# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The COULD and modified Co	ide explains how to complete this form	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	ide explains how to complete this form.  MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	NICKNAME LAST		Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	POBOX 870679	× 78283	PH 1: 25
5 CANDIDATE/ OFFICEHOLDER PHONE	(210) 275-169	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  PIRST  C. 1'O		Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / ZIY Porh 1	SUITE #, CITY;  City, 7x 781	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (210)  L/72-0	278 EXTENSION	
9 REPORT TYPE	January 15 30th day befor	Funesded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH 12	Day Year 1 9
11 ELECTION	ELECTION DATE  Month Day Year Prima  C3 / C3 / 2020 Gene	Description	E
12 OFFICE	Bexar County S	13 OFFICE SOUGHT (if know	wn)
	GO T	O PAGE 2	

#### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME	Tovier S	aleres 1	15 Filer ID	(Ethi	cs Com	mission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NO	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH				
	COMMITTEE TYPE	COMMITTEE NAME				
	SPECIFIC	COMMITTEE ADDRESS		embelders and transport of the control of the contr	Opportunities and the design of the second o	
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	DIEDO	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T SES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	HAN	\$	62	5.00
	2. TOTAL	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ =	TB.	090.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,		\$		
	4. TOTA	L POLITICAL EXPENDITURES				192.85
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY	\$	36,	592.08
OUTSTANDING LOAN TOTALS	6. TOTAL	. PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O DAY OF THE REPORTING PERIOD	FTHE	\$	14,	575.28
Car hay	scribed before mo	e, by the said <u>Javier Salazar</u> to certify which, witness my hand and seal of offi	Candidate	or Of	ificehold is the	e reported by me
Signature of office	/ January Sur	www.othics.state.tv.iis				Revised 9/26/20

#### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME		
Javier Solezer	20 Filer ID (Ethics C	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 63,945.
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	TIONS	\$ 13,500.0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$ 450.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITI	CAL CONTRIBUTIONS	s 450.00 85, 192.85
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POL	LITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	NAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	NS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLIT	ICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTO FILER	NTRIBUTIONS RETURNED	\$ 500.00

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Javier Salazar 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_ 4 Date \$10.00 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Date 1-20-19 Marcia Gregory Contributor address; City: State; Zip Code 5039 Timber climb San Antonio ix \$5.00 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) \$25,00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) \$10000 Employer (See Instructions) Principal occupation / Job title (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.

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Javier Salazar		3 Filer ID (Ethics Commission Filers)
4 Date 7-21-19	5 Full name of contributor   out-of-state PAC   Margarita Delator   6 Contributor address; City;   1 Boundbrook San A	State: Zin Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 8-3-9	Full name of contributor out-of-state PAC  Margarita Delator  Contributor address; City;  7 Boundbrook San Antor	State; Zip Code	Amount of contribution (\$)
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 8-21-19	Full name of contributor out-of-state PAC  Margarita belatory  Contributor address; City;  7 Boundbrook San Anto	State; Zip Code  nioiTX. 782.74	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
9-2-19	Full name of contributor out-of-state PAC Margarita belatores  Contributor address; City;  T Bourd brook San Anton	State: Zin Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED
	If contributor is out-of-state PAC, please see Instruc	ction guide for additional re	porting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Javier Salazar 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_\_ David Martinez 6 Contributor address; City; State; Zip Code 3819 Oak Cluster San Antonio: TX 78353 \$1000 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) Sonny Rodriguez Contributor address; City; State; Zip Code 13114 Beals Circle San Antonio ITX \$1000 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date Amount of contribution (\$) \$2500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$5000 Employer (See Instructions) Principal occupation / Job title (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.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Javier Salazar 4 Date 7 Amount of contribution (\$) Robert W Miller 6 Contributor address; City; 14215 Jones Maltsberger Rd. San Antonia, TX. 78247 8 Principal occupation / Job title (See Instructions) April Ancira Contributor address; City; State; Zip Code 31305 Kæneland D. Boerne, TX. out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:\_\_\_\_\_ Elizabeth Robinson Contributor address; City; State; Zip Code 10030 Ramblin River Rd. San Antonio, TX. 78251 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) 10-16-19 Laura Burress Contributor address; City; State; Zip Code 12358 Autumn Vista San Antonia Ta 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.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Javier Salazar	3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
	T T	
Date	Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)
10-16-19	Rebecca Defelice  Contributor address; City: State; Zip Code  212 Retama PL San Antonio: TX  78209	\$20°
Principal occup	pation / Job title (See Instructions) Employer (See Instructi	ions)
Date 10-22-19	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10-22-19	JL Guerra Jr.  Contributor address; City; State; Zip Code  16607 Blanco Rd. Suite 707	\$1,000°°
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see Instruction guide for additional re	EEDED eporting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	vier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC (ID#:	7 Amount of contribution (\$)
10-24-19	Elizabeth Eguia Robinson  6 Contributor address; City; State; Zip Code  10030 Ramblin River Road  San Antonio, TX. 1826  Apation / Job title (See Instructions)	#100°
8 Principal occu	upation / Job title (See Instructions)  9 Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
10-28-19	Billy Hoppes  Contributor address; City; State; Zip Code  5000 PM 3126 Livingston 17X	\$1,000.00
	pation / Job title (See Instructions)  Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
10-29-19	Frances Garza - Alvarado Contributor address; City; State; Zip Code 4803 W Lake Oaks San Antonyo T	\$ 1,000.00
Principal occup	pation / Job title (See Instructions)  Employer (See	
Date	Full name of contributor	Amount of contribution (\$)
	Suzaune S. H. debrand  Contributor address; City; State; Zip Code PO BOX 792403 San Antonio, TX.	\$ 100.00
Principal occup	pation / Job title (See Instructions)  Employer (See I	Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for addit	EAS NEEDED tional reporting requirements.

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Javier Salazar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAR Richard Well5 6 Contributor address; City; 9515 FM 1863 San Anton	C (ID#:) State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	1313 THI 1805 San Anton	10178266	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10-31-19	Joanne Wells  Contributor address; City;  9515FM 1863 San Ant	State; Zip Code	\$ 5,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
10-31-19	Roberto P. Gonza Contributor address; City; 1747 Fawngate San An	State; Zip Code	\$ 1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
11-2-19	Amarae Rosales contributor address; City; 2219 Antsla Sands San		\$50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EEDED
	If contributor is out-of-state PAC, please see Instru	ction guide for additional re	porting requirements.

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Melissa Ochoa 6 Contributor address; City; State; Zip Code 15431 Gallant Bloom San Antonio ITX.	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-5-19	Full name of contributor out-of-state PAC (ID#:)  Margarifa, Delatore  Contributor address; City; State; Zip Code  7 Boundbrook. San Antonio 17x. 78254	\$ 1000
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
11-6-19	Suzanne S. Hildebrard  Contributor address; City; State; Zip Code  PO Box 792403 San Antonio: TX:  18279	\$15000
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-6-19	Margaret Mireles  contributor address; City; State; Zip Code  329 Mary Louisc Drive  San Antonio, Tx. 78201	\$50° <u>°</u>
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Javier Salazar 5 Full name of contributor | out-of-state PAC (ID#:\_\_\_\_\_\_) Marilyn D. Flores 6 Contributor address; City; State; Zip Code 2526 Old Gate Road San Antonio X 78230 7 Amount of contribution (\$) 4 Date \$10000 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_ Amount of contribution (\$) Date Gabrien Gregory Contributor address; City; State; Zip Code 1806 TOWN OAK Drive San Antonio, Principal occupation / Job title (See Instructions) Amount of contribution (\$) \$ 10000 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date out-of-state PAC (ID#:\_\_ \$10000 State; Zip Code Employer (See Instructions) Principal occupation / Job title (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.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
11-8-19	Trene G. Sandate  Contributor address; City; State; Zip Code  16202 Ondara Helofes, 78023	\$ 100.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-8-19	Gregory G. Garcia contributor address; City; State; Zip Code 1915 Santa Monica San Antonjo, TK	\$50.00
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
11-8-19	Roland F. Gronzalcs  contributor address; City; State; Zip Code  5103 Newcastle Lane San Antonia Tx.	\$ 500.00
Principal occup	ation / Job title (See Instructions)  Employer (See Instruct	ions)
	ATTACH ADDITIONAL CODIES OF THE COLUMN TARES	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see Instruction guide for additional re	EDED  eporting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)  \$ 375.00
11-9-19	Nancy Sanford 6 Contributor address; City; State; Zip Code 30414 Fairway Run Fair Caks Ranch TX: 78015	1,
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	uctions)
Date	Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)
11-10-19	Teresa Martinez  Contributor address; City; State; Zip Code  12803 El Marro San Antonio ITX.  78233	\$5000
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
11-15-19	Bobby Polka  Contributor address; City; State; Zip Code  5927 Whitby Rd. San Antonio, TX  78240	\$ 100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
11-17-19	Carla Zainie Contributor address; City; State; Zip Code PO BOX 12426 San Antonio, TX.	\$10000
Principal occup	pation / Job title (See Instructions)  Employer (See Instru	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS if contributor is out-of-state PAC, please see Instruction guide for additional	NEEDED al reporting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Javrer Salazar	3 Filer ID (Ethics Commission Filers)
4 Date   -2 -19  8 Principal occu	5 Full name of contributor out-of-state PAC (ID#:  ANWAY TAKIY  6 Contributor address; City; State; Zip Code  9 502 Computer by San Antonio, TX.  18229  pation / Job title (See Instructions)  9 Employer (See Instructions)	7 Amount of contribution (\$)  \$ 1,000.00
Date 12-3-19	Full name of contributor   out-of-state PAC (ID#:)  Nicolas Rangel  Contributor address; City; State; Zip Code	Amount of contribution (\$)
	Contributor address; City; State; Zip Code  305 Club PTVE San Antonio, TX 78201  Dation / Job title (See Instructions) Employer (See Instructions)	
Date 2-6-19	Full name of contributor out-of-state PAC (ID#:)  George Torres  Contributor address; City; State; Zip Code  70 Palo Duro Cyn San Antonia ITX.	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
-6-2020 Principal occupa	Contributor address; City; State; Zip Code  7 Boundbrook San Antonio, TX- 78254  ation / Job title (See Instructions)  Employer (See Instructions)	\$10.00
	Employer (See Instructions)	ons)

