

# 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: <b>19</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Oscar	MI R	OFFICE USE ONLY  Date Received  <b>2023 JAN 15 PM 1:47</b>		
	NICKNAME	LAST Salinas	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>10650 Culebra Rd. #104-232, San Antonio, Texas 78251</b>					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (210 )	PHONE NUMBER 640-7867	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt # <b>1</b> Amount <b>1</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Yasmin	MI Y.	Date Processed  Date Imaged		
NICKNAME	LAST Wong	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; <b>10650 Culebra Rd. #104-232, San Antonio, Texas 78251</b>			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (210 )	PHONE NUMBER 640-7867	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <b>10</b>	Day <b>22</b>	Year <b>25</b>	Month <b>12</b>	Day <b>31</b>	Year <b>25</b>
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 3 / 26</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <b>Bexar County District Attorney</b>		
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.					
Additional Pages:	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
	COMMITTEE ADDRESS					
	COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Oscar Salinas

16 Filer ID (Ethics Commission Filers)

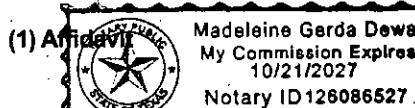
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 25.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,151.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,671.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	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 of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Oscar Salinas this the 15<sup>th</sup> day of January, 20 26, to certify which, witness my hand and seal of office.

Madeleine Dewar Madeleine 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**

<b>19 FILER NAME</b> <b>Oscar Salinas</b>	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
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: <b>6</b>
<b>2 FILER NAME</b> <b>Oscar Salinas</b>			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> <b>11/18/2025</b>	<b>5 Full name of contributor</b> <b>Jonathan Perez</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>7 Amount of contribution (\$)</b> <b>1,000.00</b>
	<b>6 Contributor address:</b> <b>10 Dominion Dr. San Antonio, Texas 78257</b>	<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____	
<b>8 Principal occupation / Job title (See Instructions)</b> <b>Attorney</b>		<b>9 Employer (See Instructions)</b> <b>Self</b>	
<b>Date</b> <b>10/29/2025</b>	<b>Full name of contributor</b> <b>Efrain Torres</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>1,500.00</b>
	<b>Contributor address:</b> <b>5402 Chancellor St. San Antonio, Texas, 78220</b>	<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____	
<b>Principal occupation / Job title (See Instructions)</b> <b>Attorney</b>		<b>Employer (See Instructions)</b> <b>Ramos and Torres Law Firm</b>	
<b>Date</b> <b>10/29/2025</b>	<b>Full name of contributor</b> <b>Alberto Acevedo III</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>500.00</b>
	<b>Contributor address:</b> <b>800 Dolorosa Ste. 100, San Antonio, Texas, 78207</b>	<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____	
<b>Principal occupation / Job title (See Instructions)</b> <b>Attorney</b>		<b>Employer (See Instructions)</b> <b>Law Office of Alberto Acevedo III</b>	
<b>Date</b> <b>10/30/2025</b>	<b>Full name of contributor</b> <b>Efrain Torres</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>100.00</b>
	<b>Contributor address:</b> <b>5402 Chancellor St. San Antonio, Texas 78220</b>	<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____	
<b>Principal occupation / Job title (See Instructions)</b> <b>Attorney</b>		<b>Employer (See Instructions)</b> <b>Ramos and Torres Law Firm</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.			

