 ) 648-2935	EXTENSION				
9 REPORT TYPE	X     January 15     30th day before election       July 15     8th day before election		15th day after campaign treasurer appointment (Officeholder Only)			
10 PERIOD COVERED	Month Day Year 12 / 01 / 2023	Reporting Limit Month THROUGH 01	Day Year 15 2024			
11 ELECTION	ELECTION DATE Month Day Year Primary 12 / 09 / 2023 General	ELECTION TYPE Runoff Other Description Special				
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known Mission City Coun				
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACTIVE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES M         CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED         COMMITTEE TYPE       COMMITTEE NAME         GENERAL       COMMITTEE ADDRESS         SPECIFIC       COMMITTEE CAMPAIGN TREAS	CEPTED OR POLITICAL EXPENDITURES M MAY HAVE BEEN MADE WITHOUT THE CANL D TO REPORT THIS INFORMATION ONLY IF T	ADE BY POLITICAL COMMITTEES TO SUPPORT			
	COMMITTEE CAMPAIGN TREA	SURER ADDRESS				
GO TO PAGE 2						

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Revised 8/17/2020

## 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	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ 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							
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 65,000					
18 SIGNATURE I st	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information					
	( ) and=	didate or Officeholder					
	Please complete either option below:						
(1) Anday My No	KA RODRIGUEZ ary ID # 129071458 res July 30, 2024						
NOTARY STAMP/SEAL							
Sworn to and subscribed b	pefore me by NOel Salinas this the	5 day of anuary.					
Oul Are	hich, witness my hand and seal of office. Erika Aquine Rodriguer	5					
Signature of officer administeri	ng-oath Printed name of officer administering oath	Title of officer administering oath					
(2) Unsworn Declaratio	OR						
My name is							
My address is	, and my date of birth is						
	( the second sec	,, te) (zip code) (country) , 20 (vear)					
		e/Officeholder (Declarant)					
orms provided by Texas Ethio	s Commission www.ethics.state.tx.us	Revised 8/17/2020					

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILER	JAME		
	Noel	Salinas	20 Filer ID (Ethics Co	ommission Filers)
21	SCHED	ULE SUBTOTALS DF SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	A	\$
4.	x	SCHEDULE E: LOANS		\$ 25000.00
5.	x	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$ 30456.44
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	DS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	USINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON		\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO	ONS RETURNED	\$

[(	04	NA	S
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## SCHEDULE E

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

Th	e Instruction Guide explains how to com	alete this form	1 Total pages Schedule E:
2 FILER NAME		Jiele unis torm.	1 Iotal pages Schedule E:
Noel Sal	inas		3 Filer ID (Ethics Commission Filers
4 TOTAL OF U	INITEMIZED LOANS		\$ 25 and 1
5 Date of loan		-	\$ 25,000.00
Date of IDali	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
10/25/2023	Noel Salinas		\$15,000.00
Is lender a financial	8 Lender address; City;		10 Interest rate
Institution?	1904 E. Mile 2 Rd Missi	State; Zip Code on TX 78574	none
Y <u>N</u>			11 Maturity date
12 Principal occupat	tion / Job title (See Instructions)		n/a
Healthcare	Administration	13 Employer (See Instructions)	
14 Description of Co		Valley Cancer Assoc	iates
	nateral	15 Check if personal fun	ds were deposited into political
		X account (See Instruct	tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	Same as above - Noel Salin	as	(5)
	18 Guarantor address; City;	State; Zip Code	
not applicable	Same as above - 1904 E Mil		
Principal Occupa	tion (See Instructions)		
		21 Employer (See Instructions)	
Date of loan			
11/21/2023	Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)
11/21/2023	Noel Salinas		\$10,000.00
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	1904 E. Mile 2 Rd Mission		none
Y <u>N</u>		TX 78574	Maturity date n/a
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Healthcare A	dministration	Valley Cancer Associ	lates
Description of Colla	ateral		
none		account (See Instruction	s were deposited into political
GUARANTOR	Name of guarantor	T	
INFORMATION	Same as above - Noel Salina	as	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	Same as above - 1904 E Mile		
Principal Occupatio		Employer (See Instructions)	
If top	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEED	DED
	nder is out-of-state PAC, please see Inst		orting requirements.
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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 CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations/Made Candidate/Officeholder/Politi Credit Card Payment	Event Expense Fees Food/Beverage Expense	Loan Repayment/Reimbursement OfficeOverhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District
	The Instruction Guide expl	ains how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F	2 FILER NAME	the source this form.	
2	Noel Salinas		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2023	5 Payee name Brand Boosters		]
6 Amount (\$)	7 Payee address;		
3247.50	301 N. McColl	City; McAllen	State; Zip Code Tx 7850
8	(a) Category (See Categories listed at the top of th	tis schedule) (b) Deceniui	
PURPOSE OF EXPENDITURE	Printing expense	is schedule) (b) Description Printing e	xpense
	(C) Check if travel outside of Texas. Complete		
S Complete ONLY if direct	Candidate / Officeholder name	Check if Austi	in, TX, officeholder living expense
expenditure to benefit C/O	H	Office sought	Office held
Date	Payee name		
10/30/2023	Postcardmania		
Amount (\$)	Payee address;	City;	Chattan and a state of the stat
2405.50	2145 Sunnydale Blvd.	Clearwater	State; Zip Code C, FL 33765
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE OF EXPENDITURE	Printing expense	Printing Ex	pense
	Check if travel outside of Texas. Complete S	Schedule T. Check if Austin	I, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	
expenditure to benefit C/OH			Office held
Date	Payee name		
11/01/2023	Top Builders Supply		
Amount (\$)	Payee address;	City;	State; Zip Code
\$646.79	2617 E. Expressway 83	Donna	
+••••		Domia	TX 78537
RUNDOOF	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE OF EXPENDITURE	Sign Building	Built sign f:	rames
	Check if travel outside of Texas. Complete Se	chedule T. 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
	ATT6 011 A 2 2000		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEED	DED

