

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: 28
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Javier	MI O.
	NICKNAME	LAST Selazar	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 830679 San Antonio TX 78283		
	AREA CODE PHONE NUMBER EXTENSION (210) 275-1691		
5 CANDIDATE / OFFICEHOLDER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 214 Parkview Ar. Universal City TX 78148		
	AREA CODE PHONE NUMBER EXTENSION (210) 422-0378		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Placido	MI
	NICKNAME	LAST Selazar	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 214 Parkview Ar. Universal City TX 78148		
	AREA CODE PHONE NUMBER EXTENSION (210) 422-0378		
8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 214 Parkview Ar. Universal City TX 78148		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 02 / 25 / 24 THROUGH 06 / 30 / 2024		
11 ELECTION	ELECTION DATE Month Day Year 11 / 05 / 2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	OFFICE HELD (if any) Sheriff		OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <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

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)

\$

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

\$ 12,400.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 32,363.00

CONTRIBUTION
BALANCE

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

\$ 6,293.41

OUTSTANDING
LOAN TOTALS

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

\$ 8,146.33

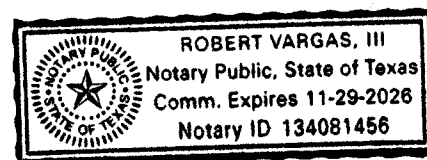
18 SIGNATURE

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sheriff Javier Salazar this the 15th day of July,
20 24, to certify which, witness my hand and seal of office.

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****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,400.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 32,343.00
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	\$ 127.20

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: 2
2 FILER NAME Javier Selcer		3 Filer ID (Ethics Commission Filers)
4 Date 05/15/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Joeris 6 Contributor address; City; State; Zip Code 823 Arion Pkwy SADX 78216	7 Amount of contribution (\$) 1500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Hildebrand Contributor address; City; State; Zip Code 7806 Forest Run Lmochi TX 78733	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Mufica Contributor address; City; State; Zip Code 100 Elizabeth Ann Ct. SADX 78213	Amount of contribution (\$) 1500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marilyn Stanford White Contributor address; City; State; Zip Code 6917 Robin Hood Way Schertz TX 78154	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

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

The Instruction Guide explains how to complete this form.

2 FILER NAME Javier Salazar		1 Total pages Schedule A1:
3 Filer ID (Ethics Commission Filers) 		7 Amount of contribution (\$) 2000.00
4 Date 03/18/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Deputy Sheriffs Assoc. Bexar County PAC	6 Contributor address; City; State; Zip Code 9200 Broadway #108 SA TX 78217
8 Principal occupation / Job title (See Instructions) 		9 Employer (See Instructions)
Date 04/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CWA Cape PCC	Amount of contribution (\$) 1500.00
Contributor address; City; State; Zip Code 501 3rd St NW Washington DC 20001		
Principal occupation / Job title (See Instructions) 		Employer (See Instructions)
Date 04/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WALTON LOZZESE	Amount of contribution (\$) 3000.00
Contributor address; City; State; Zip Code 720 Pleasant Rd. SA TX 78214		
Principal occupation / Job title (See Instructions) 		Employer (See Instructions)
Date 05/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lineberger Logan Blair Epperson	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760		
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.

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: <div style="text-align: center; font-size: 1.5em;">22</div>	2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Javier Salazar</div>	3 Filer ID (Ethics Commission Filers)						
4 Date <div style="text-align: center; font-size: 1.2em;">02/25/24</div>	5 Payee name <div style="text-align: center; font-size: 1.2em;">Uber</div>							
6 Amount (\$) <div style="text-align: center; font-size: 1.2em;">21.91</div>	7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1455 Market #400 San Francisco, CA 94103</div>							
8 PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> (a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Fees</div> </td> <td style="width: 50%; vertical-align: top;"> (b) Description <div style="text-align: center; font-size: 1.2em;">Travel</div> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </td> <td style="width: 50%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table> </td> </tr> </table>		(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Fees</div>	(b) Description <div style="text-align: center; font-size: 1.2em;">Travel</div>	<table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </td> <td style="width: 50%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		<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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<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 <div style="text-align: center; font-size: 1.2em;">02/25/24</div>	Payee name <div style="text-align: center; font-size: 1.2em;">Jim's</div>							
Amount (\$) <div style="text-align: center; font-size: 1.2em;">23.24</div>	Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">3318 Hillcrest Balcones Heights, TX. 78201</div>							
PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Food</div> </td> <td style="width: 50%; vertical-align: top;"> Description <div style="text-align: center; font-size: 1.2em;">Meeting</div> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </td> <td style="width: 50%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table> </td> </tr> </table>		Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Food</div>	Description <div style="text-align: center; font-size: 1.2em;">Meeting</div>	<table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </td> <td style="width: 50%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		<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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<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 <div style="text-align: center; font-size: 1.2em;">02/27/24</div>	Payee name <div style="text-align: center; font-size: 1.2em;">Amazon</div>							
Amount (\$) <div style="text-align: center; font-size: 1.2em;">135.19</div>	Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">440 Terry Ave. Seattle, WA. 98109</div>							
PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Office Expense</div> </td> <td style="width: 50%; vertical-align: top;"> Description <div style="text-align: center; font-size: 1.2em;">Supplies</div> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </td> <td style="width: 50%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table> </td> </tr> </table>		Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Office Expense</div>	Description <div style="text-align: center; font-size: 1.2em;">Supplies</div>	<table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </td> <td style="width: 50%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		<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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<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

