

FORM C/OH
COVER SHEET PG 1

Revised 9/26/2019

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Javier Salazar

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ 625.00

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

\$ 78,090.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 85,192.85

CONTRIBUTION
BALANCE

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

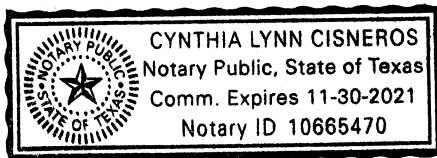
\$ 36,592.08

OUTSTANDING
LOAN TOTALS

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

\$ 14,575.28

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Javier Salazar, this the 18th day of January, 2020, to certify which, witness my hand and seal of office.

Cynthia Lynn Cisneros Cynthia Lynn Cisneros

Signature of officer administering oath

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Javier Soler

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

- | | | |
|-----|--|--------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 63,945.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 13,500.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 450.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 5,192.85 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 500.00 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **29**

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

7-20-19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lynn Breland

6 Contributor address; City; State; Zip Code

7791 Woodchase San Antonio, TX. 78240

7 Amount of contribution (\$)

\$10.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7-20-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Marcia Gregory

Contributor address; City; State; Zip Code

5039 Timberclimb San Antonio, TX 78232

Amount of contribution (\$)

\$5.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-20-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lorenzo Olguin

Contributor address; City; State; Zip Code

1235 SW 35th St. San Antonio, TX 78210

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-21-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Frances Garza-Alvarado

Contributor address; City; State; Zip Code

4803 W Lake Oaks San Antonio, TX 78251

Amount of contribution (\$)

\$100.00

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:

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 (ID#:

Margarita Delatorre

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City;

State;

Zip Code

7 Boundbrook San Antonio, TX.
78254

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-3-19

Full name of contributor

☐ out-of-state PAC (ID#:

Margarita Delatorre

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

7 Boundbrook San Antonio, TX.
78254

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-21-19

Full name of contributor

☐ out-of-state PAC (ID#:

Margarita Delatorre

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

7 Boundbrook San Antonio, TX.
78254

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-2-19

Full name of contributor

☐ out-of-state PAC (ID#:

Margarita Delatorre

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

7 Boundbrook San Antonio, TX.
78254

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

9-4-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

David Martinez

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address; City; State; Zip Code

3819 Oak Cluster San Antonio, TX
78253

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-12-19

Full name of contributor

☐ out-of-state PAC (ID#:

Sonny Rodriguez

Amount of contribution (\$)

\$100⁰⁰

Contributor address; City; State; Zip Code

13114 Beals Circle San Antonio, TX
78253

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-18-19

Full name of contributor

☐ out-of-state PAC (ID#:

Margarita Delatorre

Amount of contribution (\$)

\$25⁰⁰

Contributor address; City; State; Zip Code

7 Boundbrook San Antonio, TX
78254

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-18-19

Full name of contributor

☐ out-of-state PAC (ID#:

Vicki Wright

Amount of contribution (\$)

\$50⁰⁰

Contributor address; City; State; Zip Code

1945 W Mulberry Ave. San Antonio, TX
78201

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

10-11-19

5 Full name of contributor

Robert W Miller

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$25⁰⁰

6 Contributor address;

City;

State;

Zip Code

14215 Jones Maltsberger Rd. San Antonio, TX 78247

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-11-19

Full name of contributor

April Ancira

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250⁰⁰

Contributor address;

City;

State;

Zip Code

31305 Kenzeland Dr. Boerne, TX 78015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-16-19

Full name of contributor

Elizabeth Robinson

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$75⁰⁰

Contributor address;

City;

State;

Zip Code

10030 Ramblin River Rd. San Antonio, TX 78251

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-16-19

Full name of contributor

Laura Burgess

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10⁰⁰

Contributor address;

City;

State;

Zip Code

12358 Autumn Vista San Antonio, TX 78249

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

10-16-19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ricardo Requejo Jr.

6 Contributor address;

City;

State;

Zip Code

8818 Thatch Dr. San Antonio, TX
78240

7 Amount of contribution (\$)

\$10⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-16-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rebecca Defelice

Contributor address;

City;

State;

Zip Code

212 Retama Pl San Antonio, TX
78209

Amount of contribution (\$)

\$50⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-22-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dora Perez

Contributor address;

City;

State;

Zip Code

2155 Opelousas Trl San Antonio, TX
78245

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-22-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JL Guerra Jr.

Contributor address;

City;

State;

Zip Code

16607 Blanco Rd. Suite 707
San Antonio, TX 78232

Amount of contribution (\$)

\$1,000⁰⁰

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

10-24-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Elizabeth Eguia Robinson

6 Contributor address;

City;

State;

Zip Code

10030 Ramblin River Road
San Antonio, TX. 78251

7 Amount of contribution (\$)

\$100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-28-19

Full name of contributor

☐ out-of-state PAC (ID#:

Billy Hoppes

Contributor address;

City;

State;

Zip Code

5000 PM 3126 Livingston TX
77351

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-29-19

Full name of contributor

☐ out-of-state PAC (ID#:

Frances Garza - Alvarado

Contributor address;

City;

State;

Zip Code

4803 W Lake Oaks San Antonio, TX
78251

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-29-19

Full name of contributor

☐ out-of-state PAC (ID#:

Suzanne S. Hildebrand

Contributor address;

City;

State;

Zip Code

PO Box 792403 San Antonio, TX
78279

Amount of contribution (\$)

\$100.00

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

10-31-19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Richard Wells

6 Contributor address;

City;

State;

Zip Code

9515 FM 1863 San Antonio, TX.
78266

7 Amount of contribution (\$)

\$ 5,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-31-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JoAnne Wells

Contributor address;

City;

State;

Zip Code

9515 FM 1863 San Antonio, TX.
78266

Amount of contribution (\$)

\$ 5,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-31-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Roberto P. Gonzalez

Contributor address;

City;

State;

Zip Code

1747 Fawngate San Antonio, TX.
78248

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-2-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amarae Rosales

Contributor address;

City;

State;

Zip Code

2219 Antsla Sands San Antonio, TX.
78251

Amount of contribution (\$)

\$ 50.00

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

11-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Melissa Ochoa

6 Contributor address;

City;

State;

Zip Code

15431 Gallant Bloom San Antonio, TX.
78245

7 Amount of contribution (\$)

\$50⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Margarita Delatorre

Contributor address;

City;

State;

Zip Code

7 Boundbrook San Antonio, TX.
78254

Amount of contribution (\$)

\$10⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-6-19

Full name of contributor

☐ out-of-state PAC (ID#:

Suzanne S. Hildebrand

Contributor address;

City;

State;

Zip Code

PO Box 792403 San Antonio, TX.
78279

Amount of contribution (\$)

\$150⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-6-19

Full name of contributor

☐ out-of-state PAC (ID#:

Margaret Mireles

Contributor address;

City;

State;

Zip Code

329 Mary Louise Drive
San Antonio, TX. 78201

Amount of contribution (\$)

\$50⁰⁰

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

11-7-19

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, TX 78230

7 Amount of contribution (\$)

\$100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-7-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gabrien Gregory

Contributor address; City; State; Zip Code

1806 Town Oak Drive San Antonio, TX 78232

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-7-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Virginia Sandoval

Contributor address; City; State; Zip Code

6963 Willow Oak San Antonio, TX 78249

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-7-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dennis Casillas