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$5000 8 Principal occupation / Job title (See Instructions) Full name of contributor Eliot M Lee Contributor address; City; State; Zip Code 1542 Wild Life San Antonio, TX. 79251 Employer (See Instructions) Date Amount of contribution (\$) Amount of contribution (\$) Roys. Fletcher Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Amount of contribution (\$) Joel L. Janssen Contributor address; City; State; Zip Code 121 City San Antonio TX. 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.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date  II-29-19  8 Principal occu	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)  \$\int_{\cong} \cong \cong\cong \cong
Date		Amount of contribution (\$)
12-23-19	Full name of contributor   out-of-state PAC (ID#:)  Michael E. Edwards  Contributor address; City; State; Zip Code  319 Blaze San Antonio TX 782/8	\$30°°
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date 12-2-1-19	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date 8-27-19	Full name of contributor   out-of-state PAC (ID#:)  Trm Maloney  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$\frac{2}{2},500.00
Principal occup	9 26 S Alamo St.  San Antonio, TX. 78-05  ation / Job title (See Instructions)  Employer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI	EEDED

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Javier Salgzar 7 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Full name of contributor Date Amount of contribution (\$) \$ 2,500.00 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) \$ 500.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) out-of-state PAC (ID#:\_ \$250.00 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.

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 1,200.00 8 Principal occupation / Job title (See Instructions) S R Casillas Idress; City; State; Zip Code Antonio, TX 18250 Employer (See Instructions) Full name of contributor Date Amount of contribution (\$) \$ 600.00 Principal occupation / Job title (See Instructions Date out-of-state PAC (ID#: Amount of contribution (\$) \$ 1,500.00 11843 Braesview 601 San Antonio IX. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 1,200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

Revised 9/26/2019

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Javier Salazan	3 Filer ID (Ethics Commission Filers)
4 Date 7-10-19	Full name of contributor out-of-state PAC (ID#:)  Ronald Bennett  6 Contributor address; City; State; Zip Code 23450 Canyon Bridge Son Antonio, TX. 78258	7 Amount of contribution (\$)  \$ 1, 200.00
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instruc	ctions)
Date	Full name of contributor Jout-of-state PAC (ID#: C00027342,  TBEW PAC Voluntary fund  Contributor address; City; State; Zip Code  900 Seventh Street, N.W.  Washington, D.C. Zoool	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
11-15-19	Contributor address; City; State; Zip Code 5107 Queen Bess CT San Antonio, TX. 78228	\$500.00
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	
Date	Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	NEEDED reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Date Javier Salazar Date 5 Full name of contributor out-of-state PAC (ID#: | I-16-19 | 6 Contributor address; City; State; Zip Code 706 Kate Schenck Ave. San Antonio, Tx. 78223 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$50.00 Date Out-of-state PAC (ID#: Amount of contribution (\$) \$ 30.00 Castillo San Antonio 17x. 78910 Employer (See Instructions) Principal occupation / Job title (See Instruction: Full name of contributor Amount of contribution (\$) \$ 500.00 Principal occupation / Job title (See Instructions Employer (See Instructions) Amount of contribution (\$) \$ 400.00 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.

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Javier Salazar 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:\_ \$100.00 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) \$200.00 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) Martha Tijering Contributor address; City; State; Zip Code 8419 Hidden Meadow Dr. San Antonio, TX. 78230 Employer (See Ins. \$ 100.00 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) \$ 50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Javier Salazan 5 Full name of contributor out-of-state PAC (ID#: A delfa feyn9 6 Contributor address; City; State; Zip Code 6 San Antonio, TX · 78213 pation / Job title (See Instructions) 9 Employer (See In 4 Date 7 Amount of contribution (\$) \$50.00 8 Principal occupation / Job title (See Instructions) Full name of contributor Fabian Cashillo Contributor address; City; State; Zip Code 931 Futor Ave. San Antonio, TX. 78212 Employer (See Instructions) Date Amount of contribution (\$) \$ 500.00 Principal occupation / Job title (See Instructions Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Avery Waller Contributor address; City; State; Zip Code 4103 Cliff Run San Antonio, 7.7822 \$ 600.00 Manuel VIII9 Contributor address; City; State; Zip Code 99 E Basse Rd. STE 180 San Antonio, TX. 78209 Findlover (See Inst out-of-state PAC (ID#:\_ Amount of contribution (\$) \$ 250.00 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.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Javier Salazar	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)  \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Principal occupation / Job title (See Instructions)  Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$) \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
Principal occupation / Job title (See Instructions)  Pull name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)  \$\alpha \lambda \cdots
Date  Full name of contributor  Roy Fletcher  Contributor address;  City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see Instruction guide for additional re	EDED

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Roberto P. Gonzalez	7 Amount of contribution (\$)
7-3-19	6 Contributor address; City; State; Zip Code 1747 Fawn Gate San Amtoni 975-	\$ 1,000.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor   out-of-state PAC (ID#:) William T. Gholson	Amount of contribution (\$)
7-3-19	Contributor address; City; State; Zip Code  7350 Tezel Pd. # 105  San Antonio, Tx. 18250	\$ 1,000.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
11-3-19	Manuel G. Rubio  contributor address; City; State; Zip Code  105 Cas Hills Dr.  San Antonio, TX.78213	\$ 500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  James L. Serrato	Amount of contribution (\$)
11-3-17	Contributor address; City; State; Zip Code 22027 Pelican Creek. San Antonio, 7x. 78258	\$500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional i	

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Javier Salazar	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor   out-of-state PAC (ID#:)  JOEL L. Janssen  6 Contributor address; City; State; Zip Code  121 City San Antonio, TX 18204	7 Amount of contribution (\$) \$ 150.00	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)	
Date	Full name of contributor   out-of-state PAC (ID#:)  Rosemary P. Rodriquez	Amount of contribution (\$)	
11-7-14	Rosemary P. Rodriguez  Contributor address; City; State; Zip Code  10 910 Whisper Ridge St.  San Antonio, Ty 18230	₩ 100 00	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
11-7-19	Yolanda N. Arellano contributor address; City; State; Zip Code 315 Gettysburg Rd. 78228 San Antonio TX.	\$100.00	
Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
10-26-19	Christopher K Haass  Contributor address; City; State; Zip Code  5150 Broadway ST # 407  San Antonio TV. 782.09	A 1000.00	
Principal occup	ation / Job title (See Instructions)  Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see Instruction guide for additional n	EEDED eporting requirements.	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Javier Salazar 5 Full name of contributor out-of-state PAC (ID#: Ortiz Law Offices, P.C. 6 Contributor address; City; State; Zip Code 909 NE Loop 410, Suite 715 San Antonio, TX. 19209 4 Date 7 Amount of contribution (\$) \$ 200.00 8 Principal occupation / Job title (See Instructions) Date Martin + Drought, P.C. Contributor address; City; State; Zip Code San Antonio, Tx. 78205 Amount of contribution (\$) \$ 250.00 Date Full name of contributor Out-of-state PAC (ID#: Joseph Alderete Contributor address; City; State; Zip Code 1602 Hillcrest Dr E San Antonio, TX · 78228 Employer (See Instr. Amount of contribution (\$) \$100.00 Principal occupation / Job title (See Instruction Employer (See Instructions) Full name of contributor Acadian Ambulance Texas Employee Contributor address; City: State: Zip Code P.O. BOX 9900 Lafayette, LA 70509 Dation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$ 500.00 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.

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Javier Salazas 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_ 7 Amount of contribution (\$) The Herrera Law Firm Inc. 6 Contributor address: City: State: Zip Code 1800 W. Commerce St. San Antonio, TX. 78207 \$500.00 8 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) \$50.00 Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Baltazar R. Serra, Jr. Contributor address; City; State: Zip Code 126 Villity San Antonio TX. 78205 \$ 750.00 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.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)	
Date  5 Full name of contributor   out-of-state PAC (ID#:)  David Mel+Zer  11-6-19 6 Contributor address; City; State; Zip Code  9 342 W. Interstate 10  San Antonio, TX - 78230  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	7 Amount of contribution (\$) \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	
Date  Full name of contributor  Gordon V. Hartman  Contributor address;  City; State; Zip Code  1202 W. Bitters, BLDG I, Suite 1200  San Antonio, TV. 78216  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)  \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	
Date  Full name of contributor  Out-of-state PAC (ID#:	Amount of contribution (\$)	
Date  Full name of contributor  Rudulph F. Rodriguez  Contributor address;  City; State; Zip Code  Tl9 Finale CT  San Antonio, TX. 11214  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N		

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

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC (ID#:)  WYa++ Law Firm, LTD	7 Amount of contribution (\$)
10-25-19	6 Contributor address; 21 Lynn Batts, STE 10 San Antonio, TX. 78218	\$ 10,000.00
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10-24-19	Linebargu Goggan Blair + Sampson, U Contributor address; City; State; Zip Code P.O. BOX 17428 Austin, TX. 78760	\$ 2,500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
10-30-19	Rosemary E. Kowalski  Contributor address; City; State; Zip Code  1220 E Commerce St.  San Antonio, Tx. 78205	\$ 250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10-25-19	Law office of David D. Christian  Contributor address; City; State; Zip Code  1800 McCullough Ave.  San Antonio, TX. 78212	\$ 750.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
Date  5 Full name of contributor   out-of-state PAC (ID#:	7 Amount of contribution (\$)  \$ 100.00
Date  Full name of contributor   out-of-state PAC (ID#:  Jennifer Huber  Contributor address; City; State; Zip Code  26151 Meadowlank Bay  San Antonio, TV. 782	\$ 50.00
Principal occupation / Job title (See Instructions) Employer (Se	e Instructions)
Date  Full name of contributor  Suzanne Delcor  Contributor address;  City; State; Zip Code  323 Crestricus Dr.  San Antonio Tv. 7870]  Principal occupation / Job title (See Instructions)  Employer (S	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code  11-7-9  Contributor address; City; State; Zip Code  San Antonio, TX. 782  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	H2 Siee Instructions)