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.

1 Total pages Schedule F1:	2 FILER NAME Javier Salazar	3 Filer ID (Ethics Commission Filers)
4 Date 02/27/24	5 Payee name Alamo Mailings	
6 Amount (\$) 3488.94	7 Payee address; City; State; Zip Code 13114 Lookout Run 8A TX. 78233	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad Expense	(b) Description mailed literature
	(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 02/28/24	Payee name Robudiel	
Amount (\$) 112.32	Payee address; City; State; Zip Code 4601 N. Fairlane Arlington, VA 22203	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description phone calls
	<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 02/29/24	Payee name Apple	
Amount (\$) 9.99	Payee address; City; State; Zip Code one Apple Parkway Cupertino, CA 95014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description online storage
	<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

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.

1 Total pages Schedule F1:		2 FILER NAME <i>Javier Salazar</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>02/24/24</i>		5 Payee name <i>Roboduel</i>			
6 Amount (\$) <i>102.32</i>		7 Payee address: <i>4601 N. Fairfax</i> City: State: Zip Code <i>Arlington, VA 22203</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Exp.</i>		(b) Description <i>phone calls</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					
Date <i>03/01/24</i>		Candidate / Officeholder name <i>Facebook</i>			
Amount (\$) <i>230.63</i>		Payee address: <i>1601 Willow Rd.</i> City: State: Zip Code <i>Menlo Park CA 94025</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad. Exp.</i>		Description		
	<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 <i>03/02/24</i>		Candidate / Officeholder name <i>St. Luke's</i>			
Amount (\$) <i>1300.00</i>		Payee address: <i>9202 Bent Elm Creek</i> City: State: Zip Code <i>SA TX 78230</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Donation</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 <i>Office sought</i> <i>Office held</i>					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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	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 03/02/24		5 Payee name Pancake Joe's			
6 Amount (\$) 40.00		7 Payee address: 1011 Donaldson City: State: Zip Code SATX. 78228			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food		(b) Description meeting		
	(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 03/02/24		Payee name NGP Van			
Amount (\$) 341.12		Payee address: 655 NW 15th City: State: Zip Code Washington DC 20005			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Voter Data		
	<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 03/02/24		Payee name Dave d Busters			
Amount (\$) 1499.50		Payee address: 221 S. Baltimore City: State: Zip Code Coppell, TX 75019			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food		Description Event		
	<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

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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	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		2 FILER NAME <i>General Solano</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>03/02/24</i>		5 Payee name <i>Prestige Printing</i>			
6 Amount (\$) <i>1445.14</i>		7 Payee address: <i>8 Burwood Ln</i> City: State: Zip Code <i>SA TX 78216</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ad Expense</i>		(b) Description <i>Literature</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>03/02/24</i>		Payee name <i>Illusions Rental</i>			
Amount (\$) <i>705.75</i>		Payee address: <i>4039 E I 10</i> City: State: Zip Code <i>SA TX 78219</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>Equipment Rental</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>03/03/24</i>		Payee name <i>Robert & Vargas</i>			
Amount (\$) <i>2500.00</i>		Payee address: <i>633 S. St Marys</i> City: State: Zip Code <i>SA TX 78205</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>consultant</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					
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	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 Janner Salazar		3 Filer ID (Ethics Commission Filers)	
4 Date 03/03/24		5 Payee name Pete's Taco House			
6 Amount (\$) 155.23		7 Payee address: 502 Brooklyn Ave SA TX. 78215 City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food		(b) Description Meeting		
	(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 03/05/24		Payee name Uber			
Amount (\$) 14.97		Payee address: 1455 Market Hwy San Francisco, CA 94103 City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Travel		
	<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 03/04/24		Payee name SP Balloons D&D			
Amount (\$) 150.92		Payee address: 14429 NW Military Hwy SA TX. 78231 City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Decor		
	<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

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.