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1 Total pages Schedule F1	2 FILER N	The Instruction Guide explain	ns how to a	complete this form.	y	
4 Date	Noel S	alinas			3 Filer ID (Eth	ics Commission Filers)
10/27/2023	5 Payee na The Pr	me Cogress Times				
© Amount (\$) 750.00	7 Payee ad			City; Mission,	State; TX	Zip Code 78572
8						
PURPOSE	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description	1	
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		Check if travel outside of Texas. Complete So	hədule T.	Check if Austin	, TX, officeholder livin	
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Date	Payee nar	16				
11/2/2023	The Prc	gress Times				
Amount (\$)	Payee add	ress;		City;	State;	
\$2250.00	1217 N	. Conway Ave.		Mission,	TX	Zip Code
PURPOSE OF EXPENDITURE	Category ( Adverti	See Categories listed at the top of this sci Sement	redule)	Description Ad on Pape	r	
	c	heck if travel outside of Texas. Complete Sch	edule T.	Check if Austin	TX, officeholder living	
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rms provided by Texas Ethic	s Commission	www.ethics.s		SCIEncementer in management and an and a state of the state		Revised 11/15/2022

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking	Expenditure CATE( EventExpense Fees	Loan Repa	yment/Reimbursement	Solicitation/Fundr	alsing Expense
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4	The Instruction Guide explain	s how to c	omplete this form.		sory normaled abovey
1 Total pages Schedule F1:	2 FILER NAME Noel Salinas			3 Filer ID (Eth	ics Commission Filers)
4 Date 11/07/2023	5 Payee name Postcardmania				
& Amount (\$)	7 Payee address;		City;	State;	Zip Code
\$929.97	2145 Sunnydale Blvd.		Clearwater		33765
8	(a) Category (See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense		Printing	Expense	
	(C) Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin,	TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
11/08/2023	Postcardmania				
Amount (\$)	Payee address;		City;	State;	Zip Code
\$930.36	2145 Sunnydale Blvd.		Clearwater,	FL	33765
PURPOSE	Category (See Categories listed at the top of this sci	hedule)	Description		
OF	Printing Expense		Postage and	Printing e	expense
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Date	Payee name				
11/10/2023	IDecal Sign Builders				
Amount (\$)	Payee address,		City;	State;	Zip Code
\$451,19	600 N Conway Ave		Mission	TX	78572
	Category (See Categories listed at the top of this sch	nedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense		Printing Exp	ense	
	Check if travel outside of Texas. Complete Sch	edule T.	Check if Austin,	TX, officeholder livin	g expense
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6 Amount (\$)	7 Payee ad	ldress;		City;	State;	7
\$195.87	120 So	uth Shary RD		Mission	TX	Zip Code 78572
8	(a) Categor	y (See Categories listed at the top of this t	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Sign I	Building		Sign Frames		
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S Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	TX, onceroider som	Office held
Date	Payee na	me				
11/11/2023	Brand 1	Boosters				
Amount (\$) \$1236.76	Payee ad 301 N.	dress; McColl		City; McAllen	State; TX	Zip Code 78501
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held
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11/13/2023	Progress	Times				
Amount (\$)	Payee add	lress;		City;	State;	Zip Code
\$560.00	1217 N.	Conway Ave.		Mission,	TX	78572
	Category (	See Categories listed at the top of this sch	edule)	Description		
PURPOSE OF EXPENDITURE	Adverti	sement		Advertisement		
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l Total pages Schedule F	1: 2 FILER NA Noel Sa	ME		omplete this form.	3 Filer ID (Ethi	cs Commission Filers)
4 Date 11/17/2023	5 Payee nar	ne				
Amount (\$)	7 Payee add	Jnited LLC				
				City;	State;	Zip Code
\$1989.00	2520 E	U.S. Business 83		Mission,	TX	78572
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OF	Radio A	d.		Radio Ad		
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Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candida H	e / Officeholder name		Office sought		Office held
Date	Payee nam	e				
11/21/2023	Progres	s Times				
Amount (\$)	Payee add			City;	State:	Zip Code
\$3445.00	1217 N.	Conway Ave.		Mission	TX	78572
	Category (s	See Categories listed at the top of this a	schedule)	Description		
PURPOSE OF EXPENDITURE	Adverti	sement		Advertiser	nent	
		eck if travel outside of Texas, Complete S	chedule T.	Check if Austin,	TX, officeholder living	Avnanca
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	) Officeholder name		Office sought		Office held
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Date 11/29/2023 Amount (\$)		5 Times		City;	State:	Zip Code
11/29/2023	Progres: Payee addr	5 Times		City; Mission	State; TX	Zip Code 78572
11/29/2023 Amount (\$) \$1200.00	Progres; Payee addr 1217 N.	5 Times ess;	:hedule)			
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11/29/2023 Amount (\$) \$1200.00 PURPOSE OF	Progress Payee addr 1217 N. Category (s Adverti	s Times ess; CONWay Ave.		Mission Description Advertisement	TX	78572