Contributor address; City; State; Zip Code

8634 Quail Whisper San Antonio, TX 78250

Amount of contribution (\$)

\$100⁰⁰

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

11-8-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Kevin Littlejohn

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

13614 Auburn Oaks San Antonio, TX.
78247

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-8-19

Full name of contributor

☐ out-of-state PAC (ID#:

Irene G. Sandate

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

16202 Ondara Helotes, TX 78023

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-8-19

Full name of contributor

☐ out-of-state PAC (ID#:

Gregory G. Garcia

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

1915 Santa Monica San Antonio, TX
78201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-8-19

Full name of contributor

☐ out-of-state PAC (ID#:

Roland F. Gonzales

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

5103 Newcastle Lane San Antonio, TX.
78249

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

11-9-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Nancy Sanford

7 Amount of contribution (\$)

\$ 375.00

6 Contributor address;

City;

State;

Zip Code

30414 Fairway Run Fair Oaks Ranch,
TX 78015

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-10-19

Full name of contributor

☐ out-of-state PAC (ID#:

Teresa Martinez

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

12803 El Marro San Antonio, TX.
78233

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-15-19

Full name of contributor

☐ out-of-state PAC (ID#:

Bobby Polka

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

5927 Whitby Rd. San Antonio, TX
78240

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-17-19

Full name of contributor

☐ out-of-state PAC (ID#:

Carla Zainie

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

PO BOX 12426 San Antonio, TX.
78212

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

11-21-19

5 Full name of contributor

Anwar Tahir

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$ 1,000.00

6 Contributor address;

City;

State; Zip Code

9502 Computer Dr. San Antonio, TX.

78229

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-3-19

Full name of contributor

Nicolas Rangel

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 500.00

Contributor address;

City;

State; Zip Code

305 club Drive San Antonio, TX

78201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-6-19

Full name of contributor

George Torres

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State; Zip Code

70 Palo Duro Cyn San Antonio, TX.

78258

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-6-2020

Full name of contributor

Margarita Delatorre

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$10.00

Contributor address;

City;

State; Zip Code

7 Boundbrook San Antonio, TX.

78254

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

12-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Bernardo Frausto

7 Amount of contribution (\$)

\$50⁰⁰

6 Contributor address;

City;

State;

Zip Code

8411 Saddle Rnch San Antonio, TX
78254

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Eliot M Lee

Amount of contribution (\$)

\$50⁰⁰

Contributor address;

City;

State;

Zip Code

1542 Wild Life
San Antonio, TX. 78251

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Roy S. Fletcher

Amount of contribution (\$)

\$250⁰⁰

Contributor address;

City;

State;

Zip Code

11843 Brakesview 601 San Antonio, TX
78213

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Joel L. Janssen

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

City;

State;

Zip Code

121 City San Antonio, TX.
78204

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

11-29-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Ramiro Martinez

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

442 Flippin Estates
Windcrest, TX 78239

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-23-19

Full name of contributor

☐ out-of-state PAC (ID#:

Michael E. Edwards

Amount of contribution (\$)

\$30.00

Contributor address;

City;

State;

Zip Code

319 Blaze San Antonio, TX
78218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-27-19

Full name of contributor

☐ out-of-state PAC (ID#:

Richard Thum

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

9806 Huebner Rd.
San Antonio, TX 78240

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-27-19

Full name of contributor

☐ out-of-state PAC (ID#:

Tim Maloney

Amount of contribution (\$)

\$2,500.00

Contributor address;

City;

State;

Zip Code

926 S Alamo St.
San Antonio, TX 78205

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

8-20-19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Daniel Gabehart

6 Contributor address; City; State; Zip Code

306 Bloomfield Dr.
San Antonio, TX 78228

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-3-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jon R. Turner

Contributor address; City; State; Zip Code

312 Genesee Rd.
San Antonio, TX 78209

Amount of contribution (\$)

\$ 2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-12-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ricardo Esqueda JR.

Contributor address; City; State; Zip Code

706 Kate Schenck Ave.
San Antonio, TX 78223

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/17/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rosemary E. Kowalski

Contributor address; City; State; Zip Code

1220 E. Commerce St.
San Antonio, TX 78205

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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

7-9-19

James Serrato

\$ 1,200.00

6 Contributor address; City; State; Zip Code

22027 Pelican Creek
San Antonio, TX. 78258

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

7-15-19

Dennis R. Casillas

\$ 600.00

Contributor address; City; State; Zip Code

8634 Quail Whisper
San Antonio, TX. 78250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

7-10-19

Roy Fletcher

\$ 1,500.00

Contributor address; City; State; Zip Code

11843 Braesview 601 San Antonio, TX.
78213

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

7-15-19

Nancy Joy Sanford

\$ 1,200.00

Contributor address; City; State; Zip Code

30414 fairway Run
Fair Oaks Ranch, TX. 78015

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

7-10-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Ronald Bennett

7 Amount of contribution (\$)

\$1,200.00

6 Contributor address;

City;

State;

Zip Code

23450 Canyon Bridge
San Antonio, TX. 78250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-23-19

Full name of contributor

☒ out-of-state PAC (ID#:

C00027342

FBEW PAC Voluntary fund

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

900 Seventh Street, N.W.
Washington, D.C. 20001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-15-19

Full name of contributor

☐ out-of-state PAC (ID#:

Lily L. Guerra

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

5107 Queen Bess CT
San Antonio, TX. 78228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-16-19

Full name of contributor

☐ out-of-state PAC (ID#:

Cynthia S. Valdez

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

10246 Basin Field Dr.
San Antonio, TX. 78245

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

11-16-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Ricardo Esqueda Jr.

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

706 Kate Schenck Ave.

San Antonio, TX. 78223

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-16-19

Full name of contributor

☐ out-of-state PAC (ID#:

Jose R. Carrasquillo

Amount of contribution (\$)

\$30.00

Contributor address;

City;

State;

Zip Code

128 Castillo

San Antonio, TX. 78210

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-16-19

Full name of contributor

☐ out-of-state PAC (ID#:

Frances Garza-Alvarado

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

4803 West Lake Oaks

San Antonio, TX. 78251

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-16-19

Full name of contributor

☐ out-of-state PAC (ID#:

Enrique Correa

Amount of contribution (\$)

\$400.00

Contributor address;

City;

State;

Zip Code

7030 Rosefield

San Antonio, TX. 78240

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

10-16-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Roxane P. Solis

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

1314 Schley Ave.
San Antonio, TX. 78210

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-16-19

Full name of contributor

☐ out-of-state PAC (ID#:

Roman Pena

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

530 Ware Blvd. San Antonio, TX
78221

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-16-19

Full name of contributor

☐ out-of-state PAC (ID#:

Martha Tijerina

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

8419 Hidden Meadow Dr.
San Antonio, TX. 78230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-16-19

Full name of contributor

☐ out-of-state PAC (ID#:

Jose Martinez

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

5202 Metcalf
San Antonio, TX. 78239

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

10-16-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Adelfa Reyna

6 Contributor address;

City;

State;

Zip Code

655 Freiling
San Antonio, TX. 78213

7 Amount of contribution (\$)

\$ 50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-16-19

Full name of contributor

☐ out-of-state PAC (ID#:

Fabian Castillo

Contributor address;

City;

State;

Zip Code

931 Fulton Ave.
San Antonio, TX. 78212

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-31-19

Full name of contributor

☐ out-of-state PAC (ID#:

Avery Walker

Contributor address;

City;

State;

Zip Code

4103 Cliff Run
San Antonio, TX. 78222

Amount of contribution (\$)

\$ 600.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-4-19

Full name of contributor

☐ out-of-state PAC (ID#:

Manuel Villa

Contributor address;

City;

State;

Zip Code

999 E Basse Rd. STE 180
San Antonio, TX. 78209

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

11-7-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Gilberto P Gonzalez

7 Amount of contribution (\$)

\$ 1,200.00

6 Contributor address;

City;

State;

Zip Code

120 Twinleaf LN San Antonio, TX 78213

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-7-19

Full name of contributor

☐ out-of-state PAC (ID#:

Roland P. Schuler III

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

9811 Lantana Dr. San Antonio, TX 78217

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-7-19

Full name of contributor

☐ out-of-state PAC (ID#:

Ricardo Esqueda Jr.