1 Total pages Schedule F1:		2 FILER NAME Javier Salazar		3 Filer ID (Ethics Commission Filers)	
4 Date 03/06/24		5 Payee name WIX			
6 Amount (\$) 7.99		7 Payee address: 500 Terry A Francois City: State: Zip Code San Francisco, CA 94158			
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 Office held					
Date 03/06/24		Payee name Rudy's			
Amount (\$) 108.54		Payee address: 327 E. N. Koma City: State: Zip Code SA TX. 78214			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food		Description meeting		
	<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 03/06/24		Payee name Wendy's			
Amount (\$) 32.65		Payee address: 430 San Pedro City: State: Zip Code SA TX. 78212			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food		Description meeting		
	<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

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.

1 Total pages Schedule F1:		2 FILER NAME Javier Salazar		3 Filer ID (Ethics Commission Filers)	
4 Date 03/06/24		5 Payee name Amoli's			
6 Amount (\$) 94.75		7 Payee address: 227 Frederichsburg City: State: Zip Code SA TX. 78101			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(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					
Date 03/07/24		Candidate / Officeholder name Dave & Busters			
Amount (\$) 1217.44		Payee address: 440 Crossroads City: State: Zip Code San Antonio TX. 78201			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Rental / Food		
	<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 03/08/24		Candidate / Officeholder name uber			
Amount (\$) 33.88		Payee address: 1455 Market #410 City: State: Zip Code San Francisco, CA 94103			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Travel		
	<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

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.

1 Total pages Schedule F1:		2 FILER NAME Javier Salazar		3 Filer ID (Ethics Commission Filers)	
4 Date 02/14/24		5 Payee name N.E. Beyer Co. Dens			
6 Amount (\$) 500.00		7 Payee address: PO Box 700764 City: State: Zip Code SA TX 78270			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad Expense		(b) Description Program Ad.		
	(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 03/17/24		Payee name Amazon			
Amount (\$) 21.62		Payee address: 440 Terry Ave City: State: Zip Code Seattle, WA 98109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office 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					
Date 03/18/24		Payee name Wix			
Amount (\$) 63.86		Payee address: 500 Terry A Francisco City: State: Zip Code San Francisco, CA 94158			
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					
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	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 03/09/24	5 Payee name uber
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6 Amount (\$) 5.66	7 Payee address: 1455 Market San Francisco, CA 94103	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Travel
	(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 03/20/24	Payee name Democratic Women of Camel Co.
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Amount (\$) 250.00	Payee address: 375 S. Castell New Braunfels, TX. 78130	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contribution	Description Event table
	<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 03/21/24	Payee name Robert Vargas
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Amount (\$) 175.00	Payee address: 633 S. St Mary's SAW 78205	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Consultant
	<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

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.

1 Total pages Schedule F1:		2 FILER NAME Javier Salazar		3 Filer ID (Ethics Commission Filers)	
4 Date 03/22/24		5 Payee name Wix			
6 Amount (\$) 41.13		7 Payee address: 500 Ferry A Francisco City: State: Zip Code San Francisco, CA 94158			
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					
Date 03/24/24		Payee name Party City			
Amount (\$) 92.04		Payee address: 10628 Culbreth City: State: Zip Code 34 TX 78251			
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 ONLY if direct expenditure to benefit C/OH					
Date 03/27/24		Payee name Robert Vargas			
Amount (\$) 2560.00		Payee address: 633 S St Mary's City: State: Zip Code 84 TX 78205			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description consulting		
	<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

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.