**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: <b>6</b>
<b>2 FILER NAME</b> <b>Oscar Salinas</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> <b>11/10/2025</b>	<b>5 Full name of contributor</b> <b>Johnny Cisneros</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>7 Amount of contribution (\$)</b> <b>250.00</b>
	<b>6 Contributor address:</b> <b>1220 Buena Vista, San Antonio, Texas 78207</b>	<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____	
<b>8 Principal occupation / Job title (See Instructions)</b> <b>Attorney</b>		<b>9 Employer (See Instructions)</b> <b>Self</b>	
<b>Date</b> <b>11/11/2025</b>	<b>Full name of contributor</b> <b>Tina Lillig</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>100.00</b>
	<b>Contributor address:</b> <b>404 Ford Ct, Shyra, TN, 37167</b>	<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____	
<b>Principal occupation / Job title (See Instructions)</b> <b>Retired</b>		<b>Employer (See Instructions)</b> _____	
<b>Date</b> <b>11/18/2025</b>	<b>Full name of contributor</b> <b>Calfas Law Group</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>750.00</b>
	<b>Contributor address:</b> <b>110 Broadway Suite 100, San Antonio, Texas, 78205</b>	<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____	
<b>Principal occupation / Job title (See Instructions)</b> <b>Attorney</b>		<b>Employer (See Instructions)</b> <b>Self</b>	
<b>Date</b> <b>11/18/2025</b>	<b>Full name of contributor</b> <b>Curtis Lee Cukjati</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>300.00</b>
	<b>Contributor address:</b> <b>1802 Blanco Rd., San Antonio, Texas, 78212</b>	<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____	
<b>Principal occupation / Job title (See Instructions)</b> <b>Attorney</b>		<b>Employer (See Instructions)</b> <b>Self</b>	

**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**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:  <i>6</i>
2 FILER NAME <b>Oscar Salinas</b>			3 Filer ID (Ethics Commission Filers)
4 Date  11/05/2025	5 Full name of contributor  <b>Sofia Salinas</b>	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$)  <b>100.00</b>
6 Contributor address; 10418 Shaenfield Rd , 11304, San Antonio, Texas 78254		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <b>Analyst</b>		9 Employer (See Instructions) <b>Ernest and Young</b>	
Date  11/06/2025	Full name of contributor  <b>Christian Neumann</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$)  <b>2,500.00</b>
Contributor address; 10035 Placid Bay, San Antonio, Texas, 78245		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>	
Date  11/07/2025	Full name of contributor  <b>Evan Patterson</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$)  <b>500.00</b>
Contributor address; 115 Kearney Street, San Antonio, Texas, 78210		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Naman Howell Smith &amp; Lee</b>	
Date  11/09/2025	Full name of contributor  <b>Michael Rogers</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$)  <b>1,000.00</b>
Contributor address; 2402 Penrose Ave., Edinburg, Texas, 78539		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>	