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		EVENDER DO NOT	Include	this page in the re	eport.	
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1 Total pages Schedule F1	2 FILER N Noel S	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date 11/13/2023	5 Payee na MAP En	ame tertainment Media				
6 Amount (\$)	7 Payee ac			City;	State:	7:
\$1000.00	2020 W	42nd St		Mission	TX	Zip Code 78573
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Video 2			Video Ad		
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check If Austin	, TX, officeholder living	) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida I	ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
11/16/2023	MAP Ent	ertainment Media				
Amount (\$)	Payee ad			City;	State;	Zip Code
\$849.00	2020 W	42nd St		Mission	TX	78573
PURPOSE	Category	(See Categories listed at the top of this so	chedule)	Description		
OF	Text Se	ervice		Text Servi	ce	
		Check if travel outside of Texas. Complete Sc	ihedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
11/21/2023	Maribe	l Salinas				
Amount (\$)	Payee add	Iress;		City;	State;	Zip Code
\$2000.00	220 Whi	tewing Dr.		La Joya	Texas	78560
	Category (	See Categories listed at the top of this sci	hedule)	Description		
PURPOSE OF EXPENDITURE	Consult	ant		Consultant		
	c	heck if travel outside of Texas. Complete Sch	nedule T.	Check if Austin, 1	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidat	e / Officeholder name		Office sought		Office held
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FROM POL	ITICAL	CONTRIBUTION	2		SCI	HEDULE F1
If the requested in	nformation i	s not applicable, DO NOT	include	this name in the re		TEDOLE I
		EXPENDITURE CATE			poir.	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations/Made Candidate/Officeholder/Politi Credit Card Payment	By cal Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Rep Office Ov Polling E Printing E Salaries/V	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Travel Out Of Dish	lipment & Related Expense
1 Total pages Schedule F1	2 FILER N	IAME		complete this form.		
	Noel 9	alinas			3 Filer ID (Ethi	cs Commission Filers)
4 Date 11/15/2023	5 Payee na Jolly	ame Bull Event Center				
6 Amount (\$)	7 Payee at	ldress;		City;	State;	
\$400.00	2714 N	Conway Ave,		Mission,	TX	Zip Code 78574
8 PURPOSE	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
OF EXPENDITURE	Event			Kick off		
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin.	TX, officeholder livin	0.0VP.000-
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candid	ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
11/21/2023	Eomero	Garza				
Amount (\$)	Payee ad	dress;		City;	State;	Zin Oad
\$898.50	2718 N	Conway Ave		Mission	TX	Zip Code 78574
/	Category	(See Categories listed at the top of this sci	hedule)	Description		
PURPOSE OF EXPENDITURE		or event		Food for ev	vent	
		Check if travel outside of Texas, Complete Sch	iedule T.	Check if Austin 7	FX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
11/27/2023	MAP Ente	ertainment Media				
Amount (\$)	Payee add	Iress;		City;	Cint	711-0
\$1595.00	2020 W	42nd ST.		Mission	State; TX	Zip Code 78573
	Category (	See Categories listed at the top of this sch	edule)	Description		
PURPOSE OF EXPENDITURE		g Service		Texting Serv	ice	
	c	heck if travel outside of Texas. Complete Sche	edule T.	Check if Austin T	X, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
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Advertising Expense		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Accounting/Banking Consulting Expense Consulting Expense Contributions/Donations/Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gifi/Awards/Memorials Expense Legal Services The Instruction Guide exploit	xpense Loan Repayment/Reimbursement Office Overhead/Rental Expense ards/Wemorials Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
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	Noel Sa	alinas			3 Filer ID (Eth	ics Commission Filers)	
4 Date 11/15/2023	5 Payee na Bilma			1			
