

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

19

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Oscar

R

NICKNAME

LAST

SUFFIX

Salinas

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

10650 Culebra Rd. #104-232, San Antonio, Texas  
78251

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210 )

640-7867

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Yasmin

Y.

NICKNAME

LAST

SUFFIX

Wong

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

10650 Culebra Rd. #104-232, San Antonio, Texas 78251

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210 )

640-7867

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign  
treasurer appointment  
(Officeholder Only)



July 15



8th day before election



Exceeded Modified  
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

10

22

25

THROUGH

Month

Day

Year

12

31

25

11 ELECTION

ELECTION DATE

Month

Day

Year

3

3

26

ELECTION TYPE



Primary



Runoff



Other  
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Bexar County District Attorney

14 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

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages:

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

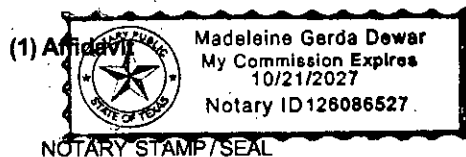
15 C/OH NAME Oscar Salinas		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 25.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,151.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,671.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,507.93

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

*[Signature]*

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Oscar Salinas this the 15<sup>th</sup> day of January, 2026, to certify which, witness my hand and seal of office.

Madeline Dewar Madeline Dewar Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****Oscar Salinas****20 Filer ID (Ethics Commission Filers)**

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,201.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,950.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,717.68
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 953.82
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:

6

**2** FILER NAME

Oscar Salinas

**3** Filer ID (Ethics Commission Filers)**4** Date

11/18/2025

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jonathan Perez

**6** Contributor address;

City;

State;

Zip Code

10 Dominion Dr. San Antonio, Texas 78257

**7** Amount of contribution (\$)

1,000.00

**8** Principal occupation / Job title (See Instructions)

Attorney

**9** Employer (See Instructions)

Self

Date

10/29/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Efrain Torres

Contributor address;

City;

State;

Zip Code

5402 Chancellor St. San Antonio, Texas, 78220

Amount of contribution (\$)

1,500.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Ramos and Torres Law Firm

Date

10/29/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Alberto Acevedo III

Contributor address;

City;

State;

Zip Code

800 Dolorosa Ste. 100, San Antonio, Texas, 78207

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law Office of Alberto Acevedo III

Date

10/30/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Efrain Torres

Contributor address;

City;

State;

Zip Code

5402 Chancellor St. San Antonio, Texas 78220

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Ramos and Torres Law Firm

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6

2 FILER NAME

Oscar Salinas

3 Filer ID (Ethics Commission Filers)

4 Date

11/10/2025

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Johnny Cisneros

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

1220 Buena Vista, San Antonio, Texas 78207

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

11/11/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Tina Lillig

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

404 Ford Ct, Shyra, TN, 37167

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

11/18/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Calfas Law Group

Amount of contribution (\$)

750.00

Contributor address;

City;

State;

Zip Code

110 Broadway Suite 100, San Antonio, Texas, 78205

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

11/18/2025

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Curtis Lee Cukjati

Amount of contribution (\$)

300.00

Contributor address;

City;

State;

Zip Code

1802 Blanco Rd., San Antonio, Texas, 78212

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1 Total pages Schedule A1:**

6

3 Filer ID (Ethics Commission Filers)

out-of-state PAC (ID#: \_\_\_\_\_)

**7 Amount of contribution (\$)**

6 Contributor address; City; State; Zip Code

100.00

**9 Employer (See Instructions)**

Ernest and Young

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address: City: State: Zip Code

2,500.00

Employer (See Instructions)

Self

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address: City: State: Zip Code

500.00

Employer (See Instructions)

**Naman Howell Smith & Lee**

out-of-state PAC (ID#):

Amount of contribution (\$)

Contributor address: City: State: Zip Code

1,000.00

Employer (See Instructions)