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

706 Kate Schenck Ave. San Antonio, TX 78223

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-7-19

Full name of contributor

☐ out-of-state PAC (ID#:

Roy Fletcher

Amount of contribution (\$)

\$125.00

Contributor address;

City;

State;

Zip Code

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

7-3-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Roberto P. Gonzalez

6 Contributor address;

City;

State;

Zip Code

1747 Fawn Gate San Antonio, TX 78248

7 Amount of contribution (\$)

\$ 1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7-3-19

Full name of contributor

☐ out-of-state PAC (ID#:

William T. Gholson

Contributor address;

City;

State;

Zip Code

7350 Tezel Rd. #105
San Antonio, TX 78250

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-3-19

Full name of contributor

☐ out-of-state PAC (ID#:

Manuel G. Rubio

Contributor address;

City;

State;

Zip Code

105 Cas Hills Dr.
San Antonio, TX 78213

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-3-19

Full name of contributor

☐ out-of-state PAC (ID#:

James L. Serrato

Contributor address;

City;

State;

Zip Code

22027 Pelican Creek
San Antonio, TX 78258

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

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

11-7-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Joel L. Janssen

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address;

City;

State;

Zip Code

121 City San Antonio, TX 78204

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-7-19

Full name of contributor

☐ out-of-state PAC (ID#:

Rosemary P. Rodriguez

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

10910 Whisper Ridge St.
San Antonio, TX 78230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-7-19

Full name of contributor

☐ out-of-state PAC (ID#:

Yolanda N. Arellano

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

315 Gettysburg Rd.
San Antonio TX 78220

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-26-19

Full name of contributor

☐ out-of-state PAC (ID#:

Christopher K Haass

Amount of contribution (\$)

\$ 1000.00

Contributor address;

City;

State;

Zip Code

5150 Broadway St # 407
San Antonio, TX 78209

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

11-7-19

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. 78209

7 Amount of contribution (\$)

\$ 200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-18-19

Full name of contributor

☐ out-of-state PAC (ID#)

Martin + Drought, P.C.

Contributor address;

City;

State;

Zip Code

300 Convent Street
San Antonio, TX. 78205

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-7-19

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

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-29-19

Full name of contributor

☒ out-of-state PAC (ID# C00335570)

Acadian Ambulance Texas Employee

Contributor address;

City;

State;

Zip Code

P.O. Box 98000
Lafayette, LA 70509

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

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

10-31-19

5 Full name of contributor

☐ out-of-state PAC (ID#)

The Herrera Law Firm Inc.

6 Contributor address; City; State; Zip Code

1800 W. Commerce St.
San Antonio, TX 78207

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-7-19

Full name of contributor

☐ out-of-state PAC (ID#)

Ernest Martinez

Contributor address; City; State; Zip Code

1344 S Flores St. 205
San Antonio, TX 78205

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-6-19

Full name of contributor

☐ out-of-state PAC (ID#)

David Meltzer

Contributor address; City; State; Zip Code

8342 W Interstate 10
San Antonio, TX 78230

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-7-19

Full name of contributor

☐ out-of-state PAC (ID#)

Baltazar R. Serna, Jr.

Contributor address; City; State; Zip Code

126 Villita San Antonio, TX
78205

Amount of contribution (\$)

\$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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

11-6-19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

David Meltzer

7 Amount of contribution (\$)

\$600.00

6 Contributor address; City; State; Zip Code

8342 W. Interstate 10
San Antonio, TX 78230

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-29-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gordon V. Hartman

Amount of contribution (\$)

\$ 2,500.00

Contributor address; City; State; Zip Code

1202 W. Bitters, BLDG 1, Suite 1200
San Antonio, TX 78216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-30-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Law Offices of Fidel Rodriguez, Jr.

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

111 Soledad St. Suite 1300
San Antonio, TX 78205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-6-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rudolph F. Rodriguez

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

719 Finale Ct
San Antonio, TX 78216

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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

10-25-19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Wyatt Law Firm, LTD

6 Contributor address; City; State; Zip Code

21 Lynn Batts, STE 10
San Antonio, TX. 78218

7 Amount of contribution (\$)

\$ 10,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-24-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Linebarger Goggan Blair + Sampson LLP

Contributor address; City; State; Zip Code

P.O. Box 17428 Austin, TX. 78760

Amount of contribution (\$)

\$ 2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-30-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rosemary E. Kowalski

Contributor address; City; State; Zip Code

1220 E Commerce St.
San Antonio, TX. 78205

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-25-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Law office of David D. Christian

Contributor address; City; State; Zip Code

1800 McCullough Ave.
San Antonio, TX. 78212

Amount of contribution (\$)

\$ 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:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

11-18-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Alexander M. Ramirez

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

8050 Oakdell Way Apt. 1906
San Antonio, TX. 78240

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-18-19

Full name of contributor

☐ out-of-state PAC (ID#:

Jennifer Huber

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

26151 Meadowlark Bay
San Antonio, TX. 78260

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-12-19

Full name of contributor

☐ out-of-state PAC (ID#:

Suzanne Delcom

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

323 Crestview Dr.
San Antonio, TX. 78201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-7-19

Full name of contributor

☐ out-of-state PAC (ID#:

Annabelle S. Garcia

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

604 Thelma Dr.
San Antonio, TX. 78212

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:
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Javier Salazar</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; font-family: cursive;">11-7-19</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">Law Office of Christine Hornick</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em; font-family: cursive;">\$ 50.00</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">206 E. Locust St. San Antonio, TX 78212</div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Jenifer Selezar		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/01/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kristin Tips 7 Contributor address: 624 N. Alamo City: SA TX State: Zip Code 78215	8 Amount of Contribution \$ 5,000	9 In-kind contribution description office space <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Funeral Director		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor'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)			

Date 12/01/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kristin Tips Contributor address: 624 N. Alamo City: SA TX State: Zip Code 78215	Amount of Contribution \$ 5,000	In-kind contribution description office space <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Funeral Director		Employer (FOR NON-JUDICIAL) (See Instructions) Self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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 Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Javier Salazar</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>12/05/19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Richard Espinoza</i> 7 Contributor address; City; State; Zip Code <i>3307 Hillcrest St TX 78201</i>	8 Amount of Contribution \$ <i>3500.00</i>	9 In-kind contribution description <i>Food/Travel</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Career</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor'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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 3	
2 FILER NAME Javier Salazar		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan 07/24/19	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier Salazar	9 Loan Amount (\$) 75.00	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code PO Box 830679 SA TX 78283	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) Peace Officer		13 Employer (See Instructions) Bexar County Sheriff's Off	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan 08/26/19	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier Salazar	Loan Amount (\$) 75.00
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code PO Box 830679 SA TX 78283	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Peace Officer		Employer (See Instructions) Bexar County Sheriff's Off.
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

09/26/19

7 Name of lender

☐ out-of-state PAC (ID# _____)

Javier Salazar

9 Loan Amount (\$)

75.00

6 Is lender a financial institution?

Y ☒ N

8 Lender address;

City;

State;

Zip Code

PO Box 830679

SA TX 78283

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Peace Officer

13 Employer (See Instructions)

Bexar County Sheriff's Off.