MONETA	ARY POLITICAL CONTRIE	SCHEDULE A1	
The In	struction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Javier Salazar		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor   out-of-state PAC (ID#:)  LAW Office of Christine Horner  6 Contributor address; City; State; Zip Code  206 E. Locust St.  San Antonio, TX · 78212  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)			7 Amount of contribution (\$)  \$ 50.00
Date	Full name of contributor		Amount of contribution (\$)
	Contributor address; City; State;		
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructio	ns)
Date	Full name of contributor	Zip Code	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES O		

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

The Instruction Guid	de explains how to complete this for	m.	1 Total pages Schedule A2: 2
0	Selozer		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED	D IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date 6 Full name of contributor out-of-state PAC (ID#:)  Kristn Tips 7 Contributor address; City; State; Zip Code  C24 N. Alomo SATY 78215		Zip Code	8 Amount of 9 In-kind contribution description  5, 800 Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (	FOR NON-JUDICIAL) (See Instructions)		FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation	on (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm	(FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm	of parent(s) (if any) (FOR JUDICIAL)		
JK.	contributor out-of-state PAC (ID#:	Zip Code	Amount of In-kind contribution description
12/01/19 624	M. Hl. wo SATY 7	3215	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title	N. H. NO SATY 7  (FOR NON-JUDICIAL) (See Instructions)	8215	
Principal occupation / Job title	W. HI-NO SATY 7  (FOR NON-JUDICIAL) (See Instructions)  Director	Employe	Check if travel outside of Texas. Complete Schedule Ter (FOR NON-JUDICIAL) (See Instructions)
Principal occupation / Job title	N. H. NO SATY 7  (FOR NON-JUDICIAL) (See Instructions)  Director  ion (FOR JUDICIAL)	Employe Contribu	Check if travel outside of Texas. Complete Schedule Ter (FOR NON-JUDICIAL) (See Instructions)
Principal occupation / Job title  Contributor's principal occupati  Contributor's employer/law firm	N. H. NO SATY 7  (FOR NON-JUDICIAL) (See Instructions)  Director  ion (FOR JUDICIAL)	Employe Contribu	Check if travel outside of Texas. Complete Schedule Ter (FOR NON-JUDICIAL) (See Instructions)  Litor's job title (FOR JUDICIAL) (See Instructions)
Principal occupation / Job title  Contributor's principal occupati  Contributor's employer/law firm	(FOR NON-JUDICIAL) (See Instructions)  Orector  ion (FOR JUDICIAL)	Employe Contribu	Check if travel outside of Texas. Complete Schedule Ter (FOR NON-JUDICIAL) (See Instructions)  Litor's job title (FOR JUDICIAL) (See Instructions)
Principal occupation / Job title  Contributor's principal occupati  Contributor's employer/law firm	(FOR NON-JUDICIAL) (See Instructions)  Orector  ion (FOR JUDICIAL)	Employe Contribu	Check if travel outside of Texas. Complete Schedule of Tex

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

		Manuala, paga ang ang ang ang ang ang ang ang ang		
Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:	
2 FILER NAME  Javrer Salezar		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$		
5 Date 6 Full name of contributor  Proved  Espinare  7 Contributor address;  Oity;  State; Zip Code  1 3367 Hill crest 54 \$\times 7801			8 Amount of 9 In-kind contribution description  3 50 0, 09 Food Jaco  Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$ . description	
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	ver (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law fire	firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>		
144 Augustatoria				
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct			

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 3
2 FILER NAME	Jaurer Selever		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; PO Box 830 67 SA TX 7828	State; Zip Code	10 Interest rate
Y (₽)	SA TX 7828	3	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	.nty Shuiss's off
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable  20 Principal Occupa	18 Guarantor address; City;	State; Zip Code  21 Employer (See Instructions)	
	ion (cee manageons)	21 Employer (See instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
is lender a financial	Lender address; Po Box 8300	State; Zip Code	Interest rate
Institution?	S4 TX 782		Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	y Sherist's off.
Description of Coll	ateral	Check if personal fundance account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		***	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
if it	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEI	

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME	Jaurer Selezer		3 Filer ID (Ethics Commission Filers)
	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; PO Box 830 G	79 State; Zip Code	10 Interest rate  11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable  20 Principal Occupat	18 Guarantor address; City;	State; Zip Code  21 Employer (See Instructions)	
	1		
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
is lender a financial Institution?	Lender address; Po City; City;	.7 9 State; Zip Code	Interest rate
Y (C)	54 JX 782		Maturity date
Pe ac.	on / Job title (See Instructions)	Employer (See Instructions)	, Sherist's Off.
Description of Colli	ateral	Check if personal fund account (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor	<u> </u>	Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see ins	IES OF THIS SCHEDULE AS NEE struction guide for additional rep	DED porting requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME	Jaurer Selezer		3 Filer ID (Ethics Commission Filers)
	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$) 75.00
6 lk lender a financial Institution?	8 Lender address; City;	79 State; Zip Code	10 Interest rate  11 Maturity date
Y (N') 12 Principal occupati	SAW 7828	13 Employer (See Instructions)	11 Maturity date
Peco	ce Officer	1	-my Shuistiosa
14 Description of Coll	lateral	15 Check if personal fund account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable  20 Principal Occupat		State; Zip Code  21 Employer (See Instructions)	
Date of loan	Name of lender		T
12/26/19	Name of lender out-of-state	) PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; Po Box 8300		Interest rate
Y (C)	S4 7X 782	<b>.83</b>	Maturity date
Pe ac	ion / Job title (See Instructions)	Employer (See Instructions)    Sex - (	y She-ists off.
Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPender is out-of-state PAC, please see ins	PIES OF THIS SCHEDULE AS NEE estruction guide for additional re	EDED porting requirements.

### SCHEDULE F1

#### **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/Manas/Contract Lahor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Anthers a settlement of listed above)

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wa	agas/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Javrer Salazer	3 Filer ID (Ethics Commission Filers)
4 Date 07)15  19	7 Payee address; Po Box 9622	
6 Amount (\$)	7 Payee address; Po Box 9622 c	City; State; Zip Code
183.04	washington ?	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Loon Repayment	Reinburge-ut
	(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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	_
87/26/19	Texes Democra	tic Party
Amount (\$)	Payee address; Po Box 116	City; State; Zip Code
775.00	Austu, TX. 78	767
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Detelese
EXPENDITURE	Fees	
	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	
07/30/19	Prestige Prin Payee address; 8 Burwood L	47
Amount (\$)	Payee address; 8 Burnsod L	City; State; Zip Code
383.21	S47× 78211	•
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	printly Expense	Prono meterals
	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/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Lu Fees O Food/Beverage Expense P Grit/Awards/Memorials Expense P al Committee Legal Services S:	oan Repayment/Reimbursement office Overhead/Rental Expense folling Expense rinting Expense alaries/Wages/Contract Labor	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:	The Instruction Guide explains h	<del></del>	
	2 FILER NAME JUNE Sale	rer	3 Filer ID (Ethics Commission Filers)
4 Date 31 17	5 Payee name  N. W. Demos	creds	
6 Amount (\$)	7 Payee address; 5443 Jachi	wood Dr.City;	State; Zip Code
800.00	5A 7× 7	9238	
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
PURPOSE OF EXPENDITURE	contribution	Advertis	ment in Program
	(c) Check if travel outside of Texas. Complete Sched	lule T. Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name 님	Office sought	Office held
Date	Payee name	4	
07/31/19	constant	confact  pelo Rdivi , MA 02451	
Amount (\$)	Payee address;   Lol Tre	rpelo Rajity:	State; Zip Code
101.27	W-1 thosa	MA 02451	
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	Ad. Fees	on line	Ad. Fees
	Check if travel outside of Texas. Complete Schede	ule 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		
08/03/19	Prestige	Printing	
Amount (\$)	Payee address;	sud Lm. City;	State; Zip Code
427.59	SATA	53 Cm. City; 78214	
	Category (See Categories listed at the top of this sched	· •	
PURPOSE OF EXPENDITURE	Printing Expense	Push	eerds
	Check if travel outside of Texas. Complete Schedu	ule 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
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political (				
Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME  Solution Silers			
4 Date 03 15 19	5 Payee name IcmA			
6 Amount (\$)	7 Payee address; Po Box 96220 City; State; Zip Code			
183.04	Washington Dc 20090			
8	(a) Category (See Categories listed at the top of this schedule) (b) Description			
PURPOSE OF EXPENDITURE	Loan Repayment payment to retirement			
	(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				
Date	New Creetion Chiristian Fellowship  State: Zip Code			
Amount (\$) 200.00	Payee address; 5700 Four winds Cibr. State; Zip Code Winderest, 377. 73239			
<i>U</i> -	Category (See Categories listed at the top of this schedule)  Description			
PURPOSE OF EXPENDITURE	Contribution Church Donation			
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held			
Date	Payee name			
09/16/19	Robodial			
Amount (\$)	Payee address; UCDI N. Ferr Fx City; State; Zip Code			
67.51	Ar ling ton, VA. 22203			
	Category (See Categories listed at the top of this schedule)  Description			
PURPOSE OF EXPENDITURE	Ad Expense Robucell Trees			
	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/	Candidate / Officeholder name Office sought Office held OH			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense (Expense s/Wages/Contract Labor o 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 Javier Salaza	~	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	•		
6 Amount (\$)	7 Payee address; 9502 Com-	puter 95%.	State; Zip Code	
405.00	8 A.W.	78129		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	(antribution	Publi	e.hm Exp.	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
08/24/19	Prestige Pr	inti-		
Amount (\$)	Payee address; 8 B L-Wood	Ln, City;	State; Zip Code	
129.90	54 TX 78	3216		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	•	
OF EXPENDITURE	Printing Expense	push	eards	
	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/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
08/28/19	Harland Cla	, he.		
Amount (\$)	Payee address; 5955 Le Sen	tere cityhu	State; Zip Code	
5111	SA 7 7	8254		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	New	chechs	
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