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>6</i>
<b>2 FILER NAME</b> Oscar Salinas			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 11/16/2025	<b>5 Full name of contributor</b> David Volk	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>1,000.00</b>
	<b>6 Contributor address;</b> 3003 NW LOOP 410, San Antonio, Texas, 78230	City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b> Attorney		<b>9 Employer (See Instructions)</b> Self	
<b>Date</b> 11/18/2025	<b>Full name of contributor</b> Brittany Malloy	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>250.00</b>
	<b>Contributor address;</b> 114 New Haven Drive, San Antonio, Texas, 78209	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Caldwell Clark Fanucchi & Finlayson PLLC	
<b>Date</b> 11/18/2025	<b>Full name of contributor</b> Jennifer Morey	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>25.00</b>
	<b>Contributor address;</b> 630, Mission st, San Antonio, Texas 78210	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b>	
<b>Date</b> 11/18/2025	<b>Full name of contributor</b> Joel Rodriguez	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>500.00</b>
	<b>Contributor address;</b> 17 Shady cv, San Antonio, Texas, 78213	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> 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: <b>6</b>
<b>2 FILER NAME</b> <b>Oscar Salinas</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> <b>11/18/2025</b>	<b>5 Full name of contributor</b> <b>Richard Wark</b>  <b>6 Contributor address:</b> <b>111 Arrow Mound, Shavano Park, Texas, 78231</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>7 Amount of contribution (\$)</b> <b>200.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b> <b>retired</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> <b>11/18/2025</b>	<b>Full name of contributor</b> <b>Oscar Salinas</b>  <b>Contributor address:</b> <b>3353 Burgundy Dr., Brownsville, Texas 78256</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>1,000.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>retired</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> <b>11/18/2025</b>	<b>Full name of contributor</b> <b>Brittany Malloy</b>  <b>Contributor address:</b> <b>114 New Haven Drive, San Antonio, Texas 78209</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>25.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Attorney</b>		<b>Employer (See Instructions)</b> <b>Caldwell Clark Fanucchi &amp; Finlayson PLLC</b>	
<b>Date</b> <b>12/01/2025</b>	<b>Full name of contributor</b> <b>Jonathan Watkins</b>  <b>Contributor address:</b> <b>130 E. Travis Street Ste. 425, San Antonio, Texas, 78205</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>500.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Attorney</b>		<b>Employer (See Instructions)</b> <b>self</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: <b>2</b>
<b>2 FILER NAME</b> <b>Oscar Salinas</b>		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</b>		\$
<b>5 Date</b> 11/18/2025	<b>6 Full name of contributor</b> <b>Joel Rodriguez</b> ..... <b>7 Contributor address;</b> City; State; Zip Code 10107 McAllister Fwy, San Antonio, Texas, 78216	<b>8 Amount of Contribution \$</b> 1,750.00 <b>9 In-kind contribution description</b> Hosted Campaign Fundraiser  Check if travel outside of Texas. Complete Schedule T.
<b>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</b> <b>Attorney</b>		<b>11 Employer (FOR NON-JUDICIAL)(See Instructions)</b> <b>Law Office of Joel Rodriguez</b>
<b>12 Contributor's principal occupation (FOR JUDICIAL)</b>		<b>13 Contributor's job title (FOR JUDICIAL)(See Instructions)</b>
<b>14 Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
<b>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>		
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> <b>out-of-state PAC (ID#:</b> _____) ..... <b>Contributor address;</b> City; State; Zip Code	<b>Amount of Contribution \$</b>  <b>In-kind contribution description</b>  Check if travel outside of Texas. Complete Schedule T.
<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>		

**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

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: <b>2</b>	
<b>2 FILER NAME</b> <b>Oscar Salinas</b>		3 Filer ID (Ethics Commission Filers)	
<b>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</b>		\$	
<b>5 Date</b> 10/26/2025	<b>6 Full name of contributor</b> David Volk ..... <b>7 Contributor address;</b> 3003 NW Loop 410 Ste # 100, San Antonio, Texas, 78230	<b>8 Amount of Contribution \$</b> 1,200.00	<b>9 In-kind contribution description</b> Electronic billboard
Check if travel outside of Texas. Complete Schedule T.			
<b>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</b> Attorney		<b>11 Employer (FOR NON-JUDICIAL)(See Instructions)</b> Volk & McElroy LLP	
<b>12 Contributor's principal occupation (FOR JUDICIAL)</b>		<b>13 Contributor's job title (FOR JUDICIAL)(See Instructions)</b>	
<b>14 Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>Date</b>	<b>Full name of contributor</b> ..... <b>Contributor address;</b> .....	<b>Amount of Contribution \$</b> .....	<b>In-kind contribution description</b> .....
Check if travel outside of Texas. Complete Schedule T.			
<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.			