14 Description of Collateral

☒ none

15

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

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

10/26/19

Name of lender

☐ out-of-state PAC (ID# _____)

Javier Salazar

Loan Amount (\$)

75.00

Is lender a financial institution?

Y ☒ N

Lender address;

City;

State;

Zip Code

PO Box 830679

SA TX 78283

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Peace Officer

Employer (See Instructions)

Bexar County Sheriff's Off.

Description of Collateral

☒ none

☐

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

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

11/26/19

7 Name of lender

☐ out-of-state PAC (ID# _____)

Javier Salazar

9 Loan Amount (\$)

75.00

6 Is lender a financial institution?

Y ☒ N

8 Lender address;

City;

State;

Zip Code

PO Box 830679
SA TX 78283

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Peace Officer

13 Employer (See Instructions)

Bexar County Sheriff's Off.

14 Description of Collateral

☒ none

15

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

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

12/26/19

Name of lender

☐ out-of-state PAC (ID# _____)

Javier Salazar

Loan Amount (\$)

75.00

Is lender a financial institution?

Y ☒ N

Lender address;

City;

State;

Zip Code

PO Box 830679
SA TX 78283

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Peace Officer

Employer (See Instructions)

Bexar County Sheriff's Off.

Description of Collateral

☒ none

15

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

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 07/15/19	5 Payee name JCMA	
6 Amount (\$) 183.04	7 Payee address; PO Box 96220 City: State: Zip Code Washington DC 20096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment	(b) Description Reimbursement
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/26/19	Payee name Texas Democratic Party	
Amount (\$) 775.00	Payee address; PO Box 116 City: State: Zip Code Austin, TX. 78767	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Database
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/30/19	Payee name Prestige Printing	
Amount (\$) 383.21	Payee address; 8 Burwood Ln. City: State: Zip Code SA TX 78216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Promo materials
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Javier Salazar		3 Filer ID (Ethics Commission Filers)	
4 Date 07/31/19		5 Payee name N.W. Democrats			
6 Amount (\$) 800.00		7 Payee address; 5403 Jackwood Dr. City: SA TX 78238 State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution		(b) Description Advertisement in Program		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 07/31/19		Payee name constant Contact			
Amount (\$) 101.27		Payee address; 1401 Trapelo Rd. City: Waltham, MA 02451 State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad. Fees		Description online Ad. Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 08/03/19		Payee name Prestige Printing			
Amount (\$) 427.59		Payee address; 8 Burwood Ln. City: SA TX 78214 State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description push cards		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 02/15/19	5 Payee name ICMA	
6 Amount (\$) 183.04	7 Payee address; PO Box 96220 Washington DC 20090 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment	(b) Description Payment to retirement fund
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 08/11/19	Payee name New Creation Christian Fellowship	
Amount (\$) 200.00	Payee address; 8700 Four Winds Dr. Winderest, TX. 79239 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Church Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 08/16/19	Payee name Robodial	
Amount (\$) 67.51	Payee address; 4601 N. Fairfax Arlington, VA. 22203 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Expense	Description Robocall fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 08/22/19	5 Payee name San Antonio AFL/CIO	
6 Amount (\$) 405.00	7 Payee address; 9502 Computer Dr. SA, TX. 78229 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description Publication Exp.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/24/19	Payee name Prestige Printing	
Amount (\$) 129.90	Payee address; 8 Burwood Ln. SA TX 78216 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Push cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/28/19	Payee name Harland Clarke	
Amount (\$) 51.11	Payee address; 15955 LeSantene Pkwy SA TX 78256 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description New checks
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Solazar	3 Filer ID (Ethics Commission Filers)
4 Date 08/30/19	5 Payee name Northwest Bexar County Democrats	
6 Amount (\$) 150.00	7 Payee address; 7122 San Pedro #114 City: State: Zip Code 814 TX 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description Event Expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 08/30/19	Payee name Weebly	
Amount (\$) 165.88	Payee address; 460 Bryant St. City: State: Zip Code San Francisco CA, 94107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 08/31/19	Payee name constant Contact	
Amount (\$) 101.27	Payee address; 1601 Trepelo Rd. City: State: Zip Code Waltham MA, 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Newsletter
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 09/03/19	5 Payee name Mi Tierra	
6 Amount (\$) 345.05	7 Payee address; 800 Dolorosa SA TX 78207	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food / Bev.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/05/19	Payee name Chris Flores	
Amount (\$) 800.00	Payee address; 21827 Seminole SA TX 78261	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description video Production
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/11/19	Payee name Triple Scoop Music	
Amount (\$) 538.00	Payee address; 2211 N. First St. San Jose CA, 95131	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description online music Purchase
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Solera	3 Filer ID (Ethics Commission Filers)
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4 Date 09/07/19	5 Payee name Go Daddy
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6 Amount (\$) 175.10	7 Payee address; 14455 N. Hayden Rd. Scottsdale AZ, 85260	City; Scottsdale	State; AZ	Zip Code 85260
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/16/19	Payee name ICMA
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Amount (\$) 183.04	Payee address; PO Box 96220 Washington DC 20090	City; Washington	State; DC	Zip Code 20090
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment	Description Repay Retirement Loan
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/18/19	Payee name office Furniture Liquidators
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Amount (\$) 270.59	Payee address; 6838 Bandera Rd. 814 TX 78238	City; San Antonio	State; TX	Zip Code 78238
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office Furniture	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Javier Salazar** 3 Filer ID (Ethics Commission Filers)

4 Date **09/12/19** 5 Payee name **Avenida Guadalupe**

6 Amount (\$) **500.00** 7 Payee address; **1313 Guadalupe** City: State: Zip Code
SA TX 78207

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
Event Expense **Parade Fee**
(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 **09/26/19** Payee name **Mi Calayense**

Amount (\$) **6.16** Payee address; **2907 Fredericksburg** City: State: Zip Code
SA TX 78201

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Food Expense **Break Fast**
☐ 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 **09/30/19** Payee name **Constant Contact**

Amount (\$) **101.27** Payee address; **1601 Trepelo Rd.** City: State: Zip Code
Waltham MA 02451

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Ad Fees **online Ad 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Jane Soler** 3 Filer ID (Ethics Commission Filers)

4 Date **10/03/19** 5 Payee name **Prestige Printing**

6 Amount (\$) **313.93** 7 Payee address; **8 Burwood Ln** City: State: Zip Code
SA TX 78216

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Printing Fee** (b) Description **Promotional Material**
(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 **10/07/19** Payee name **Amol's**
Amount (\$) **112.54** Payee address; **227 Fredericksburg** City: State: Zip Code
SA TX, 78201