#### **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 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 JOVENS	3 Filer	ID (Ethics Commission Filers)	
4 Date 63 30/19	5 Payee name Northwest Be	xer county	Democrets	
6 Amount (\$)	7 Payee address; 7122 San Redr	o 当 ity;	State; Zip Code	
150.00	8th TX 7821	14		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE	Contribution	Event	Expense	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	V	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
68/30/19	Weebly			
Amount (\$)	Payee address; Yua Bryant	-S. →. City;	State; Zip Code	
165.88	Son Francis	co CA, 94	107	
e e e e e e e e e e e e e e e e e e e	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		1		
OF EXPENDITURE	Theres	websit	2	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	ceholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
08/31/19	Payee address; 1601 Trepelo Welthen MA	loutect		
Amount (\$)	Payee address; 160) Trepelo	P.J. City;	State; Zip Code	
161.27	Welthan MA	, 02421		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	_	Neusle	Her	
EXPENDITURE	Fees	Mensie	•	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	ceholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E VS MEEDED		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE F1

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

Candidate/Officeholder/Politica Credit Card Payment		ges/Contract Labor Other (enter a category not listed above)	
	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Javrer Salezar	3 Filer ID (Ethics Commission Filers)	
4 Date 69 03/19	5 Payee name M: Tiera	3	
3 45.05	7 Payee address; Sco Polorosa SATX 78207	City; State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Food Bev.	
	(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/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
09/05/19	Chris Flores Payee address: 21827 Seminal		
Amount (\$)	Payee address: 21827 Semiol	City; State; Zip Code	
800.00	54 TX 7821		
*	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advartising	video Production	
	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/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
09/11/19	Triple Scoop A Payee address; 2211 A. F. 184	1 usic	
Amount (\$)	Payee address; 2211 N. First	- 54, City; State; Zip Code	
538.00	San Jose Co	4, 95131	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	F- <b>e</b> -95	online music Purchase	
	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/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District Travel Out Of District Contributions/Donations Made By 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 3 Filer ID (Ethics Commission Filers) 5 Payee name State: 7 Payee address; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** website OF Fees EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name POBOX 96220 City: Washington DC 20090 Payee address; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** 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 Payee name Office Furniture Liquidations 6878 Bondon Petri State; Payee address; Zip Code 270.59 Category (See Categories listed at the top of this schedule) Description **PURPOSE** office Firmfine EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Polling Expense Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Javrer Solezan 3 Filer ID (Ethics Commission Filers) 5 Payee name Avenida Guadalupe 1313 Guadalupe City: 54 TX 78207 6 Amount (\$) 7 Payee address; State: Zip Code 500.00 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Event Expense Parade Fee EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Payee address: 2907 Forederich, Christing 78201 State; Zip Code (1.) he Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fodel Expense EXPENDITURE Brech fist Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Payee name Constant Contact 1601 Trapelo City 2d. Woltham MM 02451 09/30/19 Payee address; State; Zip Code 101.27 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Ad Fees EXPENDITURE online Ad Fres Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District	
Credit Card Payment		The Instruction Guide explains			Other (enter a cate	gory not listed above)
1 Total pages Schedule F1:	2 FILER N	Jan Soloz		mpioto uno iorm.	3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee na	ime	1			
10/03/19		ime Prestige Pr	بمهم	5		
6 Amount (\$)	7 Payee ad	Idress;	od L	City;	State;	Zip Code
313.93		34 TX				
8 PURPOSE	(a) Category	(See Categories listed at the top of this se	chedule)	(b) Description		
OF EXPENDITURE	Pr	ntys Fee		Prono	hard v	unterel
	(c)	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	n, TX, officeholder livin	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought	, 17t, Oncentider Hyll	Office held
Date	Payee nar	me				
10 07 19 Amount (\$)		Amols				
Amount (\$)	Payee add	dress; 227 Free	4 1	a ) City:	State:	7in Ondo
4		27177	اعارعاد	Shiri	Glate,	Zip Code
112.54		874 TX	, , , -	201		
PURPOSE	Category	(See Categories listed at the top of this sch	edule)	Description		
OF EXPENDITURE	EV	rent Experse		Promoti	mal I	tens
		Check if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held
Date	Payee nar	me				
10/07/19		Mi Tierra				
Amount (\$)	Payee add	ress; gro Dalaro	5 2	City;	State;	Zip Code
304.30		814 W 78				
PURPOSE	Category (	See Categories listed at the top of this sche	edule)	Description		
OF EXPENDITURE	EV	ent Expense		Food	Ber.	
	cr	neck if travel outside of Texas. Complete Sched	dule T.	Check if Austin	TX, officeholder living	Avagnes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	e / Officeholder name		Office sought	onconder nand	Office held
	ATTA	CH ADDITIONAL COPIES OF	THIS SCI	HEDULF AS NEED	En .	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Jevrer Solerer Fresta en Mein 2025 N. Main 3 Filer ID (Ethics Commission Filers) 5 Payee name 7 Payee address; State: Zip Code SA TE. 78212 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Pronotice / Ile-1 OF Event Experse EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 10)16/19 Amount (\$) ICMA PODOX 96226ity: Payee address; Zip Code 183.04 Washington DC 20090 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Loon Pryment Repay Retreat Loon **EXPENDITURE** 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 Pavee name Payee address: State; Zip Code 250.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Event Expense EXPENDITURE Heeling Hearts lack 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

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Offin Food/Beverage Expense Poll Gift/Awards/Memorials Expense Print Committee Legal Services Sala	in Repayment/Reimbursement ce Overhead/Rental Expense ling Expense ling Expense aries/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 ho	w to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name  All About		
995.90	7 Payee address; 1113 - C を・ H 3 サ	tous to City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this sched	lule) (b) Description	
PURPOSE OF EXPENDITURE	Ad Expense	granst	und Items
	(c) Check if travel outside of Texas. Complete Schedul	le T. Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/29/19	Downos	91220	
Amount (\$) 82.99	Payee address; 240 W. Her-	-51- City:	State; Zip Code
	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE OF EXPENDITURE	Event Expense	1=0	. J
	Check if travel outside of Texas. Complete Schedu	le T. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 10)31/19	Payee name	Contact	
Amount (\$)	Payee address;	ma selo	State; Zip Code
101. 2,	レーノチニー		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched		e Ad Expuse
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor thow 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  5 Payee name		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; 119 Toleh	Oity;	State; Zip Code
213.25	54 TX.		
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Line	_ns
	(c) Check if travel outside of Texas. Complete Sch	hedule T. Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/05/19	Prestige	Printy	
Amount (\$)	Payee address;	and Lu, City;	State; Zip Code
333.41	Payee address: 8 Burner SATX	7821k	
	Category (See Categories listed at the top of this so		
PURPOSE OF EXPENDITURE	Advantary Exy	ا کی ا	- uneterals
· ·	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/06/19	D	& Bers	
Ampunt (\$)	Payee address; (35 Ci)	bolovollegy;	State; Zip Code
400.11	Cibalo	DX 78108	
242222	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Event Experie	se Bevi	ua ses
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Transportation Equipment & Related Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense 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 3 Filer ID (Ethics Commission Filers) 5 Payee name 7 Payee address; City: State: Zip Code SATX 78212 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Event Exporse EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date Pavee name Next Day Custon Tees 5: 3919 S. Presa City: State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE T- shirts OF Ad. Experse EXPENDITURE 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 Payee name Date 5411 UTSA Blud city; Payee address; State: Zip Code 35.11 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Evert Experse **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Giff/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)
	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME  5 Payee name	- ~ ~	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name  TC M4		
6 Ambunt (\$)	7 Payee address;	abrzo City;	State; Zip Code
183.04	Weshin	Stor DC 200	,90
8	(a) Category (See Categories listed at the top of this so	thedule) (b) Description	
PURPOSE OF EXPENDITURE	Lon Repayment	Pe:m	buse ment
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austir	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11 15 12	gen's club		
Amount (\$)	Payee address; 5565 De 7	eve & City;	State; Zip Code
49.92	SA TX. 76	3249	
PURPOSE	Category (See Categories listed at the top of this sch	edule) Description	
OF EXPENDITURE	Event Expense	2~p	p 12-es / 1-00 of
	Check if travel outside of Texas. Complete Sche	edule 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		
11/15/19	Party Cit	γ	
Amount (\$)	Payee address; 1341 San	Pedro City;	State; Zip Code
64.89	514 TX0 7	8214	
PURPOSE	Category (See Categories listed at the top of this sche	edule) Description	
OF EXPENDITURE	Evert Expense	Deco	<b>r</b> .
	Check if travel outside of Texas. Complete Sche		TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEED	DED