1 Total pages Schedule F1:		2 FILER NAME <i>Javier Siler</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>03/29/24</i>		5 Payee name <i>Apple</i>			
6 Amount (\$) <i>9.99</i>		7 Payee address: <i>one Apple Pkwy</i> City: State: Zip Code <i>Cupertino, CA 95014</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>online Storage</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					
Date <i>04/01/24</i>		Payee name <i>Face book</i>			
Amount (\$) <i>5.16</i>		Payee address: <i>1601 Willow Rd.</i> City: State: Zip Code <i>Menlo Park, CA 94025</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Exp.</i>		Description <i>online Ad</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					
Date <i>04/07/24</i>		Payee name <i>WIX</i>			
Amount (\$) <i>7.79</i>		Payee address: <i>500 Terry A Francois</i> City: State: Zip Code <i>San Francisco, CA 94158</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>website</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					
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	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 04/14/24		5 Payee name Javier Salazar			
6 Amount (\$) 641.51		7 Payee address: PO Box 830679 City: State: Zip Code SU TX 78283			
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					
Date 04/21/24		Payee name WIX			
Amount (\$) 63.86		Payee address: 500 Terry A. Francois City: State: Zip Code San Francisco, CA 94158			
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					
Date 04/23/24		Payee name WIX			
Amount (\$) 41.13		Payee address: 500 Terry A Francois City: State: Zip Code San Francisco, CA 94158			
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					
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.

1 Total pages Schedule F1:		2 FILER NAME <i> Javier Salazar </i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i> 01/24/24 </i>		5 Payee name <i> Apple </i>			
6 Amount (\$) <i> 9.99 </i>		7 Payee address; City: State: Zip Code <i> One Apple Way Cupertino, CA 95014 </i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i> Fees </i>		(b) Description <i> Data Storage </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					
Date <i> 05/09/24 </i>		Candidate / Officeholder name <i> WIX </i>			
Amount (\$) <i> 7.79 </i>		Payee address; City: State: Zip Code <i> 500 Terry A Francois San Francisco, CA 94158 </i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i> Fees </i>		Description <i> website </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					
Date <i> 05/12/24 </i>		Candidate / Officeholder name <i> WIX </i>			
Amount (\$) <i> 349.64 </i>		Payee address; City: State: Zip Code <i> 500 Terry A Francois San Francisco, CA 94158 </i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i> Fees </i>		Description <i> website </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					
Date <i> 05/12/24 </i>		Candidate / Officeholder name <i> WIX </i>			
Amount (\$) <i> 349.64 </i>		Payee address; City: State: Zip Code <i> 500 Terry A Francois San Francisco, CA 94158 </i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i> Fees </i>		Description <i> website </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					
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	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 <u>Javier S. Clezar</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>05/22/24</u>		5 Payee name <u>Mi Tierra</u>			
6 Amount (\$) <u>33.55</u>		7 Payee address: <u>210 Produce Row</u> City: _____ State: _____ Zip Code: <u>SA 78205</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food</u>		(b) Description <u>meat</u>		
	(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 <u>05/25/24</u>		Payee name <u>WIX</u>			
Amount (\$) <u>41.13</u>		Payee address: <u>500 Terry A Francois</u> City: _____ State: _____ Zip Code: <u>San Francisco, CA 94158</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>website</u>		
	<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 <u>05/30/24</u>		Payee name <u>Apple</u>			
Amount (\$) <u>9.99</u>		Payee address: <u>one Apple Pkwy</u> City: _____ State: _____ Zip Code: <u>cupertino, CA 95014</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>storage</u>		
	<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

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:		2 FILER NAME <i>Javier Salazar</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>06/05/24</i>		5 Payee name <i>Robert Vargas</i>			
6 Amount (\$) <i>2500.00</i>		7 Payee address: <i>2335 St Mary's</i> City: State: Zip Code <i>SA TX 78205</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>consultant</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					
Date <i>06/07/24</i>		Payee name <i>Bexar County Democratic Party</i>			
Amount (\$) <i>150.00</i>		Payee address: <i>1844 Fredericksburg</i> City: State: Zip Code <i>SA TX 78201</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>contribution</i>		Description <i>Program Ad</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					
Date <i>06/09/24</i>		Payee name <i>WIX</i>			
Amount (\$) <i>7.79</i>		Payee address: <i>500 Terry Francois</i> City: State: Zip Code <i>San Francisco, CA 94158</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fees</i>		Description <i>website</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					
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>					

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	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		2 FILER NAME Javier Salazar		3 Filer ID (Ethics Commission Filers)	
4 Date 06/11/24		5 Payee name Hotel Pcsu del Norte			
6 Amount (\$) 2295.92		7 Payee address; 10 Henry Trust Ct. El Paso, TX 79901			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Hotel		(b) Description state convention		
	(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 06/12/24		Payee name Plaza Hotel			
Amount (\$) 145.20		Payee address; 106 W. Mills El Paso, TX 79901			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food		Description meeting		
	<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 06/18/24		Payee name WIX			
Amount (\$) 63.86		Payee address; 500 Terry Francois San Francisco, CA 94158			
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 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

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.