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Event Expense** Description **Promotional Items**
☐ 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 **10/07/19** Payee name **Mi Tierra**
Amount (\$) **306.30** Payee address; **800 Delavosa** City: State: Zip Code
SA TX 78207

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Event Expense** Description **Food/Bev.**
☐ 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Soler	3 Filer ID (Ethics Commission Filers)
4 Date 10/16/19	5 Payee name Firesta on Main	
6 Amount (\$) 56.36	7 Payee address; 2025 N. Main City: State: Zip Code SA TX 78212	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Promotional Item
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 10/16/19	Payee name ICMA	
Amount (\$) 183.04	Payee address; PO Box 96220 City: State: Zip Code Washington DC 20090	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Payment	Description Repay Retirement Loan
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 10/18/19	Payee name Thrive Well Foundation	
Amount (\$) 250.00	Payee address; PO Box 29331 City: State: Zip Code SA TX 78229	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Healing Hearts Gala
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jerry Salazar</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/19/19</i>	5 Payee name <i>All About Me</i>	
6 Amount (\$) <i>995.90</i>	7 Payee address; <i>1113 - C E. Houston SA TX 78205</i> City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ad Expense</i>	(b) Description <i>Promotional Items</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/29/19</i>	Payee name <i>Dommo's Pizze</i>	
Amount (\$) <i>82.99</i>	Payee address; <i>240 W. Houston SA TX 78201</i> City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Food</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/31/19</i>	Payee name <i>constant Contact</i>	
Amount (\$) <i>101.27</i>	Payee address; <i>1601 Trapelo Rd. Waltham MA 02451</i> City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad Fees</i>	Description <i>online Ad Expense</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 11/05/19	5 Payee name Illusions	
6 Amount (\$) 213.25	7 Payee address; 119 Idaho City; State; Zip Code SA TX 78203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Linens
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/05/19	Payee name Prestige Printing	
Amount (\$) 333.41	Payee address; 8 Burwood Ln. City; State; Zip Code SA TX 78216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp.	Description print materials
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/06/19	Payee name Don's & Ber's	
Amount (\$) 400.11	Payee address; 635 Cibola Valley State; Zip Code Cibola TX 78108	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Beverages
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jaime Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 11/07/19	5 Payee name Luby's	
6 Amount (\$) 203.76	7 Payee address; 911 N. Main City; State; Zip Code SA TX 78212	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food/Bev.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/14/19	Payee name Next Day Custom Tees	
Amount (\$) 1775.30	Payee address; 3919 S. Prusa City; State; Zip Code SA TX 78210	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad. Expense	Description T-shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/14/19	Payee name Costco	
Amount (\$) 135.11	Payee address; 5611 UTSA Blvd City; State; Zip Code SA TX 78249	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jaime Salazar</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11/15/17</i>	5 Payee name <i>ICMA</i>
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6 Amount (\$) <i>183.04</i>	7 Payee address; <i>PO Box 96220 Washington DC 20090</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Loan Repayment</i>	(b) Description <i>Reimbursement</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/15/17</i>	Payee name <i>Sam's Club</i>
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Amount (\$) <i>49.92</i>	Payee address; <i>5565 De Zavala SA TX. 78249</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>supplies / Food</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/15/17</i>	Payee name <i>Party City</i>
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Amount (\$) <i>64.89</i>	Payee address; <i>13419 San Pedro SA TX 78216</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Decor.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Janet Solano	3 Filer ID (Ethics Commission Filers)
4 Date 11/15/19	5 Payee name Bed Bath & Beyond	
6 Amount (\$) 60.61	7 Payee address; 1730 N FM 1404 E, SA TX 78232 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office overhead	(b) Description supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/17/19	Payee name Home Depot	
Amount (\$) 51.60	Payee address; 8138 Agave Selma TX 78154 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead	Description supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/19/19	Payee name BJ's Restaurants	
Amount (\$) 132.10	Payee address; 22410 US Hwy 281 N SA TX 78258 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food/Bev.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Juan Solor		3 Filer ID (Ethics Commission Filers)	
4 Date 11/21/19		5 Payee name Prestige Printing			
6 Amount (\$) 178.61		7 Payee address; 8 Burwood Ln. City: State: Zip Code SA TX 78214			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad Expense		(b) Description printed materials		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/25/19		Payee name TEXAS ORGANIZING PROJECT			
Amount (\$) 1000.00		Payee address; 700 S. 2nd Avenue City: State: Zip Code SA TX 78207			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description contribution by officeholder		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/25/19		Payee name office Depot			
Amount (\$) 459.37		Payee address; 150N Crossroads City: State: Zip Code SA TX 78201			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead		Description office supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Soler	3 Filer ID (Ethics Commission Filers)
4 Date 11/25/19	5 Payee name HEB	
6 Amount (\$) 81.18	7 Payee address; 2130 Culbraz SA TX 78228	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food / Rev.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/29/19	Payee name Olde Time Wooden Nickel Co.	
Amount (\$) 695.45	Payee address; 3445 Old Austin Rd. SA TX 78234	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp.	Description Promo Items
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/30/19	Payee name Constant Contact	
Amount (\$) 101.27	Payee address; 1601 Tropelo Rd. Waltham MA 02451	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Fees	Description online Ad / newsletter
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jarre Salazar	3 Filer ID (Ethics Commission Filers)
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4 Date 11/30/19	5 Payee name Lowe's
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6 Amount (\$) 41.57	7 Payee address; 1200 N FM 1604 SA TX 78248	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp.	(b) Description Sign Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/03/19	Payee name Smiley Productions			
Amount (\$) 400.00	Payee address; 5746 Sun Canyon SA TX 78244	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Light Repair
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/04/19	Payee name Norm Denham & Assoc.			
Amount (\$) 5678.12	Payee address; 118 Broadway SA TX 78205	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Exp.	Description Fundraising Commission
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Soler	3 Filer ID (Ethics Commission Filers)
4 Date 12/04/19	5 Payee name El Tipico	
6 Amount (\$) 32.16	7 Payee address; 1326 Goliad SA TX 78223	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverage	(b) Description Dinner
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/06/19	Payee name Walmart	
Amount (\$) 99.50	Payee address; 510 Kitty Hawk Universal City, TX 78148	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	Description Office supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/07/19	Payee name Cadillac Bar	
Amount (\$) 428.00	Payee address; 212 S. Flores SA TX 78201	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food / Bev
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jayr Solera	3 Filer ID (Ethics Commission Filers)
4 Date 12/01/19	5 Payee name Graystreet Stumberg	
6 Amount (\$) 10.00	7 Payee address; 212 S Flores City; State; Zip Code SA TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Parking
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/10/19	Payee name Mi Tierra	
Amount (\$) 128.21	Payee address; 800 Dularosa City; State; Zip Code SA TX 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Exp.	Description Food / Bev.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/10/19	Payee name Melander Entertainment	
Amount (\$) 375.00	Payee address; 1130 E. Houston City; State; Zip Code SA TX 78205	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Exp.	Description Photos
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Janur Solorzano		3 Filer ID (Ethics Commission Filers)	