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By	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
Candidate/Officeholder/Political		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:	= \ 5/2	~~	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Red Bath	# Beyond m 1614 (1); 79232	
6 Amount (\$)	7 Payee address; 1730 N F	M 1LIY City:	State; Zip Code
60-61	54 TX	78232 =	
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	office over her	.d 5 m	yylms
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Aus	stin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/17/19	Home De	pot	
Amount (S)	Payee address; 9138 Ag	City;	State; Zip Code
51.60	Payee address: 9138 Ajure Selmit	× 78154	
4	Category (See Categories listed at the top of this so	chedule) Description	
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EXPENDITURE	office overhead	5h	Philes
	Check if travel outside of Texas. Complete Sc	:hedule T. Check if Aus	stin, 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		
11/19/19	BJS Pes	; formats	
Amount (\$)	Payee address; 22416 LS	Huy 281cin	State; Zip Code
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PURPOSE OF EXPENDITURE	Event Expense	Fo	, ad /Bev.
	Check if travel outside of Texas. Complete So	chedule T. Check if Aus	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	:EDED

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how 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 January Calen	~	3 Filer ID (Ethics Commission Filers)
4 Date 11 21 19	5 Payee name		
6 Amount (\$)	7 Payee address; S Runwa	od Lu, City;	State; Zip Code
178-61	5h D		
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Ad Expe-se	prot	d praterials
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 11 25 /19	Payee name	inces Proje	ct
Amojunt (\$)'	Payee address: 76 S. 2-	re - o-city;	State; Zip Code
1000.00	SA TX	78207	
,	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE OF EXPENDITURE	Donaden	ما ملمه ه	when by osticalold
	Check if travel outside of Texas. Complete Sch	edule 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
Date	Payee name		
11/25/19	office Dep	e }	
Amofunt (\$)	Payee address;	sroeds City;	State; Zip Code
459.37		54 TX 787	<b>૮</b> ઇ)
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PURPOSE OF	office overhead	·CC:	.1 0
EXPENDITURE	F	dshiesup	) (v=)
Complete ONLY if direct	Candidate / Officeholder name		TX, officeholder living expense
expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDI II E AS NEE	nen .

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District Travel Out Of District Contributions/Donations Made By 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 3 Filer ID (Ethics Commission Filers) 5 Payee name 6 Amount (\$) 7 Payee address; State; Zip Code 81.18 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Eval Experse EXPENDITURE (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 held Office sought Payee name Date Payee address: 3ths old Arsh Rd. City: State Zip Code 1.95.45 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising EXPENDITURE Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Constant Contect 1601 Tropelo Pd. City: Wolthon MH 02451 Amount (\$ Payee address; State; Zip Code 101.27 Category (See Categories listed at the top of this schedule) Description on line Ad breuste **PURPOSE** Fees EXPENDITURE 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

	EXPENDITURE CAT	regories for Box 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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 expl	lains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jave Sola	201	3 Filer ID (Ethics Commission Filers)
4 Date 11/3 19	5 Payee name		Annual control of the second s
6 Amount (\$)	7 Payee address;	FM 1604 City;	State; Zip Code
41.57	•	78248	
8	(a) Category (See Categories listed at the top of	this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising E		دسامهم
	(c) Check if travel outside of Texas. Comple	te Schedule T. Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
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Amount (\$)	Payee address;	14 Sun Canicity:	State; Zip Code
400.00	5A'	JX 78244	
	Category (See Categories listed at the top of the	nis schedule) Description	
PURPOSE OF			
EXPENDITURE	Fees	Lish	A lepair
	Check if travel outside of Texas. Complete	te Schedule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		Onice sought	Onice neid
Date	Payee name	0.44 - 0.4	
12/04/18		enham 6455	o C ,
Amount (\$)	Payee address;	sadury City;	State; Zip Code
5678.12	8-47)	x 78205 City;	
	Category (See Categories listed at the top of th	is schedule) Description	
PURPOSE OF EXPENDITURE	consulty Ex	a fund	reisty Commission
	Check if travel outside of Texas. Complet	te Schedule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS NE	EDED

	EXPENDITURE CATEGO	PRIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees ( Food/Beverage Expense F Gift/Awards/Memorials Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor How 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 Jan Sel.	<b>1~</b>	3 Filer ID (Ethics Commission Filers)
4 Date 12 ,4/19	5 Payee name	_ 0	
6 Amount (\$)	7 Payee address; 1324 Lo	1'ed City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
PURPOSE OF EXPENDITURE	Food Beverge	_ D.~	~~
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
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Amount (\$)	Payee address; CIO Kills	y Hewh city:	State; Zip Code
99.50	Payee address; 510 Kiffi	city, TX 78	148
*	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	5-pplces	s tti	ce sepplies
	Check if travel outside of Texas. Complete School	edule 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
Date 12)07/19	Payee name Cadillac	B	
Amount (\$)	Payee address; 212 S.FI	City;	State; Zip Code
428.00	SATA	1, ~,	
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	Event Expens	e Food	Ben
	Check if travel outside of Texas. Complete Scho	edule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED

	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex	head/Rental Expense Tran ense Trav pense Trav	citation/Fundraising Expense sportation Equipment & Related Expense el In District rel Out Of District er (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME JOHN Soler	_ 3 F	iler ID (Ethics Commission Filers)
4 Date 12 00 19	5 Payee name Graystreet		
6 Amount (\$)	7 Payee address; 212 SFT we	S City;	State; Zip Code
10.00	5x 17x 781		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Par	. היאש
	(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/OF	Candidate / Officeholder name	Office sought	Office held
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12/10/19	Payee address: 800 Bulavos		
Amount (\$)		City;	State; Zip Code
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•	Category (See Categories listed at the top of this schedule)	Description	•
PURPOSE OF EXPENDITURE	Event Exp.	Found	Bev.
	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/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/10/19	phelendra En	te tenmen	<b>+</b>
12/10/17 Amount (\$)	Payee address; 113 C E. Hucs	City;	State; Zip Code
375.00	SNATY 78205	•	
	Category (See Categories listed at the top of this schedule)	Description	·
PURPOSE OF EXPENDITURE	Event Exp.	Photos	
	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/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

	EXPENDITURE CATEGORIES I	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repa Fees Office Ove Food/Beverage Expense Polling Expense Printing Expense	syment/Reimbursement strinead/Rental Expense Transportation Equipment & Related Expense Pense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Jany Solor	3 Filer ID (Ethics Commission Filers)	
4 Date	7 Payee address; 1400 5. Sherma	1	
373.00	7 Payee address: 1400 S. Shermo Richardson T	City; State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	powdions	pins For Deputres	
	(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/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
12/12/19	Payee address: 460 Bryent  Son Frencisco		
Amount (\$)	Payee address; 460 Bryent	という City; State; Zip Code	
541.80	5 Fréncisco	CA, 94107	
,	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Website	
	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		
12/15/19	Payee address; 911 N. Main SATX. 7821		
Amount (\$)	Payee address; QII N. M.	City; State; Zip Code	
27.00	SA TX. 7821	2	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Food Bev	
	Check 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	SCHEDIII E VS MEEDED	

### SCHEDULE F1

### 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 Lenal Services

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 (Instruction Programs and Fisher Programs

Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wa	ges/Contract Labor Other (enter a ca	ategory not listed above)
	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Sour Solorer	3 Filer ID (E	thics Commission Filers)
4 Date 12/15/19	5 Payee name  Wel Mart	•	-
6 Amount (\$)	7 Payee address; 510 kiffy Ite		Zip Code
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	office Exp.	Supplie	•
	(c) Check if travel outside of Texas. Complete Schedule T.	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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	Category (See Categories listed at the top of this schedule)	Description	
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	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
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12/16/19	Payee address; 2118 Frederich she SATY 78201		
Amount (\$)	Payee address; 2118 Fredericks by	<b>プ</b> City; State	; Zip Code
344.00	8477 9201		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ostice Exp.	Supplies	<b>^</b>
	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/OI	Candidate / Officeholder name	Office sought	Office held

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees O Food/Beverage Expense P. Gift/Awards/Memorials Expense P. Committee Legal Services S.	pan Repayment/Reimbursement ffice Overhead/Rental Expense polling Expense rinting Expense alaries/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 h	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jaury Soleca	•	3 Filer ID (Ethics Commission Filers)
4 Date   12   8   4	5 Payee name L. Paddy		
6 Amount (\$)	7 Payee address;	yden City;	State; Zip Code
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8	(a) Category (See Categories listed at the top of this school	edule) (b) Description	
PURPOSE OF EXPENDITURE	Fees	مدا	bside
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	Fees	chee	h orders
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Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	·	
12/19/19	weebly		
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154.80	50- Frencisc	0 CA, 94107	
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EXPENDITURE	fees	Mess	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Check if travel outside of Texas. Complete Sched	lule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

	E	EXPENDITURE CATE	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/ Gift/A	Expense Beverage Expense wards/Memorials Expense Services	Office Overt Polling Expe Printing Exp		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
	The	Instruction Guide expla	ins how to co	mplete this form.		
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4 Date   1 4   1 4	5 Payee name	Alter (	lo~pu	معل.		
6 Amount (\$)	7 Payee address	11342 2	IH3	City;	State;	Zip Code
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8	(a) Category (See	Categories listed at the top of th	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Ad.	Expus	<u>.</u>	517	n Supp	ارسوح
	(c) Check i	f travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held
Date	Payee name					
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Amount (\$)	Payee address	a.DI Per	dera	City;	State;	Zip Code
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Complete ONLY if direct expenditure to benefit C/OH		fficeholder name		Office sought		Office held
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12/21/19		office a	γe×			
Amouht (\$) '	Payee address	greek A	ore P	kwyCity;	State;	Zip Code
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
	ATTACH	ADDITIONAL COPIES	S OF THIS S	CHEDULE AS NEE	DED	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 Javer Solozar 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name HEB 2118 Fredericks busins 7 Payee address: State: Zip Code SATX 78201 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF office EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Pavee name 5303 W. Loup = 1404 514-1X. 78157 Pavee address: Zip Code 43.19 Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Pico de hallo = 800 Dilmos e SM TX 78207 City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE 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