1 Total pages Schedule F1:		2 FILER NAME <i>Janner Salazar</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>06/21/24</i>		5 Payee name <i>Mailchimp</i>			
6 Amount (\$) <i>103.40</i>		7 Payee address: <i>675 Ponce de Leon</i> City: <i>#500</i> State: Zip Code <i>Atlanta, GA 30308</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ad Expense</i>		(b) Description <i>Printed Mail</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					
Date <i>06/22/24</i>		Payee name <i>Uber</i>			
Amount (\$) <i>10.50</i>		Payee address: <i>1458 Market St</i> City: State: Zip Code <i>San Francisco, CA 94103</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Travel</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					
Date <i>06/22/24</i>		Payee name <i>Wix</i>			
Amount (\$) <i>41.13</i>		Payee address: <i>500 Terry Francisco</i> City: State: Zip Code <i>San Francisco, CA 94108</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>website</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					
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	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 <i>Javier Salazar</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>06/24/24</i>		5 Payee name <i>TSSM Center</i>			
6 Amount (\$) <i>14.80</i>		7 Payee address: <i>100 Andover Inn Cir</i> City: State: Zip Code <i>SA TX. 78205</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>contribution</i>		(b) Description <i>Event</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					
Date <i>06/29/24</i>		Payee name <i>Apple</i>			
Amount (\$) <i>9.99</i>		Payee address: <i>one Apple Phwy</i> City: State: Zip Code <i>cupertino, CA. 95014</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fees</i>		Description <i>online storage</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					
Date <i>06/29/24</i>		Payee name <i>Amo's</i>			
Amount (\$) <i>157.60</i>		Payee address: <i>227 Fredericksburg</i> City: State: Zip Code <i>SA TX 78201</i>			
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					
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	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 <i>Jaime Selzer</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>02/25/24</i>		5 Payee name <i>St Monica's Catholic Church</i>			
6 Amount (\$) <i>40.00</i>		7 Payee address; City; State; Zip Code <i>501 N. St. Converse, TX. 78109</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution</i>		(b) Description <i>church donation</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					
Date <i>02/28/24</i>		Payee name <i>3D Signs</i>			
Amount (\$) <i>1807.78</i>		Payee address; City; State; Zip Code <i>8615 W. 2nd St Somerset TX. 78069</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad Expense</i>		Description <i>Signs</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					
Date <i>03/05/24</i>		Payee name <i>3D Signs</i>			
Amount (\$) <i>974.25</i>		Payee address; City; State; Zip Code <i>8615 W. 2nd St Somerset, TX. 78069</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad Expense</i>		Description <i>signs</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					
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.

1 Total pages Schedule F1:	2 FILER NAME <i>Sarner Sulzer</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>03/05/24</i>	5 Payee name <i>Scherano Productions</i>
6 Amount (\$) <i>560.00</i>	7 Payee address: <i>602 Cypress Union</i> City: State: Zip Code <i>SA TX. 78245</i>

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>manuscript</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>04/30/24</i>	Payee name <i>Robert Vorges</i>
Amount (\$) <i>2500.00</i>	Payee address: <i>633 S St Marys</i> City: State: Zip Code <i>SA TX 78205</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>consult.</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>04/30/24</i>	Payee name <i>3D Signs</i>
Amount (\$) <i>974.25</i>	Payee address: <i>8015 W. 2nd</i> City: State: Zip Code <i>Somerset 78062</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad Expense</i>	Description <i>signs</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

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.

1 Total pages Schedule F1:		2 FILER NAME <i>Janine Salzer</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>05/04/24</i>		5 Payee name <i>Texas Ag in club</i>			
6 Amount (\$) <i>1500.00</i>		7 Payee address; <i>6205 West Ave</i> City: State: Zip Code <i>Castle Hills TX, 78213</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FEES</i>		(b) Description <i>Event Rental</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 Payee name					
Amount (\$) Payee address; City: State: Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<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		
	<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		
	<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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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K: 1
2 FILER NAME Jarvis Selzer		3 Filer ID (Ethics Commission Filers)
4 Date 05/31/24	5 Name of person from whom amount is received Amazon 6 Address of person from whom amount is received; City; State; Zip Code 440 Terry Ave Seattle WA, 98109	8 Amount (\$) 127.20
7 Purpose for which amount is received Refund - POS <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)

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