4 Date 12/11/19		5 Payee name Davis & Stanton			
6 Amount (\$) 373.00		7 Payee address; 1400 S. Sherman City; State; Zip Code Richardson TX 75081			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donations		(b) Description pins for Deputies		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/12/19		Payee name Weebly			
Amount (\$) 541.80		Payee address; 460 Bryant #100 City; State; Zip Code San Francisco CA, 94107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Website		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/15/19		Payee name Luby's Cafe			
Amount (\$) 27.00		Payee address; 911 N. Main City; State; Zip Code SA TX. 78212			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Bev		Description Food/Bev		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jaime Soler</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/15/19</i>	5 Payee name <i>Wal Mart</i>
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6 Amount (\$) <i>104.62</i>	7 Payee address; <i>510 Kitty Hawk Universal City, TX 78148</i>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>office Exp.</i>	(b) Description <i>Supplies</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/15/19</i>	Payee name <i>ICMA</i>
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Amount (\$) <i>183.04</i>	Payee address; <i>PO Box 96220 Washington DC 20090</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Loan Repayment</i>	Description <i>Reimbursement</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/14/19</i>	Payee name <i>HEB</i>
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Amount (\$) <i>344.00</i>	Payee address; <i>2118 Friedrichsburg SA TX 78201</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office Exp.</i>	Description <i>Supplies</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Javier Sulecar		3 Filer ID (Ethics Commission Filers)	
4 Date 12/18/19		5 Payee name Go Daddy			
6 Amount (\$) 22.16		7 Payee address; 14455 N. Hayden Scottsdale, AZ 85260			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description website		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/18/19		Payee name Harland Clarke			
Amount (\$) 14.39		Payee address; 15955 Le Conte Dr SA TX 78254			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description check orders		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/19/19		Payee name weebly			
Amount (\$) 154.80		Payee address; 460 Bryant #100 San Francisco CA, 94107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description website		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Seler	3 Filer ID (Ethics Commission Filers)
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4 Date 12/19/19	5 Payee name Alter Computer
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6 Amount (\$) 54.96	7 Payee address; 11342 N. IH 35 SA TX 78247	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad. Expense	(b) Description sign supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/21/19	Payee name office Depot
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Amount (\$) 271.82	Payee address; 5601 Benders SA TX 78238	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office Exp.	Description Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/21/19	Payee name office max
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Amount (\$) 111.69	Payee address; 8266 Agave pkwy Selma, TX 78154	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office Exp.	Description supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jayr Soler	3 Filer ID (Ethics Commission Filers)
4 Date 12/23/19	5 Payee name HEB	
6 Amount (\$) 116.00	7 Payee address; 2118 Fredericksburg SA TX 78201 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office Exp.	(b) Description supplies/Food
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 12/24/19	Payee name Louis	
Amount (\$) 43.19	Payee address; 5303 W. Loop 1404 SA TX. 78253 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp.	Description supplies/sign
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 12/25/19	Payee name Pico de Gallo	
Amount (\$) 45.90	Payee address; 800 Delrose SA TX 78207 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Bev.	Description Food/Bev.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jarvis Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 12/24/19	5 Payee name Pete's Taco House	
6 Amount (\$) 20.83	7 Payee address; 502 Brooklyn City; State; Zip Code 54TX. 78215	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Bev	(b) Description Food/Bev
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 12/27/19	Payee name Prestige Printing	
Amount (\$) 1053.27	Payee address; 8 Burwood Ln. City; State; Zip Code SA TX 78116	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Exp.	Description Print Materials
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 12/31/19	Payee name constant contact	
Amount (\$) 101.27	Payee address; 1601 Trapelo Rd. City; State; Zip Code Waltham MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Fees	Description online Ad Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Server Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 12/31/19	5 Payee name US Postal Service	
6 Amount (\$) 143.00	7 Payee address; 1140 S. Laredo SA TX 78204	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Expense	(b) Description PO Box Rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 11/08/19	Payee name San Antonio A&M Club Foundation	
Amount (\$) 500.00	Payee address; 6205 West Ave. SA TX 78213	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Security Deposit
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
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4 Date 12/20/19	5 Payee name Rosalie Jimenez
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6 Amount (\$) 292.50	7 Payee address; 3731 Pipers Meadow St. San Antonio, TX. 78251	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description staffer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/19/19	Payee name Tina Acosta
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Amount (\$) 107.75	Payee address; 3235 Bob Billa San Antonio, TX. 78223	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-16-19	Payee name Cassandra Littlejohn
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Amount (\$) 750.00	Payee address; 13614 Auburn Oaks San Antonio, TX. 78247	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Javier Salazar		3 Filer ID (Ethics Commission Filers)	
4 Date 11-18-19		5 Payee name Frances Dewhirst			
6 Amount (\$) \$135.00		7 Payee address; City; State; Zip Code 247 Arteago San Antonio, TX. 78237			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description Staffer		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11-18-19		Payee name Felix Bensor			
Amount (\$) \$65.00		Payee address; City; State; Zip Code 5800 Medina Base Road #1103 San Antonio, TX. 78242			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Staffer		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 1-16-19		Payee name Rosalinda Ramos			
Amount (\$) \$ 165.00		Payee address; City; State; Zip Code 8230 Meadow Sun San Antonio, TX. 78251			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Staffer		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 7-15-19	5 Payee name Laura Barberena	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 8314 Dawnwood Dr. San Antonio, TX. 78250	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Staffer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 7-24-19	Payee name Lone Star Media	
Amount (\$) 6,100.00	Payee address; City; State; Zip Code 1011 N Frio St San Antonio TX 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Services	Description Advertising Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 7-27-19	Payee name Lourdes Galvan	
Amount (\$) 2,000.00	Payee address; City; State; Zip Code 418 Rosa Verde San Antonio, TX. 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 7-28-19	5 Payee name Puerta Hermosa Baptist Church	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 4023 Pleasanton Rd. San Antonio, TX 78221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Charity
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-2-19	Payee name Laura Barberena	
Amount (\$) 1,500.00	Payee address; City; State; Zip Code 8314 Dawnwood Dr San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-2-19	Payee name Ryan Garcia	
Amount (\$) 500.00	Payee address; City; State; Zip Code 111 Probandt #431 San Antonio, TX 78204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	
4 Date 8-3-19	5 Payee name The Rock fellowship	
6 Amount (\$) 25.00	7 Payee address; 2391 NW Loop 410 Unit 300 San Antonio, TX. 78217	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description charity
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 8-4-19	Payee name Cassandra Littlejohn	
Amount (\$) 500.00	Payee address; 13614 Auburn Oaks San Antonio, TX. 78247	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 8-29-19	Payee name Lone Star Media	
Amount (\$) 12,196.96	Payee address; 1011 N Frio St. San Antonio, TX. 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Services	Description Advertising Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Javier Salazar** 3 Filer ID (Ethics Commission Filers)