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officaholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
-	The Instruction Guide explains	s how to complete this form.	
	2 FILER NAME	Land	3 Filer ID (Ethics Commission Filers)
4 Date 7 24) [ 9		10-se	
6 Amdunt (\$)	7 Payee address;	• 1499 City; 78215	State; Zip Code
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8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Food Dev	Food	Bev
	(c) Check if travel outside of Texas. Complete Sch	hedule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
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Amolunt (S)	Payee address; 8 7 4 400	In. City;	State; Zip Code
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OF EXPENDITURE	Printy Exp.	Prono	Moterals
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austir	n, 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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Amount (\$)	Payee address;	Francio Chid.	State; Zip Code
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PURPOSE OF EXPENDITURE	Ad Fees	onla	ne Ad Fees
	Check if travel outside of Texas. Complete School	edule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEE	DED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense rees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Travel Out Of District Other (enter a category not listed above) Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Jover Solozer 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Payee address; 1140 S. Land Cib. The T8204 5 Payee name Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description OSCice Eype-se PO Dox Rentel PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name San Antonio AdM (lub Foundation Payee address: 205 west Ave. City: State: Zip Code 500.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Security Deposit Fees EXPENDITURE 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 Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) ier 4 Date 5 Payee name Rosc 201 7 Payee address Zip Code ipers Meadow st. San Antonio. TX. 18251 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Tina Acosta address: Bob Billa San Antonio, Amount (\$) Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Contract Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH Auburn Daks Description **PURPOSE** EXPENDITURE 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

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipme Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Zip Code San Antonio, TX. 78237 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Staffer OF Contract Labor EXPENDITURE (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 11-18-19 State: Zip Code \$65.00 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 1-16-19 Zip Code 165.00 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

#### **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)

Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) Salazar Javier 4 Date 5 Payee name Laura Barberena 7-15-19 6 Amount (\$) 7 Payee address; State; Zip Code Dawnwood Dr. 1,000.00 san Antonio, 8 **PURPOSE** Contract Labor **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Star Media City; 7-24-19 Amount (\$) State; Zip Code N Frio St San Antonio TX 78207 6,100.00 1011 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense services **EXPENDITURE** 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 Pavee name 7-27-19 Amount (\$) Zip Code State: 2,000.00 Antonio, TX. PURPOSE OF Contract Labor EXPENDITURE 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

### SCHEDULE F1

### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Political	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME Javier Salazar 3 Filer ID (Ethics Commission Filers)
4 Date 7-28-19 6 Amount (\$)	Puerta Hermosa Baptist Church
6 Amount (\$)	7 Payee address;
\$25.00	4023 Pleasanton Rd. San Antonio, TX 78221
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Donation Charity
	(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
8-2-19	Laura Barbereng  Payee address; Zip Code 8314 Dawnwood Dr San Antonio, Tx.
Amount (\$)	Payee address; City; State; Zip Code  O 3 111 D 0 1 100 1000 DV Son And DO 100 DX
1,500.00	78aso
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	Contract Labor Staffer
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
Date	Payee name
8-2-19	Ryan Garcia  Payee address; City; State; Zip Code  111 Proband # 431
Amount (\$)	Payee address; City; State; Zip Code
500.00	San Antonio, Tx. 78204
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	Contract Labor Staffer
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held  OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FROM POLIT	
	EXPENDITURE CATEGORIES FOR BOX 8(a)  Solicitation/Fundraising Expense Solicitation/Fundraising Expense
vertising Expense counting/Banking nsulting Expense Intributions/Donations Made By andidate/Officeholder/Political Con	Event Expense
dit Card Payment	The Instruction Guide explains at 3 Filer ID (Ethics Commission Filers)
Total pages Schedule F1: 2	Javie
1-3-19	Payee name ROCK Fellowship City; State; Zip Code
Amount (\$) 7	Payee address;  2391 SAN LOOP 410 Unit 300  San Antonio, TX. 78217
(	Coo Categories listed at the top of this solution
PURPOSE OF EXPENDITURE	Donation Charity  Check if Austin, TX, officeholder living expense
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TA, Office held  Office sought
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office stught
Date 8-4-19	Cassandra Littlejohn  City; State; Zip Code
Amount (\$) 500.00	Payee address; 13614 Auburn Oaks San Antonio, Tx. 78247  Substitute phagula Description
PURPOSE OF EXPENDITURE	Contract Labor  Staffer  Contract Labor  To staff Austin TX officeholder living expense
	Check if travel outside of Texas. Comprete Scriedule 1. Office sought
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH
Date	Payee name
8-29-19	Lone Star Media  Payee address;  IDII N Frio St. San Antonio, TX.  18207
Amount (\$)	Payee address;  Payee address;  St. San Antonio, TX.
12,196.96	
PURPOSE OF	Category (See Categories listed at the top of this schedule)  Printing  Advertising Expense
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if dire expenditure to benefit	ct Candidate / Officeholder name C/OH
experience 3 3 5	CODIES OF THIS SCHEDULE AS NEEDED
	ATTACH ADDITIONAL COPIES OF THIS GST. 2012  Www.ethics.state.tx.us

### SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Cytos (ontry a extension and listed above)

ontributions/Donations Made By Candidate/Officeholder/Political	Git/Awards/Memorials Expense Printing Expense Other (enter a category not listed above)  Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
edit Card Payment	The Instruction Guide explains how to complete this form.
Total pages Schedule F1:	2 FILER NAME  Tavier Salazar  3 Filer ID (Ethics Commission Filers)
8-29-19	5 Payee name Ryan Garcia State: 7 in Code
Amount (\$)	7 Payee address; III Proband+#43/
500.00	San Antonio, TX. 78204
	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Contract Labor Staffer
	(c) 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/O	Candidate / Office holder name Office sought Office held
Date	Payee name
9-3-19	Laura Barberena  Payee address;  8314 Dawnwood Dr.
Amount (\$)	
1500.00	San Artonio, IX, 18250  Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	contract Labor Staffer
	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/	Candidate / Office holder name Office sought Office held
Date	Payee name
9-3-19	Robert Vargas  Payee address;  City; State; Zip Code
Amount (\$)	1 201 Fast CeVallos, #137
323.00	San Antonio, 1x. 18204
PURPOSE OF EXPENDITURE	Reimbursement Food + beverage
	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 (	Candidate / Officeholder name Office sought Office held C/OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
	Revised 9/26

### SCHEDULE F1

#### **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
Others (orders a sategory not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political		ense Travel Out Of District ges/Contract Labor Other (enter a category not	listed above)	
Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Javier Salqza	3 Filer ID (Ethics Con	nmission Filers)	
4 Date 9-14-19	5 Payee name Ryan Garca			
6 Amount (\$)	7 Payee address; III Proba fit + #3 tate; Zip Code			
500.00	San Antonio, TX. 78204			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contract Labor	Staffer		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expe	ense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Offi	ce held	
Date	Payee name			
9-14-19	Cassandra Littl			
Amount (\$)	Amount (\$) Payee address; 13614 Auburn Daks Zip Code			
650°	San	Antonio, TX.	78247	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Statter		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Off	ice held	
Date	Payee name			
9-20-19	Ryan Garcia	٠		
Amount (\$)	Payee address; III PN6an	dt # 421	Zip Code	
1000.00	San Antonio, TY. 76204			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Staffer		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living exp	pense	
Complete ONLY if direct				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE F1

#### **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)

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/W	ages/Contract Labor Other (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	<sup>2 FILER NAME</sup> Javier Salaz	3 Filer ID (Ethics Commission Filers)		
4 Date 9-25-19	5 Payee name	Democrats		
6 Amount (\$)	7 Payee address;			
250°°		io, Tx. 78253		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	program		
	(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/OI	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
9-29-19	Maranatha Bible Church			
Amount (\$)	Payee address; City; State; Zip Code			
40.00	7855 SH-1604 LOOPS Converse, TX. 78109			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	charity		
	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/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
9-29	LULAC # 2219	8		
Amount (\$)	Payee address;	City; State; Zip Code		
300.00	908 Nolan	70202		
	San Antoniu;	78202		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	charity		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense

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 Control Control

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 Javier Salazar  3 Filer ID (Ethics Commission Filers)
4 Date 10-16-19	Felix Bensor
6 Amount (\$)	7 Payee address; State; Zip Code 5800 Med in a Base Road # 1103
142.50	San Antonio, TX. 78242
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Contract Labor Staffer
	(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
10-16-19	Frances Dewhirst
Amount (\$)	Payee address; City; State; Zip Code
166.50	247 Anteago San Antonio, TX.
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	Contract Labor Staffer
	Check if Travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held H
Date	Payee name
10-16-19	Rosemary Merino
Amount (\$)	Rosemary Merino  Payee address; State; Zip Code  \$230 Meadow Supi; State; Zip Code
135.00	San Antonio, TX 78251
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	contract Labor Staffer
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held  OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **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

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 Javier Salazar 3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name
10-17-19	San Antonio A+M Club Foundation 7 Payee address; City; State; Zip Code
6 Amount (\$)	7 Payee address; City; State; Zip Code
75000	7 Payee address; City: State; Zip Code (6205 West Ave San Antonio, TX.
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Event expense venue rental
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held
Date	Payee name
10-18-19	Jimenez Thankgiving Dinner City: State; Zip Code
Amount (\$)	Payee address; City; State, Zip Code
250.00	900 E Market St. San Antonio, TX.
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	Donation charity
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date	Payee name
10-20-19	New Creatron
Amount (\$)	Payee address; City; State; Zip Code
4000	8700 Fourwinds Dr. Windcrest, TX.
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	bonation charity
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **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