# 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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>11/23/2025</b>	5 Payee name <b>Act Blue</b>		
6 Amount (\$) <b>70.01</b>	7 Payee address; <b>PO Box 441146, Somerville, MA 02144</b> Check if individual's residence address.	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Accounting Expense</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	Candidate / Officeholder name	Office sought	Office held
Date <b>12/07/2025</b>	Payee name <b>Act Blue</b>		
Amount (\$) <b>17.50</b>	Payee address; <b>PO Box 441146, Somerville, MA 02144</b> Check if individual's residence address.	City; State; Zip Code	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Accounting Expense</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	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Check if individual's residence address.		
  <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	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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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>11/02/2025</b>	5 Payee name <b>Act Blue</b>		
6 Amount (\$) <b>73.54</b>	7 Payee address; <b>P.O Box 441146, Somerville, MA 02144</b> <small>Check if individual's residence address.</small>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Accounting Expense</b>	
	(c) Check if travel outside of Texas. Complete Schedule T. <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>11/09/2025</b>	Payee name <b>Act Blue</b>		
Amount (\$) <b>143.50</b>	Payee address; <b>PO Box 441146, Somerville, MA 02144</b> <small>Check if individual's residence address.</small>	City;	State; Zip Code
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Accounting Expense</b>	
	Check if travel outside of Texas. Complete Schedule T. <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>11/16/2025</b>	Payee name <b>Act Blue</b>		
Amount (\$) <b>35.00</b>	Payee address; <b>PO Box 441146, Somerville, MA 02144</b> <small>Check if individual's residence address.</small>	City;	State; Zip Code
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Accounting Expense</b>	
	Check if travel outside of Texas. Complete Schedule T. <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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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>11/18/2025</b>	5 Payee name <b>3G Media</b>		
6 Amount (\$) <b>200.00</b>	7 Payee address;  <b>1810 Kendalia Avenue, San Antonio, Texas, 78224</b>	City; State; Zip Code	
	✓ 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.  <b>Check if Austin, TX, officeholder living expense</b>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>11/18/2025</b>	Payee name  <b>Walgreens</b>		
Amount (\$) <b>20.02</b>	Payee address;  <b>12020 Culebra Rd., San Antonio, Texas, 78253</b>	City; State; Zip Code	
	Check if individual's residence address.		
PURPOSE OF EXPENDITURE	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.  <b>Check if Austin, TX, officeholder living expense</b>		
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
	Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.  <b>Check if Austin, TX, officeholder living expense</b>		
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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
5	Oscar Salinas			
4 Date	5 Payee name			
11/17/2025	Robert Fernandez			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
160.25	5935 Culebra Rd., San Antonio, Texas 78238			
Check if individual's residence address.				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Printing Expense	Shirt and Screen Printing		
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/21/2025	Duran Printing LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,435.00	1912 Nogalitos, San Antonio, Texas, 78225			
Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Printing Expense	Campaign Signs		
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/15/2025	Duran Printing LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
3,212.86	1912 Nogalitos, San Antonio, Texas, 78225			
Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Printing Expense	Campaign Signs		
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	

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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 Candidates/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:  3	2 FILER NAME  Oscar Salinas	3 Filer ID (Ethics Commission Filers)
4 Date  11/04/2025	5 Payee name  Jiffy	
6 Amount (\$)  316.35  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address;  1000 N. West St., Suite 1200, Wilmington, DE 19801  Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Purchase Sign and Shirts
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9	Candidate / Officeholder name  Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought  Office held
Date  10/22/2025	Payee name  Square Space	
Amount (\$)  14.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address;  8 Clarkson Street, New York, NY 10014  Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Website Domain
	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  11/13/2025	Payee name  Amazon	
Amount (\$)  179.27  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address;  10 Terry Ave. N, Seattle, WA 98109  Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description  Decorations, Stand, Sanitizer and Sanitizer Bottles
	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 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:  3	2 FILER NAME  Oscar Salinas	3 Filer ID (Ethics Commission Filers)
4 Date  11/10/2025	5 Payee name  4imprint	
6 Amount (\$)  225.42  ✓ Reimbursement from political contributions intended	7 Payee address;  101 Commerce Street, Oshkosh, WI 54901  Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense	(b) Description  Pens
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9	Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH	Office sought  Office held
Date  11/17/2025	Payee name  Amazon	
Amount (\$)  110.78  ✓ Reimbursement from political contributions intended	Payee address;  10 Terry Ave. N., Seattle, WA 98109  Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description  Stands, Decorations, Donations boxes
	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  10/26/2025	Payee name  Square Space	
Amount (\$)  36.00  ✓ Reimbursement from political contributions intended	Payee address;  8 Clarkson Street, New York, NY 10014  Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Website
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought  Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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