## Self

Revised 1/1/2026

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Oscar Salinas		3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Yasmin Wong 6 Contributor address; City; State; Zip Code 10650 Culebra Rd. #104-232, San Antonio, Texas 78251	7 Amount of contribution (\$)  1.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) University Health
Date 11/04/2025	Full name of contributor out-of-state PAC (ID#: _____) Oscar Salinas Contributor address; City; State; Zip Code 10650 Culebra Rd. #104-232, San Antonio, Texas 78251	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bexar County District Attorney Office
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Oscar Salinas		3 Filer ID (Ethics Commission Filers)
4 Date 11/16/2025	5 Full name of contributor out-of-state PAC (ID#: ) David Volk 6 Contributor address; City; State; Zip Code 3003 NW LOOP 410, San Antonio, Texas, 78230	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 11/18/2025	Full name of contributor out-of-state PAC (ID#: ) Brittany Malloy Contributor address; City; State; Zip Code 114 New Haven Drive, San Antonio, Texas, 78209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Caldwell Clark Fanucchi & Finlayson PLLC
Date 11/18/2025	Full name of contributor out-of-state PAC (ID#: ) Jennifer Morey Contributor address; City; State; Zip Code 630, Mission st, San Antonio, Texas 78210	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/18/2025	Full name of contributor out-of-state PAC (ID#: ) Joel Rodriguez Contributor address; City; State; Zip Code 17 Shady cv, San Antonio, Texas, 78213	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
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**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6****2 FILER NAME****Oscar Salinas**

3 Filer ID (Ethics Commission Filers)

**4 Date**

11/18/2025

**5 Full name of contributor**

out-of-state PAC (ID#: \_\_\_\_\_)

**Richard Wark****6 Contributor address;**

City;

State;

Zip Code

111 Arrow Mound, Shavano Park, Texas, 78231

**7 Amount of contribution (\$)****200.00****8 Principal occupation / Job title (See Instructions)**

retired

**9 Employer (See Instructions)****Date**

11/18/2025

**Full name of contributor**

out-of-state PAC (ID#: \_\_\_\_\_)

**Oscar Salinas****Contributor address;**

City;

State;

Zip Code

3353 Burgundy Dr., Brownsville, Texas 78256

**Amount of contribution (\$)****1,000.00****Principal occupation / Job title (See Instructions)**

retired

**Employer (See Instructions)****Date**

11/18/2025

**Full name of contributor**

out-of-state PAC (ID#: \_\_\_\_\_)

**Brittany Malloy****Contributor address;**

City;

State;

Zip Code

114 New Haven Drive, San Antonio, Texas 78209

**Amount of contribution (\$)****25.00****Principal occupation / Job title (See Instructions)**

Attorney

**Employer (See Instructions)**

Caldwell Clark Fanucchi &amp; Finlayson PLLC

**Date**

12/01/2025

**Full name of contributor**

out-of-state PAC (ID#: \_\_\_\_\_)

**Jonathan Watkins****Contributor address;**

City;

State;