4 Date **8-29-19** 5 Payee name **Ryan Garcia** City: State: Zip Code

6 Amount (\$) **500.00** 7 Payee address; **111 Probandt #431
San Antonio, TX. 78204** City: State: Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Contract Labor** (b) Description **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 **9-3-19** Payee name **Laura Barberena** City: State: Zip Code

Amount (\$) **1,500.00** Payee address; **8314 Dawnwood Dr.
San Antonio, TX. 78250** City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Contract 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/OH Candidate / Officeholder name Office sought Office held

Date **9-3-19** Payee name **Robert Vargas** City: State: Zip Code

Amount (\$) **323.00** Payee address; **301 East Cevallos, #137
San Antonio, TX. 78204** City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Reimbursement** Description **Food + beverage**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Javier Salazar		3 Filer ID (Ethics Commission Filers)	
4 Date 9-14-19		5 Payee name Ryan Garcia			
6 Amount (\$) 500.00		7 Payee address; 111 Probandt #431 San Antonio, TX 78204			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description Staffer		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 9-14-19		Payee name Cassandra Littlejohn			
Amount (\$) 650.00		Payee address; 13614 Auburn Oaks San Antonio, TX 78247			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Staffer		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Date 9-20-19		Payee name Ryan Garcia			
Amount (\$) 1000.00		Payee address; 111 Probandt #431 San Antonio, TX 78204			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Staffer		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 9-25-19	5 Payee name SD 19 Tejano Democrats	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 4406 Jesse Bowman San Antonio, Tx. 78253	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Program
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 9-29-19	Payee name Maranatha Bible Church	
Amount (\$) 40.00	Payee address; City; State; Zip Code 7855 SH-1604 Loop S Converse, TX. 78109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description charity
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 9-29	Payee name LULAC # 22198	
Amount (\$) 300.00	Payee address; City; State; Zip Code 908 Nolan San Antonio, TX. 78202	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description charity
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 10-16-19	5 Payee name Felix Bensor	
6 Amount (\$) 142.50	7 Payee address; City; State; Zip Code 5800 Medina Base Road # 1103 San Antonio, TX. 78242	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Staffer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 10-16-19	Payee name Frances Dewhirst	
Amount (\$) 166.50	Payee address; City; State; Zip Code 247 Arteago San Antonio, TX. 78237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 10-16-19	Payee name Rosemary Merino	
Amount (\$) 135.00	Payee address; City; State; Zip Code 8230 Meadow Sun San Antonio, TX. 78251	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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 Javier Salazar	3 Filer ID (Ethics Commission Filers)
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4 Date 10-17-19	5 Payee name San Antonio A+M Club Foundation
6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code 6205 West Ave San Antonio, TX. 78213

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description venue rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-18-19	Payee name Jimenez Thanksgiving Dinner
Amount (\$) 250.00	Payee address; City; State; Zip Code 900 E Market St. San Antonio, TX. 78205

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description charity
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-20-19	Payee name New Creation
Amount (\$) 40.00	Payee address; City; State; Zip Code 8700 Fourwinds Dr. Windcrest, TX. 78239

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description charity
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
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4 Date 10-22-19	5 Payee name Tania Toney		
6 Amount (\$) 50.00	7 Payee address; 1111 Hidalgo St. San Antonio, TX.	City; San Antonio, TX.	State; TX.
			Zip Code 78207

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Staffer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-23-19	Payee name Laura Barberena		
Amount (\$) 1500.00	Payee address; 8314 Dawnwood Dr. San Antonio, TX	City; San Antonio, TX	State; TX
			Zip Code 78250

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-23-19	Payee name Sign Busters		
Amount (\$) 3448.50	Payee address; 330 W. Beech San Antonio, TX.	City; San Antonio, TX.	State; TX
			Zip Code 78221

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 10-27-19	5 Payee name True Vision	
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code 2826 Ackerman Rd. San Antonio TX. 78219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Charity
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 10-28-19	Payee name Felix Bensor	
Amount (\$) 135.00	Payee address; City; State; Zip Code 5800 Medina Base Road # 1103 San Antonio TX. 78242	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 10-28-19	Payee name Frances Dewhirst	
Amount (\$) 159.00	Payee address; City; State; Zip Code 247 Arteago San Antonio, TX. 78237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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 Javier Salazar		3 Filer ID (Ethics Commission Filers)																																	
4 Date 10-28-19		5 Payee name Rosemary Merino																																			
6 Amount (\$) 1010.00		7 Payee address; City; State; Zip Code 8230 Meadow Sun San Antonio, TX. 78251																																			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description Staffer																																		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense																																		
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date 10-30-19</td> <td colspan="5">Payee name Ryan Garcia</td> </tr> <tr> <td>Amount (\$) 1,500.00</td> <td colspan="5"> Payee address; City; State; Zip Code 111 Probandt #431 San Antonio, TX. 78204 </td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See Categories listed at the top of this schedule) Contract Labor</td> <td colspan="3">Description Staffer</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</td> <td colspan="3"><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td colspan="6"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table> </td> </tr> </table>						Date 10-30-19	Payee name Ryan Garcia					Amount (\$) 1,500.00	Payee address; City; State; Zip Code 111 Probandt #431 San Antonio, TX. 78204					PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Staffer			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
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Date 10-28-19	Payee name Rosalinda Ramos																																				
Amount (\$) 125.25	Payee address; City; State; Zip Code 8230 Meadow Sun San Antonio, TX. 78251																																				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Staffer																																		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense																																		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 11-7-19	5 Payee name La Hacienda de Los Barrios	
6 Amount (\$) 2,100.00	7 Payee address; 18747 Redland Rd. San Antonio, TX. 78259	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Services	(b) Description venue meal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 11-7-19	Payee name Chris Hinojos	
Amount (\$) 150.00	Payee address; 214 Aaron St. San Antonio, TX. 78221	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Bartender
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 11-7-19	Payee name Edward Ryan Ortiz	
Amount (\$) 1,000.00	Payee address; 719 W Gerald Ave. San Antonio, TX. 78221	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Band
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 11-7-19	5 Payee name La Hacienda de Los Barrios	
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 18747 Redland Rd. San Antonio, TX. 78259	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Services	(b) Description Venue meal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 11-7-19	Payee name Ron Singleton		
Amount (\$) 175.00	Payee address; City; State; Zip Code 209 Lemonwood Dr. San Antonio, TX 78213		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Security	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

Date 11-7-19	Payee name Daniel Baker		
Amount (\$) 175.00	Payee address; City; State; Zip Code 320 Interpark Blvd San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Security	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Javier Salazar** 3 Filer ID (Ethics Commission Filers)

4 Date **11-12-19** 5 Payee name **Tania Toney**

6 Amount (\$) **166.50** 7 Payee address; City; State; Zip Code
1111 Hidalgo St. San Antonio, TX. 78207

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Contract Labor** (b) Description **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 **11-12-19** Payee name **Natalie Segura**

Amount (\$) **142.50** Payee address; City; State; Zip Code
1930 Keck San Antonio, TX 78207

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Contract 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/OH Candidate / Officeholder name Office sought Office held

Date **11-12-19** Payee name **Frances Dewhurst**

Amount (\$) **67.50** Payee address; City; State; Zip Code
247 Arteago San Antonio, TX. 78237