Candidate/Officeholder/Political	Committee Legal Services Salaries/Wa	ges/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME Javier Salaz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
10-22-19	Tania Toney	
6 Amount (\$)	7 Davis address:	City: State: ZID Code
5000	IIII Hidalgo St.	San Antonio, tx.
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Contract Labor	Staffer
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10-23-19	Laure Barber Payee address; 8314 Dawnwood	rena
Amount (\$)	Payee address;	City; State; Zip Code
1500.00	\$ 514 Dawn 1100	a Dr. San Antopolo, TX
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Contract Labor	Staffer
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10-23-19	Sign Busters	5
Amount (\$)	Payee address;	City; State; Zip Code
3448.50	330 W Botte San	Antonio, TX. 78221
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expense	Signs
,	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

## SCHEDULE F1

#### **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

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Salazas	3 Filer ID (Ethics Commission Filers)
4 Date 10-27-19 6 Amount (\$)	5 Payee name  TYWE VISINON  7 Payee address; City;	State; Zip Code
25.00	2826 Ackerman Rd. San A	Intonio TX. 78219
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Donation Ch	arity
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought DH	Office held
Date	Payee name	
10-28-19	Felix Bensor	To Code
Amount (\$)	Payee address; 5800 Medina Base Road #	State; Zip Code
135.00	San Antonia, TX.	78242
	Category (See Categories listed at the top of this schedule)  Description	
PURPOSE OF EXPENDITURE	Contract Labor Sta	ffer
	Check if travel outside of Texas. Complete Schedule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought OH	Office held
Date	Payee name	
10-28-19	Frances Dewhirst	
Amount (\$)	Payee address; Anteago San Ant	State; Zip Code
159.00		78237
	Category (See Categories listed at the top of this schedule)  Description	<b>10</b> 0
PURPOSE OF EXPENDITURE	Contract Later Stat	ifer
	Check if travel outside of Texas. Complete Schedule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

## SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By	Gift/Awards/Memorials Expense Print	ng Expense ting Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Sala  The Instruction Guide explains hov	ries/Wages/Contract Labor v to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Javier So	alazar	3 Filer ID (Ethics Commission Filers)
4 Date 10-28-19	5 Payee name Kuserrium Me	rino	State: Zip Code
6 Amount (\$)	7 Payee address; 8230 Meadow S	un San L	
8	(a) Category (See Categories listed at the top of this schedule	ule) (b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Sta	affer
	(C) Check if travel outside of Texas. Complete Schedul	eT. Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name .		
10-30-19	Ryan Garcia		
Amount (\$)	Payee address; 111 Proba	nd+ #431	State; Zip Code
1,500.00	San	Antonio,	TX. 18204
	Category (See Categories listed at the top of this schedu	1	0.0
PURPOSE OF EXPENDITURE	Contract Labor	Sta	effer
	Check if travel outside of Texas. Complete Schedu	le T. Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-28-19	Rosalinda Ran	mos	
Amount (\$)	Payee address; Neadow S	iuri San Av	nton io) TX.
125.25			78251
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	· •	ffer
	Check if travel outside of Texas. Complete Schedi	ule T. Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Consulting Expense Polling Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee 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 Salazar Javier La Hacrenda de 105 Barrio 7 Payee address; City; State; 4 Date 11-7-19 Redlard Rd. San Antonio, TX. 2,100,00 (b) Description (a) Category (See Categories listed at the top of this schedule) venue mea Food Services **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Chris Hinojos Payee address; City; State; 214 Aaron St. San Antonio, TX. 150.00 Category (See Categories listed at the top of this schedule) Description Bartende **PURPOSE** Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Edward Ryan Ortiz Payee address; 11-7-19 Zip Code Amount (\$) 719 W Gerald Ave. San Antonio, Tx 8221 1,000,00 Category (See Categories listed at the top of this schedule)

PURPOSE OF EXPENDITURE

Complete <u>ONLY</u> if direct expenditure to benefit C/OH Event Expense

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Office sought

## SCHEDULE F1

### **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
Gif/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
City (contract property and listed shows)

Candidate/Officeholder/Political Credit Card Payment		ges/Contract Labor Other (enter a category not listed above)
Great Card Fayment	The Instruction Guide explains how to cor	
1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
11-7-19	La Hacrerda de Los	s Barrios
6 Amount (\$)		
35000	18747 Redlard Ka	San Antonio, TX. 78259
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Food Services	venue meal
	(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	
11-7-19	Ron Singletor	
Amount (\$)	Payee address;	City; State; Zip Code
175.00	209 Lemonwood Dr	· Sari Aritonio, 18213
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	event expense	Security
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11-7-19	Daniel Baker	
Amount (\$)	Payee address;	City; State; Zip Code
175.00	320 Interpark Blo	od San Antonio, TX
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Event Experise	Security
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

## SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing	verhead/Rental Expense Expense Expense /Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries  The Instruction Guide explains how to	-	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Javier Sala	TUS	3 Filer ID (Ethics Commission Filers)
4 Date 11-12-19	5 Payee name Tania Tone	4	
6 Amount (\$) 166.50	7 Payee address; Hidalgo St.	" City:	State; Zip Code On 10; TX. 7820 7
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	54	raffer
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	ıstin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11-12-19	Natalie Sign	Y724	State: Zip Code
142.50	Natalie Signi Payee address; 1930 Keck Sa	n Antoni	78207
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	54	affer
	Check if travel outside of Texas. Complete Schedule T	Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
11-12-69	Frances Dew	hirst	
Amount (\$)	Payee address;	un Anton	State; Zip Code
67.50	247 Arteago So	LIC HICTORI	10, TX. 78237
	Category (See Categories listed at the top of this schedule	1	
PURPOSE OF EXPENDITURE	Contract Labor	S	taffer
	Check if travel outside of Texas. Complete Schedule		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	nt Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS	NEEDED

## SCHEDULE F1

### 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

Candidate/Officeholder/Political Credit Card Payment		ges/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to co		3 Filer ID (Ethics Commission Filers)
	Javier Salazar		
4 Date 11-12-19	Felix Bensor		
6 Amount (\$)	7 Payee address; 5800 Medina Basc Ro	ad # 1103 Intonio,	State; Zip Code  78242
13.0	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
8	(a) Oblegory (dee datagories institution to the state of		00 0
PURPOSE OF EXPENDITURE	Contract Laker	54	affer
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	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		
11-12-19	Cassandra Lit Payee address; 13614 Auk	tlejoh	V)
Amount (\$)	Payee address; 12 /01/1 (Auto	City;	State; Zip Code
1,000.00	15014 MUL	M la - ' a	N 100117
1,000.0	San	Antonio	17x· 78247
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Sto	iffer
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-18-19	Tania Toner		
Amount (\$)	Payee address; IIII Hidalyo St. Sa	City;	State; Zip Code
162.00	1111 Hi daigo SI. So	W ANTON	78207
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	contract Labor	Sta	ffer
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS N	EEDED

## SCHEDULE F1

#### **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

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wa	ges/Contract Labor Other (enter a c	District category not listed above)
	The Instruction Guide explains how to co		
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Javier Sala-	ZW 3 Filer ID (I	Ethics Commission Filers)
4 Date	5 Pavee name		
11-23-19	Justin Rodrigue	z Campai	97
6 Amount (\$)	7 Payee address;	City; State	Zip Code
100.00	San Anton	10, TX. 782	101
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	•
PURPOSE OF EXPENDITURE	Donation	campaign c	entribution
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholde	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-26-19	Tansa Toney		te: Zip Code
Amount (\$)	Payee address;	City; Stat	•
204.60	IIII Hidalgo St.	San Antonio,	TX. 78207
	Category (See Categories listed at the top of this schedule)	Description	•
PURPOSE OF EXPENDITURE	Contract Labor	Staffe	<u>^</u>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	ter living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-26-19	Frances Dewlhi	rst	
Amount (\$)	Payee address;	J.,	ate; Zip Code
90.00	247 ATT eago So	en Antonio, I	X25/
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Lakor	Description Staffer	•
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	der living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEEDED	

## SCHEDULE F1

### 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

Conditions of the Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)	
Candidate/Officeriolical Continues Legal Conversion	- 1
The instruction Guide explains now to complete this form.	
1 Total pages Schedule F1: 2 FILER NAME Jayrer Salazar 3 Filer ID (Ethics Commission File	ers)
4 Date 5 Payee name	
11-26-19 Felix Benson	
5800 Medina base Road #1103	I
	l
8 (a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE S S S S S S S S S S S S S S S S S S	
of Contract Labor Statter	
EXPENDITURE	
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
12-2-19 Ryan Garcia	
Amount (\$) Payee address; III Pro band # #43  State; Zip Code	
76201	1
1,500.00 San Antonio, TX. 78204	
Category (See Categories listed at the top of this schedule)  Description	
PURPOSE 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PURPOSE Contract Labor Staffer	
EXPENDITURE	
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	
Complete ONLY if direct cardidate / Oniceriolder name expenditure to benefit C/OH	
одрогиятия и выполня выполнительнитель выполни	
Date Payee name	
12-2-19 Laura Barberena	
Authority (4)	
8314 DAWNWOOD PI.	
1,500.00 San Antonio, TX. 76250	
Category (See Categories listed at the top of this schedule)  Description	
PURPOSE OF CONTROL Staffer	
of Contract Labor Statter	
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	
Complete ONLY if direct Candidate / Officenoider name Cine sosgiti	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

### SCHEDULE F1

#### **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

Candidate/Officeholder/Political Credit Card Payment	Candidate/Officeholder/Political Committee Legal Services Salaries vivages contact Each Committee Control Cont			
	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 Javier Sal	azar Janes de la Carres de la c		
4 Date 12-2-19	5 Payee name Cassandia Lit 7 Payee address; 13614 Aul	Hejohn		
6 Amount (\$)	San	Antonio, TX. 18241		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contract Labor	Staffer		
	(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			
12-4-19	Bexar County Demon	cratic Party Primary City: State; Zip Code		
Amount (\$)				
1250.00	1844 Fredericksbur	rg Rd: San Antonio, 7%.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  FILING  FEE	office/political Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12-4-19	Sign Busters			
Amount (\$)	Payee address;	City; State; Zip Code		
3448.00	330 W Baetz S	an Antonio, TX.		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEEDED		