Zip Code

130 E. Travis Street Ste. 425, San Antonio, Texas, 78205

**Amount of contribution (\$)****500.00****Principal occupation / Job title (See Instructions)**

Attorney

**Employer (See Instructions)**

self

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**SCHEDULE A2**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: <span style="font-size: 24pt; float: right;">2</span>	
<b>2</b> FILER NAME <div style="font-size: 18pt; margin-top: 5px;">Oscar Salinas</div>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date <div style="margin-top: 5px;">11/18/2025</div>	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 18pt; margin-top: 5px;">Joel Rodriguez</div> <hr style="border-top: 1px dotted black;"/> <b>7</b> Contributor address;                      City;                      State;                      Zip Code <div style="margin-top: 5px;">10107 McAllister Fwy, San Antonio, Texas, 78216</div>	<b>8</b> Amount of Contribution \$ <div style="margin-top: 5px; font-size: 18pt;">1,750.00</div>	<b>9</b> In-kind contribution description <div style="margin-top: 5px;">Hosted Campaign Fundraiser</div>
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <div style="margin-top: 5px; font-size: 18pt;">Attorney</div>		<b>11</b> Employer (FOR NON-JUDICIAL) (See Instructions) <div style="margin-top: 5px; font-size: 18pt;">Law Office of Joel Rodriguez</div>	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> <b>Contributor address;                      City;                      State;                      Zip Code</b>	<b>Amount of Contribution \$</b>	<b>In-kind contribution description</b>
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>		<b>Employer (FOR NON-JUDICIAL) (See Instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Oscar Salinas		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/26/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Volk 7 Contributor address; City; State; Zip Code 3003 NW Loop 410 Ste # 100, San Antonio, Texas, 78230	8 Amount of Contribution \$ 1,200.00	9 In-kind contribution description Electronic billboard Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Attorney		11 Employer (FOR NON-JUDICIAL)(See Instructions) Volk & McElroy LLP	
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#: _____) <div></div> Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description 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.			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5		<b>2</b> FILER NAME Oscar Salinas		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11/23/2025		<b>5</b> Payee name Act Blue			
<b>6</b> Amount (\$) 70.01		<b>7</b> Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 <small>Check if individual's residence address.</small>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description Accounting Expense		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/07/2025		Payee name Act Blue			
Amount (\$) 17.50		Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Accounting Expense		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5		<b>2</b> FILER NAME Oscar Salinas		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11/02/2025		<b>5</b> Payee name Act Blue			
<b>6</b> Amount (\$) 73.54		<b>7</b> Payee address; City; State; Zip Code P.O Box 441146, Somerville, MA 02144 <small>Check if individual's residence address.</small>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description Accounting Expense		
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 11/09/2025		Payee name Act Blue			
Amount (\$) 143.50		Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Accounting Expense		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 11/16/2025		Payee name Act Blue			
Amount (\$) 35.00		Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Accounting Expense		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8 5</b>		2 FILER NAME <b>Oscar Salinas</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/18/2025</b>		5 Payee name <b>3G Media</b>			
6 Amount (\$) <b>200.00</b>		7 Payee address; City; State; Zip Code <b>1810 Kendalia Avenue, San Antonio, Texas, 78224</b> <input checked="" type="checkbox"/> Check if individual's residence address.			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Video and Photo</b>		(b) Description <b>Video and Photo of event</b>		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>11/18/2025</b>		Payee name <b>Walgreens</b>			
Amount (\$) <b>20.02</b>		Payee address; City; State; Zip Code <b>12020 Culebra Rd., San Antonio, Texas, 78253</b> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Event Sign</b>		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 5		<b>2</b> FILER NAME Oscar Salinas		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/12/2025		<b>5</b> Payee name Henry Avila			
<b>6</b> Amount (\$) 500.00		<b>7</b> Payee address; City; State; Zip Code 3126 Annarose Lane, San Antonio, Texas, 78211 <small>Check if individual's residence address.</small>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Place Signs		
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/16/2025		Payee name Henry Avila			
Amount (\$) 600.00		Payee address; City; State; Zip Code 3126 Annarose Lane, San Antonio, Texas, 78211 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Place Signs		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11/25/2025		Payee name Bexar County Democratic Party			
Amount (\$) 1,250.00		Payee address; City; State; Zip Code 1844 Fredricksburg Rd., San Antonio, Texas, 78201 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense		Description Filling Fee - Primary		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
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

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### 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: <b>5</b>	2 FILER NAME <b>Oscar Salinas</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/17/2025</b>	5 Payee name <b>Robert Fernandez</b>	
6 Amount (\$) <b>160.25</b>	7 Payee address; City; State; Zip Code <b>5935 Culebra Rd., San Antonio, Texas 78238</b> <small>Check if individual's residence address.</small>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Shirt and Screen Printing</b>
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>11/21/2025</b>	Payee name <b>Duran Printing LLC</b>	
Amount (\$) <b>1,435.00</b>	Payee address; City; State; Zip Code <b>1912 Nogalitos, San Antonio, Texas, 78225</b> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign Signs</b>
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>12/15/2025</b>	Payee name <b>Duran Printing LLC</b>	
Amount (\$) <b>3,212.86</b>	Payee address; City; State; Zip Code <b>1912 Nogalitos, San Antonio, Texas, 78225</b> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign Signs</b>
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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 PERSONAL FUNDS

## SCHEDULE G

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### 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.