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Contract 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/OH Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 11-12-19	5 Payee name Felix Benson	
6 Amount (\$) 75.00	7 Payee address; City: State: Zip Code 5800 Medina Base Road #1103 San Antonio, TX. 78242	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Staffer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 11-12-19	Payee name Cassandra Littlejohn	
Amount (\$) 1,000.00	Payee address; City: State: Zip Code 13614 Auburn Oaks San Antonio, TX. 78247	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 11-18-19	Payee name Tania Toney	
Amount (\$) 182.00	Payee address; City: State: Zip Code 1111 Hidalgo St. San Antonio, TX. 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 11-23-19	5 Payee name Justin Rodriguez Campaign	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code P.O. BOX 100153 San Antonio, TX. 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description campaign contribution
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 11-26-19	Payee name Tania Toney	
Amount (\$) 204.00	Payee address; City; State; Zip Code 1111 Hidalgo St. San Antonio, TX. 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 11-26-19	Payee name Frances Dewhurst	
Amount (\$) 90.00	Payee address; City; State; Zip Code 247 Arteago San Antonio, TX. 78237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 11-26-19	5 Payee name Felix Benson	
6 Amount (\$) 90⁰⁰	7 Payee address; City; State; Zip Code 5800 Medina Base Road #1103 San Antonio, TX. 78242	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Staffer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 12-2-19	Payee name Ryan Garcia	
Amount (\$) 1,500.00	Payee address; City; State; Zip Code 111 Proband #431 San Antonio, TX. 78204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 12-2-19	Payee name Laura Barberena	
Amount (\$) 1,500.00	Payee address; City; State; Zip Code 8314 Dawnwood Dr. San Antonio, TX. 78250	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Javier Salazar** 3 Filer ID (Ethics Commission Filers)

4 Date **12-2-19** 5 Payee name **Cassandra Littlejohn**

6 Amount (\$) **750.00** 7 Payee address; **13614 Auburn Oaks San Antonio, TX. 78247**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Contract Labor** (b) Description **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 **12-4-19** Payee name **Bexar County Democratic Party Primary**

Amount (\$) **1250.00** Payee address; **1844 Fredericksburg Rd. San Antonio, TX. 78201**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Filing Fee** Description **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/OH Candidate / Officeholder name Office sought Office held

Date **12-4-19** Payee name **Sign Busters**

Amount (\$) **3448.00** Payee address; **330 W Baetz San Antonio, TX. 78221**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising Expense** Description **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/OH Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 12-8-19	5 Payee name Marilyn Flores	
6 Amount (\$) 39.00	7 Payee address: City; State; Zip Code 2526 Old Gate Rd. San Antonio, TX 78230	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Staffer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 12-8-19	Payee name Azucena Gaitan	
Amount (\$) 104.00	Payee address: City; State; Zip Code 1211 Patton Blvd. San Antonio, TX 78237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 12-8-19	Payee name Tina Acosta	
Amount (\$) 104.00	Payee address: City; State; Zip Code 3235 Bob Billa San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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)
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4 Date 12-8-19	5 Payee name Rosalie Jimenez
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6 Amount (\$) 195.00	7 Payee address; City; State; Zip Code 3731 Pipers Meadow St. San Antonio, TX. 78251
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Staffer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-8-19	Payee name Anthony Hernandez
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Amount (\$) 65.00	Payee address; City; State; Zip Code 147 Hollyberry Ln San Antonio, TX 78214
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-8-19	Payee name Brittnie Bravo
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Amount (\$) 65.00	Payee address; City; State; Zip Code 238 Menlo San Antonio, TX. 78223
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
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4 Date 12-8-19	5 Payee name Lori Cantu
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6 Amount (\$) 195.00	7 Payee address; City; State; Zip Code 3333 Weir Ave #33 San Antonio, TX. 78226
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Staffer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-8-19	Payee name Esther Bravo
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Amount (\$) 102.00	Payee address; City; State; Zip Code 324 McKinley San Antonio, TX. 78210
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-8-19	Payee name Inez Garcia
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Amount (\$) 90.00	Payee address; City; State; Zip Code 1666 SW 19th St. San Antonio, TX. 78207
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 12-8-19	5 Payee name Isaac Ybarra	
6 Amount (\$) 90.00	7 Payee address; City; State; Zip Code 1666 SW 19th St. San Antonio, TX. 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Staffer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 12-9-19	Payee name Marria Mendez	
Amount (\$) 117.00	Payee address; City; State; Zip Code 4734 Crystal farm San Antonio, TX. 78244	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Date 12-13-19	Payee name Tina Acosta	
Amount (\$) 175.50	Payee address; City; State; Zip Code 3235 Bob Billa San Antonio, TX. 78223	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Javier Salazar** 3 Filer ID (Ethics Commission Filers)

4 Date **12-13-19** 5 Payee name **Brittanie Bravo**
6 Amount (\$) **230.75** 7 Payee address; City; State; Zip Code
238 Menlo San Antonio, TX 78223

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
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 **12-13-19** Payee name **Ester Bravo**
Amount (\$) **82.00** Payee address; City; State; Zip Code
324 McKinley San Antonio, TX. 78210

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
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/OH Candidate / Officeholder name Office sought Office held

Date **12-13-19** Payee name **Lori Cantu**
Amount (\$) **169.00** Payee address; City; State; Zip Code
3333 Weir Ave # 33 San Antonio, TX. 78226

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
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/OH Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 12-13-19	5 Payee name Azucena Gaitan	
6 Amount (\$) 104.00	7 Payee address; City; State; Zip Code 1211 Patton Blvd. San Antonio, TX 78237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Staffer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 12-13-19	Payee name Inez Garcia	
Amount (\$) 75.00	Payee address; City; State; Zip Code 1666 SW 19th St. San Antonio, TX 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 12-13-19	Payee name Anthony Hernandez	
Amount (\$) 230.75	Payee address; City; State; Zip Code 147 Hollyberry Ln San Antonio, TX 78214	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 12-13-19	5 Payee name Rosalie Jimenez	
6 Amount (\$) 195.00	7 Payee address; City; State; Zip Code 3731 Pipers Meadow St. San Antonio, TX. 78251	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Staffer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12-13-19	Payee name Isacc Ybarra	
Amount (\$) 75.00	Payee address; City; State; Zip Code 1666 SW 19th St. San Antonio, TX. 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12-13-19	Payee name Mark Martinez	
Amount (\$) 750.00	Payee address; City; State; Zip Code 1439 W Wildwood San Antonio, TX. 78201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 12-13-19	5 Payee name Mission Park Funeral	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 1700 SE Military Dr. San Antonio, TX. 78214	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Expense	(b) Description Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 12-20-19	Payee name Tina Acosta	
Amount (\$) 107.25	Payee address; City; State; Zip Code 3235 Bob Billa San Antonio, TX. 78223	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Date 12-20-19	Payee name Brittnie Bravo	
Amount (\$) 312.00	Payee address; City; State; Zip Code 238 Menlo San Antonio, TX. 78223	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Staffer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Javier Salazar		3 Filer ID (Ethics Commission Filers)	
4 Date 12-20-19		5 Payee name Lori Cantu			
6 Amount (\$) 116.00		7 Payee address; City; State; Zip Code 3333 Weir Ave. #33 San Antonio, TX. 78226			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description Staffer		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date 12-20-19		Payee name AZUCENA GAITAN			
Amount (\$) 120.25		Payee address; City; State; Zip Code 1211 Patton Blvd. San Antonio, TX. 78237			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Staffer		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date 12-20-19		Payee name Anthony Hernandez			
Amount (\$) 312.00		Payee address; City; State; Zip Code 147 Hollyberry Ln. San Antonio, TX 78214			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Staffer		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Javier Salazar

3 Filer ID (Ethics Commission Filers)

4 Date

11/08/19

5 Name of person from whom amount is received

San Antonio Astor Club Foundation

8 Amount (\$)

500.00

6 Address of person from whom amount is received; City; State; Zip Code

6205 West Ave
SATX 78213

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Security Deposit Refund

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

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