## SCHEDULE F1

### 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

Contributions/Donations Made By Candidate/Officeholder/Political	Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/	Contract Labor Other (enter a category not listed above)
Credit Card Payment	The instruction Guide explains how to compl	ete this form.
Total pages Schedule F1:	2 FILER NAME Javier Salazo	3 Filer ID (Ethics Commission Filers)
Date 12-8-19	5 Payee name Marilyn Flores	
Amount (\$)	7 Payee address:	City; State; Zip Code
39.00	2526 Old Gate Rd.	San Antonio, TX. 78230
3	(a) Category (See Categories listed at the top of this schedule) (b	) Description
PURPOSE OF EXPENDITURE	Contract Labor	Staffer
	(c) Check if travel outside of Texas. Complete Schedule T.	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	Payee name	
12-8-19	Azucena Gaita	N 7: 0:40
Amount (\$)		City. State: Zip Code
104.00	1211 Patton Blvd.	San Antonio, TX 78237
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Contract Labor	Staffer
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
128-19	Tina Acosta	
Amount (\$)	Payee address;	City; State; Zip Code
104.00	3235 Bob Billa	San Antago, JX
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Contract Labor	Staffer
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

#### SCHEDULE F1

#### **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 Politing Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date 12-8-19	5 Payee name ROSQ je Jim en	ez		
6 Amount (\$)	7 Payee address; 3731 Pipers Meadow	Oity,		Zip Code  X.  825
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	~~	
PURPOSE OF EXPENDITURE	Contract Lakor	St	affer	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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			
12-8-19	Anthony Herna Payee address; 147 Hollyberry	ndez		
Amount (\$)	Payee address;	City;	State;	Zip Code
DZ.00	141 Hougherry	Cri Sa	78	214
	Category (See Categories listed at the top of this schedule)	Description	_	•
PURPOSE OF EXPENDITURE	Contract Labor	Sta	affer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12-8-19	Brittnie Bra Payee address: 238 Menlo Si	NO		
Amount (\$)	Payee address;	City;	State;	Zip Code
65.00	238 Mento 5	an Anto	nio, TX. 783	<del>,</del> 2-3
	Category (See Categories listed at the top of this schedule)	Description	00	
PURPOSE OF EXPENDITURE	Contract Labor	Sta	ffen	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salanes/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) 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 Javier Salazar 5 Payee name 4 Date Cantu Lori 7 Payee address; City: Zip Code 6 Amount (\$) Bayes address; Beir Ave#33 San Antonio, TX. 195.00 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Staffen **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Esther Bravo 12-8-19 City; Zip Code State: Mckinley San Antonio, TX. 102.00 Category (See Categories listed at the top of this schedule) Description Staffer **PURPOSE** Contract Labor EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH 12-8-19 City; Antonio, TX. 90.00 182 o7 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. 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

#### **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 Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) burer 5 Payee name Isaac Ybarra SW 19th St. San Antonio, TX. 6 Amount (\$) 7 Payee address; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Staffer Contract Labor **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Maria Mendez

Payee address; Crystal farm Son Antonio, TX. Amount (\$) 117.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Staffer Contract Labor EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Tina Acosta se address; Bob Billa San Antonio, TX. 78223 12-13-19 Amount (\$) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract Labor OF EXPENDITURE 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

## SCHEDULE F1

#### 

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

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
Chess(state extract and state)

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:	<sup>2 FILER NAME</sup> Javier Sa	lazar	3 Filer ID (Ethics Commission Filers)		
4 Date 12-13-19	5 Payee name Britthie Brai	50			
6 Amount (\$) 230.75	7 Payee address; 238 Menlo Sai	city: 1 Anton	state; Zip Code 1,50 1 TX 78223		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Contract Labor	St	affer		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12-13-191	Ester Bravo				
Amount (\$)	Payee address; 324 MC Kinley	San Ant	State; Zip Code ONIO, TX. 780-10		
	Category (See Categories listed at the top of this schedule)  Description				
PURPOSE OF EXPENDITURE	Contract Labor Staffer				
	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					
Date	Payee name				
12-13-19	Lovi Cantu Payee address; 2333 Weir Ave				
Amount (\$)	Payee address;	The City;	State; Zip Code		
169.00	3333 Weir Ave	平 33 5	an Anton,0,1%. 78226		
	Category (See Categories listed at the top of this schedule)	Description	•		
PURPOSE OF EXPENDITURE	Contract Labor	Sta	ffer		
	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  OH	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## SCHEDULE F1

### **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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Political Committee Legal Services  The Instruction Guide explains how to complete this form.				
Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)		
Date 12-13-19 3 Amount (\$) 10409	5 Payee name AZUCENO Gai 7 Payee address;			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor  (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description  Staffer  Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date 12-13-19	Payee name  TNEZ Garcia	City: State; Zip Code		
Amount (\$)	FARZ Garcia Payee address; 1666 SW 19th St.	San Antonio, TX. 78207		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor  Check if travel outside of Texas. Complete Schedule T.	Description  Staffer  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held		
Date 13-191	Payee name Anthony Hern	andez		
Amount (\$) 230.75	Payee address; 147 Hollyberry	andez  city; state; zip code  Ln San Antonio, Tx.  78214		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Con tract Labor  Check if travel outside of Texas. Complete Schedule T.	Description  Staffer  Check if Austin, TX, officeholder living expense  Office pought  Office held		
Complete ONLY if direct candidate / Officeholder name Office stugit.  expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## SCHEDULE F1

#### **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

Candidate/Officeholder/Politica Credit Card Payment	- I mang Exp	pense Travel Out Of District ages/Contract Labor Other (enter a category not listed above)	
Groundard ayment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Javrer Sala	724 3 Filer ID (Ethics Commission File	ers)
4 Date 12-13-19	5 Payee name RUSalie Jir	Menez	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
195.00	3731 Pipers Mead	low St. San Antonio, T 7825/	γ.
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	0-1-1	Staffer	
OF EXPENDITURE	Contract Lakor	30140	
	(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/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
12-13-19	Isacc Ybarra	(	
Amount (\$)	Payee address;	City; State; Zip Code	
75.00	1666 SW 19th St	· San Antonio, TX. 78207	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract labor Statter		
	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/Oi	Candidate / Officeholder name	Office sought Office held	aydgan i sirin dan ay karan kara
Date	Payee name		<del>-</del>
12-13-19	Mark Martinez  Payee address;		
Amount (\$)	Payee address;	City; State; Zip Code	
750.00	1439 W Wildwood	d San Antonio, TX. 78201	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Covitract Labor	Description Staffer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) 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 4 Date 12-13-19 MISSIDY 6 Amount (\$) Zip Code 00.000 Antonio, Tx. -(b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE Donation OF Expunse EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Tina Acosta Payee address: State; Zip 3235 Bob Billa San Antonio, TX. 78223 12-20-19 Zip Code 107.25 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract Labor EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Britfnie Bravo vee address; City; State; Zip Code 238 Menlo San Antonio, TX. 78223 Amount (\$) 312.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

		EXPENDITURE C	ATEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	•	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Office Overh Polling Expe se Printing Exp		Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
Credit Card Payment		The Instruction Guide e	xplains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NA	ME Javien	Sal	azar	3 Filer ID (Ethics	Commission Filers)
4 Date 12-20-19	5 Payee nar	Lori (	Cantu			
6 Amount (\$) \\\(\(\begin{align*} \( \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	7 Payee add	dress; 3 Weirf	ave. #	33 San	Antonio	zip Code , TX. 78226
8	(a) Category	(See Categories listed at the to	p of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Cont	vact Labi	<b>ΣΥ</b>	5+	affer	
	(c)	Check if travel outside of Texas. Co	mplete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
12-20-19	AZ	zucena	<u>Gai</u>	tan		
Amount (\$)	Payee ad			City;	State;	Zip Code
120.95					7823	7
	Category	(See Categories listed at the to	p of this schedule)	Description	1 00	•
PURPOSE OF EXPENDITURE	Contract Labor Staffer					
		Check if travel outside of Texas. Co	omplete Schedule T.	Check if Au	stin, TX, officeholder living	expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee n	ame				
1270-19	A	nthony	Herna	ndez		
Amount (\$)	Payee a	A - A		CH.	State;	Zip Code
312.00	147	Holly be	m un	· San	Antonio 78	214
	Category	y (See Categories listed at the to	op of this schedule)	Description		
PURPOSE OF EXPENDITURE	Con	tract La	601	St	affer	
		Check if travel outside of Texas. C	Complete Schedule T.	Check if Au	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/C		date / Officeholder name	3	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
1						

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

The Instruction Guide explains how to complete this form.			lule K:			
2 FILER NAME	Javrer Solezor	3 Filer ID (Ethics	Commission Filers)			
4 Date	5 Name of person from whom amount is received	<b>C</b> . 1.1	8 Amount (\$)			
	Son Mutonia AdM (145	To wood A.	•			
	6 Address of person from whom amount is received; City; State	te; Zip Code				
	SATX 78213 500.00					
1 3	7 Purpose for which amount is received Check if political contribution returned to filer					
11/08/19	Security Deposit Referred					
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	te; Zip Code				
	Purpose for which amount is received Check if r	political contribution r	oturned to file.			
	Oneskii p	onition contribution is	etamed to mer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State	e; Zip Code				
			·			
	Purpose for which amount is received Check if p	political contribution re	eturned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
			(4)			
	Address of source from the control of		·			
	Address of person from whom amount is received; City; Stat	e; Zip Code				
	Purpose for which amount is received Check if n	olitical contribution re	aturned to filer			
	Ones ii p		James to iliei			
ATTACU ADDITIONAL CODIES OF THE SOUTH OF THE						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						