

# 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: **4**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR **(C)**

FIRST

MI

NICKNAME

LAST

SUFFIX

**Coach**

**Salinas**

OFFICE USE ONLY

Date Received

**07/21/2022**

**2:14pm.**

**Cys.**

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #

CITY:

STATE:

ZIP CODE

[REDACTED]

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

Date Hand-delivered or Date Postmarked

**07/21/2022**

Receipt #

Amount \$

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR **(C)**

FIRST

MI

NICKNAME

LAST

SUFFIX

**Coach**

**Salinas**

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

[REDACTED]

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☒

July 15

☐

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

**01**

**/16**

**/2022**

THROUGH

Month

Day

Year

**07**

**/15**

**/2022**

11 ELECTION

ELECTION DATE

Month

Day

Year

**11**

**/07**

**/17**

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

**City Council Pl. 1 (Edinburg)**

13 OFFICE SOUGHT (if known)

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

FORM C/OH  
COVER SHEET PG 2

Jorge L. Salinas

16 Filer ID (Ethics Commission Filers)

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ ~~0~~

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

\$ ~~0~~

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

#### 4. TOTAL POLITICAL EXPENDITURES

\$ 160. -

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

\$ 21,972.13

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

\$ ☒

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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_\_, 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 George Luis Salinas, and my date of birth is \_\_\_\_\_.

My address is [redacted] USA

Executed in Hidalgo County, State of TX, on the 21<sup>st</sup> day of July, 2022.  
(street) (city) (state) (zip code) (country)  
(month) (year)

Signature of Candidate/Officeholder (Declarant)



**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

|   |   |
|---|---|
| <b>19 FILER NAME</b><br><i>Jorge L. Salinas</i> | <b>20 Filer ID (Ethics Commission Filers)</b> |
|---|---|

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |  | SUBTOTAL<br>AMOUNT |
|---|--|--------------------|
| 1. <input type="checkbox"/>               | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ <del>0</del>    |
| 2. <input type="checkbox"/>               | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ <del>0</del>    |
| 3. <input type="checkbox"/>               | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ <del>0</del>    |
| 4. <input type="checkbox"/>               | SCHEDULE E: LOANS  | \$ <del>0</del>    |
| 5. <input checked="" type="checkbox"/>    | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 160.-           |
| 6. <input type="checkbox"/>               | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ <del>0</del>    |
| 7. <input type="checkbox"/>               | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ <del>0</del>    |
| 8. <input type="checkbox"/>               | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ <del>0</del>    |
| 9. <input type="checkbox"/>               | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ <del>0</del>    |
| 10. <input type="checkbox"/>              | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ <del>0</del>    |
| 11. <input type="checkbox"/>              | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ <del>0</del>    |
| 12. <input type="checkbox"/>              | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <del>0</del>    |

# 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:<br><b>1</b>                       | 2 FILER NAME<br><b>Jorge L. Salinas</b>   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>5/17</b>  | 5 Payee name<br><b>Samuel Garza</b>   |                                       |
| 6 Amount (\$)<br><b>160.-</b>                                | 7 Payee address; City; State; Zip Code<br><b>Edinburg, TX 78542</b>   |                                       |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Fundraiser Medical Expenses</b>  |                                       |
|  | (b) Description   |                                       |
|  | (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  |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | 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  |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | 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      |   |                                       |

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