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: 2

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	MI
Mr.	Ricardo	Lee

NICKNAME	LAST	SUFFIX
Rick	Salinas	

OFFICE USE ONLY

RECEIVED
JAN 6 2026
(signature)

Date Received
Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
2011 N. Conway, Mission, TX 78572				

Receipt #	Amount $
Date Processed	
Date Imaged	

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(956)	584-3900	

6 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Mrs	Maribel	

NICKNAME	LAST	SUFFIX
	Salinas	

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY:	STATE;	ZIP CODE
328 S. 27th Street, Mission, TX 78501				

8 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(956)	240-5656	

9 REPORT TYPE

■ January 15	☐ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15	☐ 8th day before election	☐ Exceeded Modified Reporting Limit	☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month	Day	Year		Month	Day	Year
11 /	13 /	25	THROUGH	12 /	31 /	25

11 ELECTION

ELECTION DATE			ELECTION TYPE		
Month	Day	Year	Primary	Runoff	Other Description
11 /	3 /	26	■ General	Special	

12 OFFICE

OFFICE HELD (if any)	**13** OFFICE SOUGHT (if known)
	Mayor

14 NOTICE FROM POLITICAL COMMITTEE(S)

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
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
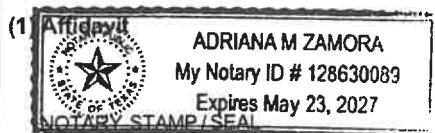# CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Ricardo Lee Salinas	

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**	$	0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$	0.00

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:

(1) Affidavit

ADRIANA M ZAMORA
My Notary ID # 128630089
Expires May 23, 2027
NOTARY STAMP / SEAL

Sworn to and subscribed before me by _Ricardo Salinas_ this the _31_ day of _December_,

20 _25_, to certify which, witness my hand and seal of office.

_____	_Adriana M Zamora_	_Notary Public, State of Texas_
Signature of officer administering oath	Printed name of officer administering oath	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)