\$ Amount (\$)	7 Payee ad			4			
	205 W.			City;	State;	Zip Code	
\$180.00	200 W.	1718		McAllen	TX	78501	
3	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE	1	Phone calle					
EXPENDITURE	Phone cal			Phone call	S		
	(c)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Austin	TX, officeholder livir		
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Date	Payee nam	ie					
11/15/2023	Carlos	Ramirez					
Amount (\$)	Payee add	ress;		City;	01.1		
\$300,00	205 W.	Iris		McAllen	State;	Zip Code	
				NCALLEII	TX	78501	
	Category (	See Categories listed at the top of this sci	hedule)	Description			
PURPOSE OF	Phone calls			Phone Calls			
EXPENDITURE				LHOHE CALLS			
	Check if travel outside of Texas, Complete Schedule T.			Check if Austin, TX, officeholder living expense			
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11/15/2023	Claudia	Cuellar					
Amount (\$)	Payee addr	255,	**************************************	City;	Olat		
\$360.00	205 W.	Iris		McAllen	State;	Zip Code	
				* 10237 7 CIT	TX	78501	
	Category (se	e Categories listed at the top of this sch	edule)	Description			
PURPOSE	Data ser	Data services		Data services			
EXPENDITURE				Data SEIVICES			
		Check if travel outside of Texas. Complete Schedule T. Che			k if Austin, TX, officeholder living expense		
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co Credit Card Payment 1 Total pages Schedule F1: 2 PURPOSE OF EXPENDITURE (c) 0 Complete ONLY if direct expenditure to benefit C/OH Date 11/07/2023 Amount (\$) \$1000.00 18 PURPOSE OF EXPENDITURE (c) 0 Complete ONLY if direct expenditure to benefit C/OH Date 11/07/2023 N Amount (\$) \$1000.00 18 Cardidate/Officeholder/Political Co Complete ONLY if direct expenditure to benefit C/OH Cardidate/Officeholder/Political Co Cardidate/Officeholder/Political Co Cardidate/Officeholder/Political Co Control Co Control Co Cardidate/Officeholder/Political Co Co Co PURPOSE CO Co PURPOSE Co Co PURPOSE	Gild/Wards/Memorials Expense Pri Sat The Instruction Guide explains ho FILER NAME Noel Salinas Payee name Norma Garza Payee address; .812 So. Abram Rd Category (See Categories listed at the top of this schedu Consulting Check if fravel outside of Texas. Complete Schedule 1 Candidate / Officeholder name	RIES FOR BOX 8(a) In Repayment/Reinbursement cc Overhead/Rental Expense ing Expense artes/Wages/Contract Labor W to complete this form. City; Palmview e) (b) Description Consulting	Solicitation/Fundra Transportation Eq Travel In District Travel Out Of Dist Other (enter a cate	uipment & Related Expe irict gony not listed above) ics Commission Filers Zip Code 78572
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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 CATE	GORIES	FOR BOX 8(a)	nen -			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made f Candidate/Officeholder/Politic Credit Card Payment	3y al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repa Office Ove Polling Ex Printing E	ayment/Reimbursement erhead/Rental Expense pense	Travel In District Travel Out Of Dist	uipment & Related Expense		
		The Instruction Guide explain	is how to c	omplete this form.	childra calle	gory nornsted above)		
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4 Date		Salinas						
12/2/2023	5 Payeena	me Ramirez						
6 Amount (\$)	7 Payee ad							
216.00	205 W. Iris							
210.00	205 W.	Iris		McAllen	TX	78501		
8 PURPOSE	(a) Categor	y (See Categories listed at the top of this s	schedule)	(b) Description				
OF	Phone	Calls	Phone Cal	ls				
	(c)	Check if travel outside of Texas. Complete Sc	Check if Austin	tin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida I	te / Officeholder name Office sought		Office held				
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12/3/2023	Claudi	a Cuellar						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
420.00	205 W.	Iris		McAllen	TX	78501		
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		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	stin, TX, officeholder living expense			
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