<b>1</b> Total pages Schedule G: <div style="text-align: center; font-size: 1.5em;">3</div>	<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.2em;">Oscar Salinas</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="text-align: center; font-size: 1.2em;">11/04/2025</div>	<b>5</b> Payee name <div style="text-align: center; font-size: 1.2em;">Jiffy</div>	
<b>6</b> Amount (\$) <div style="text-align: center; font-size: 1.2em;">316.35</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1000 N. West St., Suite 1200, Wilmington, DE 19801</div> <small>Check if individual's residence address.</small>	
<b>8</b> <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Advertising Expense</div>	<b>(b)</b> Description <div style="text-align: center; font-size: 1.2em;">Purchase Sign and Shirts</div>
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div>		
<b>Date</b> <div style="text-align: center; font-size: 1.2em;">10/22/2025</div>	<b>Payee name</b> <div style="text-align: center; font-size: 1.2em;">Square Space</div>	
<b>Amount (\$)</b> <div style="text-align: center; font-size: 1.2em;">14.00</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> <div style="text-align: center; font-size: 1.2em;">8 Clarkson Street, New York, NY 10014</div> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Advertising Expense</div>	<b>Description</b> <div style="text-align: center; font-size: 1.2em;">Website Domain</div>
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>Complete ONLY if direct expenditure to benefit C/OH</b> <div style="display: flex; justify-content: space-between;"><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div>		
<b>Date</b> <div style="text-align: center; font-size: 1.2em;">11/13/2025</div>	<b>Payee name</b> <div style="text-align: center; font-size: 1.2em;">Amazon</div>	
<b>Amount (\$)</b> <div style="text-align: center; font-size: 1.2em;">179.27</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> <div style="text-align: center; font-size: 1.2em;">10 Terry Ave. N, Seattle, WA 98109</div> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Event Expense</div>	<b>Description</b> <div style="text-align: center; font-size: 1.2em;">Decorations, Stand, Sanitizer and Sanitizer Bottles</div>
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>Complete ONLY if direct expenditure to benefit C/OH</b> <div style="display: flex; justify-content: space-between;"><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div>		

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### 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.

<b>1</b> Total pages Schedule G: <div style="text-align: center; font-size: 1.5em;">3</div>	<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.2em;">Oscar Salinas</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="text-align: center; font-size: 1.2em;">11/10/2025</div>	<b>5</b> Payee name <div style="text-align: center; font-size: 1.2em;">4imprint</div>	
<b>6</b> Amount (\$) <div style="text-align: center; font-size: 1.2em;">225.42</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">101 Commerce Street, Oshkosh, WI 54901</div> <small>Check if individual's residence address.</small>	
<b>8</b> <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Printing Expense</div>	<b>(b)</b> Description <div style="text-align: center; font-size: 1.2em;">Pens</div>
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div>		
<b>Date</b> <div style="text-align: center; font-size: 1.2em;">11/17/2025</div>	<b>Payee name</b> <div style="text-align: center; font-size: 1.2em;">Amazon</div>	
<b>Amount (\$)</b> <div style="text-align: center; font-size: 1.2em;">110.78</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address;</b> City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">10 Terry Ave. N., Seattle, WA 98109</div> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Event Expense</div>	<b>Description</b> <div style="text-align: center; font-size: 1.2em;">Stands, Decorations, Donations boxes</div>
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div>		
<b>Date</b> <div style="text-align: center; font-size: 1.2em;">10/26/2025</div>	<b>Payee name</b> <div style="text-align: center; font-size: 1.2em;">Square Space</div>	
<b>Amount (\$)</b> <div style="text-align: center; font-size: 1.2em;">36.00</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address;</b> City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">8 Clarkson Street, New York, NY 10014</div> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Advertising Expense</div>	<b>Description</b> <div style="text-align: center; font-size: 1.2em;">Website</div>
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div>		

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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 G: <b>3</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/26/2025</b>	5 Payee name <b>Square Space</b>	
6 Amount (\$) <b>36.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>8 Clarkson Street, New York, NY 10014</b> <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Website</b>
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>12/26/2025</b>	Payee name <b>Square Space</b>	
Amount (\$) <b>36.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>8 Clarkson Street, New York, NY 10014</b> <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Website</b>
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)  <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code  <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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